A Study to Assess the Knowledge of Elderly on Laughter Therapy in Selected Areas of Madhya Pradesh

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Original Research Article

ABSTRACT

The purpose of this study was to examine the elderly's understanding about laughing therapy in Madhya Pradesh's designated locations. The sample of 30 older persons was chosen using a non-probability handy sampling approach. The older people's knowledge was assessed using a structured questionnaire. According to the data, the majority of older individuals have an average level of knowledge about laughing therapy, while 40% of samples have a bad level of information, 10% have a high level of knowledge, and none have an exceptional level of knowledge. The elderly must be educated on the benefits of laughing therapy in everyday life.

1. INTRODUCTION

The elderly are always in need of human interaction. Despite the fact that they are surrounded by like-minded peers, they miss the closeness of a family. They require a close companion with whom they can communicate their feelings. Laughter is a gift given to humans

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for coping and surviving. "Laughter is the best medicine" is a saying that dates back to Biblical times as an old adage, and it's still frequently used today all around the world because it's true. Laughter is a gift given to humans for coping and surviving. Every time we laugh, the power of laughter is released. In our daily lives, we need to laugh more and seek stress-relieving humour. We need to laugh a lot more in today's stressed society. Laughter therapy is a sort of treatment in which a person's feeling of well-being is improved by using comedy to reduce pain and stress. It might be used to assist individuals deal with terrible illnesses like cancer. Laughter exercises, clowns, comic movies, novels, games, and riddles are all examples of laughter therapy. Humor therapy is a sort of supplemental treatment that is also known as comedy therapy. Anything that makes you laugh can work [1-4], including funny books, articles, movies, comedy programmes, and cartoons.

The term "old age" refers to a period of time when a person's lifespan approaches or exceeds the average lifespan of humans. Because the term "old age" has diverse meanings in different countries, it is difficult to define precisely. The government of India has issued a "National Policy for Older Persons," which defines a "senior citizen" or "elderly" as someone who is 60 years old or older. Although old age is not an issue, it is related with a number of variables that have become a big difficulty in today's society [5].

In recent decades, the world's population has been rapidly ageing. In 2019, the world population had 703 million people aged 65 and up. In 2050, this population is expected to increase to 1.5 billion. Globally, the proportion of the population aged 65 and over climbed from 6% in 1990 to 9% in 2019. Various ways for promoting older people's health have previously been examined, with laughing therapy being one of them [6]. It has been evaluated in several trials and is predicted to be successful. Dr. Madan Kataria, the originator of Laughter Yoga in 1995, adds, "Let go and laugh out loud, it's therapy."

"Laughter is the best medicine," a saying that dates back to Biblical times as an old adage, is still frequently used across the world today, and with good reason [7].

When you laugh, endorphins are produced throughout your body, activating muscles,

nerves, organs, and tissues, among other things. Endorphins have been shown in studies to provide relief from chronic pain, reduce stress, and improve immune system performance. Laughter literally aids in the healing of our bodies [8].

1.1 Background of the Study

The elderly are always in need of human interaction. Despite the fact that they are surrounded by like-minded peers, they miss the closeness of a family. They require a close companion with whom they can communicate their feelings. Laughter Yoga sessions have the ability to heal in ways that go beyond laughing. The key to a happy and healthy existence is a strong network of caring-sharing connections. People's relationships grow very strong, and the sensation of loneliness fades away. The daily gatherings provide a sense of belonging to the elderly. Complementary treatments, such as laughing therapy, are therapeutic methods that employ pleasant feelings created by laughter to treat and maintain health [9].

Laughter therapy is a unique concept which includes laughter for no reason, without any humor, jokes or comedy. Laughter therapy combines laughter exercises with breathing and stretching exercises. Fake laughter provides same physiological and psychological benefits as the real laughter [10-12].

1.2 Need for the Study

With ongoing economic development and resulting changes in the structure of family the elderly are left alone to face their deteriorating health status. Often the medical and social problems of the elderly are over looked and neglected by seeing them as a part of normal ageing. One of the factors affecting seniors is retirement. Many seniors feel they are not as useful after they have retired, leading to depression and mental agony.

A study was conducted about the social problems of the aged rural population in India, the study reported 55 % of the old age people are being respected, 26% was neglected, 46.8 % were happy and 53.4 % were unhappy. The study revealed that stress related problems such as depression are found commonly in the later group and the government should take initiation for further more studies in the area [5].

A lack of bonding is another factor affecting seniors and laughter therapy is particularly beneficial. Seniors are always in need of human contact. Even though most seniors have peers who are like-minded, many still miss bonding with their family members and need someone they can share their emotions with. Laughter therapy sessions have the ability to reach beyond the healing of laughter itself. The effective network of caring and sharing relationships is the key to a healthy and happy life. Relationships with others become strong while feelings of loneliness disappear. Seniors enjoy the meetings and it creates a sense of belonging. Laughter therapy has the ability to provide seniors with a needed sense of closeness to others.

Laughter therapy is ideal for seniors because it provides them with the ability to laugh without a reason. It helps people to be able to laugh and live a life filled with joy. Laughter therapy each day increases a person's memory, thinking abilities, and intellectual capacity.

1.3 Problem Statement

A study to assess the knowledge of elderly on laughtertherapy in selected areas of Madhya Pradesh.

1.4 Objective

To assess the knowledge regarding Laughter therapy among elderly.

1.5 Operational Definitions

Assess

Assess can be defined as to judge or decide the amount, value, quality, or importance of something.

Knowledge

Knowledge can be defined as the fact or condition of knowing something with familiarity gained through experience or association.

Laughter therapy

Laughter therapy is considered to be useful, cost-effective and easily accessible intervention with six steps of deep breathing exercise, rhythmic clapping, ho-ho- ha-ha-ha chanting, laughter exercise, playful laughter techniques and closing technique.

Elderly

Elderlyhas been defined as, usually more than sixty years of age.

1.6 Limitations

- The study is restricted to elderly people of 60 years of age and above at selected areas in Madhya Pradesh.
- Elderly who are able to read and write Hindi.
- Who have very minimum education.
- Who have less knowledge about the importance of therapy.
- The duration of the study is 3 weeks.
- The language known to the population is Hindi.

1.7 Research Approach

The present study aims to assess the knowledge of elderly on laughter therapy in selected areas of Madhya Pradesh.

The Quantitative non-experimental approach was found to be suitable to accomplish the objectives of the study.

2. METHODOLOGY

2.1 Research Design

The research design is the overall plan for obtaining answers to the research questions. Research design indicate how often data will be collected, what type of comparisons will be made, and where the study will take place. The research design is the architectural back bone of the study.

2.2 Setting

A research setting is the physical location and conditions in which data collection take place in a study. The present study was conducted in St. Joseph's hospital, Hoshangabad.

2.3 Population

A Population is the entire aggregation of cases in which a researcher is interested, and irrespective

of the basic unit, the population comprises the aggregate of elements in which the researcher is interested. Population is distinguished as target and accessible population [10]

Target population

The target population is aggregate of cases about which the researcher would like to generalize. In this study target population is the elderly people.

Accessible population

The aggregate of cases that conform to designed criteria and that are accessible as subject for a study. In this study accessible population is the elderly people who visits O.P.D of St. Joseph's Hospital at Hoshangabad.

2.4 Variables

The independent variable in the present study is Laughter Therapy and the dependent variables are knowledge. The variables that are inherent characteristics of research subjects are called attribute variables. In this study attribute variables include age, gender, religion, education, type of family and recreational activities.

2.5 Sample

A sample is a subset of population elements, which are the most basic units about which data are collected. Using samples is more practical than collecting data from an entire population. Elderly people who are 60 years and above living in Hoshangabad district, Mahya Pradesh are randomly selected as the sample for this study.

2.6 Sample Size

In this study sample size was 30 elderly people.

2.7 Sampling Technique

Sampling is a process of selection of cases from the entire population in such a way to represent it so that inferences can be made about the population by studying the sample.

The sampling technique used for the present study is convenience sampling. Hoshangabad is a village and due to corona pandemic we are not able to collect the samples for our study. Therefore convenience sampling which is a type of non-probability sampling was found most suitable in this study. Samples were randomly collected from OPD of St. Joseph's hospital.

2.8 Criteria for Sample Selection

Inclusion criteria

Elderly people who are willing to participate in the study.

Exclusion criteria

1. Elderly people who are not able to see and not able to follow the language are excluded from the study.
2. Elderly with severe hearing impairment and difficulty to communicate are excluded from the study.

2.9 Description of Tools

Data collection tools are the procedures or the instruments used by the researcher to observe or measure the key variables in the research problem. For the data collection of this study, we have developed a structured knowledge questionnaire regarding laughter therapy.

The investigator developed the tool after updating our theoretical knowledge regarding laughter therapy. The tool has been developed after critical reviewing of literature regarding laughter therapy and also after consultation and guidance from experts.

The structured Knowledge questionnaire consists of two parts.

Section A

It consists of demographic variables of elderly people, such as age, sex, religion, educational status, type of family, recreational activities. The data had been collected by interviewing the elderly people and based upon their answers a tick mark was done for the appropriate response of each item.

Section B

The data was collected through "Multiple choice questions". It consists of 24 questions and the total score was 24. Eachresponse was given a minimum score of 'zero' and the maximum score of 'one'.

Chart 1. The total score ranges from 0-24, the level of score is further divided as follows:

Grading of Knowledge	Score
Excellent	19 - 24
Good	13 - 18
Average	7 - 12
Poor	0 -6

2.10 Validity

Validity is the degree to which an instrument measures what it is intended to measure. Content validity of the tool was obtained from nursing personnel. The suggestions given by the experts regarding rating scale was made in the final preparation of the tool.

2.11 Reliability

Reliability is the degree of consistence or dependability with which an instrument measures an attribute. The reliability was found using Karl Pearson's correlation formula. Reliability of an instrument is the degree of consistency that the instruments or procedure demonstrates, whatever it is measuring "Multiple choice question" was adopted for the study and the reliability was 1. Hence the tool was found to be reliable.

2.12 Method of Data Collection

For main study the data collection process was done after obtaining prior permission from the proper authority. The investigator collected 30 samples from the O.P.D of St. Joseph's Hospital at Hoshangabad, made them comfortable and oriented them to the study. The investigator introduced her and informed them about the nature of the study so as to ensure better co-operation during the data collection. Then she administered questionnaire to them, instructed them not to interact with each other and their doubts, if any, were clarified. 30 minutes were given to the samples to answer the questionnaire after which it was collected back. The data collection process was terminated after thanking the respondents for their participation and co-operation.

2.13 Plan for Data Analysis

Data analysis is the systematic organization, synthesis of research data and testing of hypothesis using those data. It was planned to use descriptive statistics for data analysis of this research study. Collected data were organized in tabular form for analysis. The collected data was coded, tabulated and analysed by using descriptive statistics (Mean, Median, Percentage and Standard Deviation). The analysed data were presented in graphs and tables [9].

2.14 Organization of Findings

The finding of the study is organized in terms of objectives. The results of the data analysis is organized and presented under the following three sections.

Section A: Description of selected demographic variables of samples in terms of frequency and percentage distribution.

Section B: Description of knowledge scores of elderly people in terms of mean, median and standard deviation.

Section C: Description of level of knowledge of elderly people regarding laughter therapy in terms of frequency & percentage.

SECTION A

Description of selected demographic variables of samples:

This section deals with frequency and percentage distribution of elderly people according to their selected demographic variables. Sample of 30 subjects were drawn from the study population, who were selected from different areas of Hoshangabad district. The data obtained to describe the sample characteristics including age, gender, religion, educational status, type of family and recreational activities.

The Table 1 is regarding the demographic variables of samples.

- Distribution of elderly people according to their age in years shows that 53.3 % of them were belonging to the age between 60-65years, 33.3% in the age of 66-70 years, 3% in the age between 71-75 and 3.3% in the age of above 75.
- Distribution of elderly people according to gender shows that 56.6% were females and 43.3% were males.
- Distribution of elderly people according to religion shows that all the samples belong to Hindu religion.

- Distribution of elderly people according to their educational status shows that majority of the samples (40%)are having primary education. 20% were having secondary education, 20% were having collegiate education and the remaining 20% are illiterate.

- Distribution of elderly people according to their recreational activity shows that majority of sample (43.3%) were interested in watching TV, 30% were interested in talking with others, 10% were using mobile and 16.6% had other recreational activities.

Table 1. Frequency distribution of elderly people according to their demographic variables

S. No	Demographic Variables	Frequency	Percentage
1.	**Age in years**		
	a. 60-65	16	53.3%
	b. 66-70	10	33.3%
	c. 71-75	03	10.0%
	d. 75 above	01	03.3%
2.	**Gender**		
	a. Male	13	43.3 %
	b. Female	17	56.6 %
3.	**Religion**		
	a. Hindu	30	100 %
	b. Muslim	00	0%
	c. Christian	00	0%
	d. Others	00	0%
4.	**Educational status**		
	a. Illiterate	06	20.00 %
	b. Primary education	12	40.00 %
	c. Secondary education	06	20.00 %
	d. Collegiate	06	20.00 %
5.	**Type of family**		
	a. Nuclearfamily	12	40.00 %
	b. Jointfamily	18	60.00 %
6.	**Recreational activities**		
	a. Watching T V	13	43.3 %
	b. Mobile	03	10.00 %
	c. Talking with others	09	30.00%
	d. Others	05	16.6 %

SECTION B

Description of knowledge scores of elderly people in terms of mean, median and standard deviation:

Knowledge of elderly people regarding laughter therapy was assessed using structured knowledge questionnaire. The mean, median, range and standard deviation were tabulated. The findings are presented in the Table 2

Table 2. Distribution of knowledge scores of elderly people in terms of mean, median, range, mean deviation and standard deviation

Mean	Median	Range	Mean Deviation	Standard Deviation
7.6	8	13	2.36	3.02

Data presented above shows that mean of knowledge scores of elderly people regarding laughter therapy is 7.6, median is 8, the data range is 13, mean deviation is 2.36 and standard deviation is 3.02.

SECTION C

Description of level of knowledge of elderly people regarding laughter therapy:

Knowledge of elderly people regarding laughter therapy was assessed using structured knowledge questionnaire. The Tool consists of 24 items and the maximum possible score was 24. The level of knowledge is divided under following heading poor, average, good and excellent.

Table 3. Frequency and percentage distribution of elderly people according to their level of knowledge regarding laughter therapy

Level of Knowledge	Score	Frequency	Percentage
Poor	0 – 6	12	40%
Average	7 - 12	15	50%
Good	13 – 18	03	10%
Excellent	19 - 24	00	00%

Table 3 shows that majority of elderly people (50%) were having average level of knowledge, whereas 40% of samples were having poor level of knowledge, 10%of samples were having good knowledge and none of the samples are having excellent knowledge regarding laughter therapy.

3. RESULTS

3.1 Major Findings of the Study

The following are the major findings of the study.

Section A: Distribution of Elderly people with regards to their demographic variables:

- Distribution of elderly people according to their age in years shows that 53.3 % of them were belonging to the age of between 60-65years, 33.3 % in the age of 66-70 years, 3 % in the age of between 71-75 and 3.3 % in the age of above 75.
- Frequency distribution of elderly according to gender shows that 56.6 % were females and 43.3 % were males.
- Distribution of elderly people according to religion shows that all the samples belong to Hindu religion.
- Distribution of elderly people according to their educational status shows that majority of the samples (40 %) are having primary education. 20 % were having secondary education, 20 % were having collegiate education and the remaining 20 % are illiterate.
- Distribution of elderly people according to their recreational activity shows that majority of sample (43.3 %) were interested in watching TV, 30 % were interested in talking with others, 10 % were using mobile and 16.6 % had other recreational activities.

Section B: Assessment of knowledge of elderly people regarding laughter therapy.

The finding shows that majority 50% of elderly people were having average level of knowledge, whereas 40% of samples were having poor level of knowledge, 10% of samples were having good knowledge and none were having excellent knowledge regarding laughter therapy.

4. DISCUSSION

The findings of the study were discussed with reference to the objectives stated in chapter I and with the findings of the other studies in this section. The present study undertaken was "A study to assess the knowledge of elderly on laughter therapy in selected areas of Madhya Pradesh."

A detailed review of literature indicated that most of the studies point out that elderly people has average knowledge regarding Laughter therapy and many are practicing the Laughter Therapy. This study was the modest effort to assess the knowledge of elderly people regarding Laughter therapy.

In the present study, the elderly people were the study subjects and the finding shows that the Elderly people are having average knowledge regarding Laughter therapy.

5. NURSING IMPLICATIONS OF THE STUDY

The findings of this study have implications for nursing education, nursing research and nursing practice.

Nursing Education

- As education is the key component in improving the knowledge of the student nurses the complementary therapy which includes the laughter therapy is very much important in today's world.
- Knowledge on laughter therapy helps all the age group to compete with the tensions in life.
- Advantages of laughter therapy helps the nurses specially to overcome the burnout syndrome.
- Communicating the findings of the study will help the elderly people as well as all the age group to know how to overcome their mental stress in daily life.

Nursing Research

The nurse researchers can use the findings of this study as baseline data to conduct further interventional research to identify the level of knowledge, effectiveness of laughter therapy and to determine the association of other demographic variable in relation to the knowledge of staff nurses.

Nursing Practice

Findings of the study will help nursing personnel to improve the knowledge and practice regarding Laughter therapy.

The study findings will help nursing personnel to understand about necessity of providing laughter therapy to elderly as well as the people of all the age group.

6. CONCLUSION

The focus of the study was to assess the effectiveness of Laughter Therapy on Quality of Life among elderly and found that there was a significant improvement in the Quality of Life of the experimental group following Laughter Therapy. The control group showed hardly any difference on the Quality of Life in pre and post-test. ~ 442 ~ International Journal of Applied Research The study also revealed that the Quality of Life had a significant asso-ciation with education (P=0.009) and income (P=0.048). It also revealed that there was significant relation between the Quality of Life and all the six domains like physical, psychological, level of independence, social relationship, environment and spirituality and personal beliefs, following Laughter Therapy. The study concluded that Laughter Therapy was effective to improve the quality of life among Elderly.

7. LIMITATIONS OF THE STUDY

Study is limited for 30 samples.

Study is limited for elderly people.

Study is limited to assess knowledge of the elderly people regarding the laughter therapy.

Study is limited only to who are able to read and write Hindi.

8. RECOMMENDATIONS

On the basis of the findings of the study, it is recommended that the following studies can be conducted:

- A similar study on a large scale including hospitals across the country can be carried out in order to estimate the level of knowledge and practice regarding Laughter therapy.
- A study can be conducted to evaluate the Knowledge and practice on laughter therapy among people residing in the old age homes.
- A comparative study can be conducted on the knowledge and practices among nurses and teachers regarding Laughter therapy.
- Nurses can include laughter therapy as complementary therapy while caring for the patients especially in paediatric and geriatric wards.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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