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A study to assess the effectiveness of laughter therapy on quality of life among elderly at old age home, Chennai

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Abstract
A study was conducted to assess the effectiveness of laughter therapy on quality of life among elderly at old age home, Chennai. The objective of the study was to evaluate the effectiveness of laughter therapy on quality of life among elderly in a selected old age home and to compare the quality of life among the experimental and control group after laughter therapy. Sixty samples were selected by using simple random technique (lottery method) and further divided as experimental group (30) and control group (30). The data was collected using standardized tool for Quality of Life developed by WHO (1998). It consists of six domains such as physical domain, psychological domain, level of independence, social relationship, environmental domain and spirituality/ personal believes. Laughter therapy intervention was done only for the experimental group and a post test was done subsequently for the total sample. In pre-test, though the experimental and control groups showed hardly any variation, in post-test the experimental group recorded an improved Quality of Life after the therapy. In experimental group, 26 (86.7%) had higher Quality of Life and four (13.3%) had better Quality of Life. In control group, 19 (63.3%) had good Quality of Life, seven (23.4%) had better Quality of Life and four (13.3%) had poor Quality of Life. The study revealed that the Quality of Life had a significant association 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. So, the study concluded 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.

Keywords: Effectiveness, laughter therapy, quality of life, old age home, Chennai

Introduction

"Successful ageing" refers to modification of behavioural process to achieve the best possible outcome to ageing. The implication is that, successful ageing is an active process. Late adulthood, or old age, usually refers to the stage of the life cycle that begins at age of 60. One of the major features of demographic transition in the world has been the considerable increase in the absolute and relative number of elderly people. This has been especially true in the case of developing countries like India, where ageing is occurring more rapidly due to the decline in fertility rates combined by increase in life expectancy of people achieved through medical interventions. Hence the complexity of their healthcare need increases and can be attributed to the normal aging process as well as an increased frequency of illness with associated morbidity. The Quality of Life of the elderly there by has become a point of concern.

Healthy ageing is a concept that is just gaining ground. A change of mind set is needed among both the young and the old, if people are to have high quality of old age. As an effort to reinstall the happiness and Quality of Life of the elderly, the concept of "Laughter Yoga" / "Laughter Therapy" was coined.

Nandi, *et al.*, (1997) had stated that further more rapid change in the social structure and in the traditional value system had a tremendous impact on the well-being of the senior citizens as well in the equilibrium of the society itself.

Need for the Study

Harold, *et al*., (1994) had quoted scientific theories which prove that laughter stimulates the production of brain catecholamine and endorphins, which affect hormonal levels in the body, some related to feelings of joy, an easing of pain and strengthened immune response. Bloomfield and Cooper (1996) had stated that a quick infusion of light-heartedness can not only boost energy of the people but may also help them to be more helpful towards others and improve cognitive processes such as judgments, problem solving and decision making.

WHO (2001) had reported that the ageing population would increase to 1594 million by 2050. Approximately 70 million Indians are aged over 60yrs. Govt. of India had declared the year 2000 as a National Year of Citizen. The elders are out numbering young people all over the world. Globally the rate of growth of the ageing population is exceeding the general population.

The rate of increase of old age population at it peaks and the negative impacts of globalization and faster life, in turn leave the old age most neglected lot in life. There by this has led to the developments of old age homes to take care of them across the world.

Directory of Old Age Homes in India, Help Age India (2002) had reported that as per recent statistic, there are 1018 old age homes in India today. Out of these, 427 homes are free of cost while 153 old age homes are on pay and stay basis, 146 homes have both free as well as pay and stay facilities and detailed information is not available for 292 homes. A total of 371 old age homes all over the country are available for the sick and 118 homes are exclusive for women. A majority of the old age homes are concentrated in the developed states.

Bergin (2005) had stated in an article that laughter may after all be the best medicine. Comedy can make the blood vessels expand, step the blood flow and leave viewers in good heart. Conversely a stressful film can cause a potentially unhealthy narrowing of the arteries.

Hence it may be observed that laughter build relationships, increases communication and attention, changes feelings, thoughts, behaviour and biochemistry of people. These substantiate that laughter influences Quality of Life of a human being. As we have learned from the earlier statements on the population and the increase of old age population, it may be understood that the old age need utmost care and concern from the society. Laughter being a matter of study by various people to understand its influence on the Quality of Life and its scientific and medical implication, I am attempting to understand the influence of laughter on the Quality of Life of old age.

As a part of the curriculum, the researcher had visited few old age homes; it was observed that the inmates feel themselves to be a totally dejected lot and was looking forward to their later hours of the life. They are also more subjected to physical troubles and psychosomatic problems.

On a visit to Marina beach during early morning hours the researcher had the opportunity to find a group of people from all walks of life and at various age groups performing laughter yoga. On enquiry it was understood that they were all part of Laughter club of Chennai. This had sowed the seeds of laughter yoga benefits in the minds of the researcher. Researcher felt the Laughter Therapy can really be beneficial to the elderly residing in the old age home. In order to give scientific evidence, researcher took this as a study so as to serve good to the society in turn.

Statement of the Problem

A study to assess the effectiveness of Laughter Therapy on Quality of Life among elderly at old age home, Chennai.

Objectives

To assess the level of Quality of Life among the elderly in a selected old age home.

To evaluate the effectiveness of Laughter Therapy on Quality of Life among the elderly.

To compare the Quality of Life among the experimental and control group after Laughter Therapy.

To associate the Quality of Life with demographic variables among elderly.

Operational Definitions

Quality of Life: It is referred to the level of satisfaction in life as experienced and expressed by the individual in physical, psychological, social, environmental and spiritual domains as explained as follows:

a. Physical domain: It refers to that domain of Quality of Life, which describes the alterations in normal physiological functions experienced by the individual such as activities of daily living, motility, energy and fatigue.

b. Psychological domain: It refers to that domain of Quality of Life, which describes the psychological functions experienced by the individual such as positive feelings, negative feelings, self-esteem, body image and appearances, thinking, learning, memory and concentration.

c. Social domain: It refers to that domain of Quality of Life, which describes personal relationship, social support and sexual activity.

d. Environmental domain: It refers to that domain of Quality of Life, which describes physical safety and security, financial resources, health and social care, home environment, physical environment, participation in and opportunities for recreation, opportunities for acquiring new information and skills and transport.

e. Spiritual domain: It refers to that domain of Quality of Life, which describes the subjective feelings pertaining to spiritual values and religious beliefs.

Elderly: It refers to the late adulthood or old age stage of the life cycle that begins at the age of 60.

Laughter Therapy: It refers to the compulsion of individual or group for developing laughing activity. Laughter as a therapy enable one to learn to laugh more and thereby raise one's frequency to help with the healing process.

Hypothesis

There will be a significant difference in the Quality of Life among the elderly after the practice of Laughter Therapy.

Methodology

Research Approach: Evaluative Approach

Research Design: True experimental design

Settings: Mahatma Home for Aged, Vadapalani, Chennai

Target Population: Elderly people.

Accessible Population: Elderly people who are residing in old age homes.

Sample: The elderly people who are the inmates of Mahatma home for aged.

Sample Size: The samples selected for the study were 60 out of the 200 inmates of Mahatma home for aged**.**

Sampling Technique: Simple random technique (lottery method) was used to select the samples that fulfilled the inclusion criteria.

Sampling Criteria

Inclusion Criteria

- Elderly individuals who were 60 years and above.
- Who understands Tamil.
- Who were willing to participate in this study.

Exclusion Criteria

- Bed ridden individuals.
- Mentally retarded individuals.
- Non-co- operative individuals.
- Hernia patients (Abdominal, Incisional, Inguinal hernia)
- Heart disease patients. (Angina patients)

Variables

- **Independent variable:** Laughter Therapy
- **Dependent variable:** The Quality of life among elderly.

- **Extraneous variable:** Sex of the client, Marital status, Education, Age, Religion, Source of income, Disease, Physical dependence, Health and length of stay in old age home.

Description of Tool: The instrument consists of 2 parts.

Part-A

Demographic Data

Demographic data includes sex of the client, marital status, education, age, religion, source of income, disease, physical dependence, health and length of stay in old age home.

Part-B

WHO Quality of Life – BREF inventory consisting of 26 Questions and 3 Questions from WHO Quality of Life – 100 Questions inventory and there by totalling to 29 Questions.

The tool used for this study is standardized tool for Quality of Life developed by WHO (1998). It consists of six domains such as physical domain, psychological domain, level of independence, social relationship, environmental domain and spirituality/ personal believes.

The tool contains following items.

Sl.	Domains	Item Nos.	Facets incorporated within domain
1.	Physical domain	Questions 3, 4, 10, 16	Pain and discomfort, energy and fatigue, sleep and rest
2.	Psychological domain	Questions 5, 7, 11, 19, 26	Positive feelings, Thinking, learning, memory and concentration, self-esteem, body image and appearance and negative feelings.
3.	Level of independence	Questions 15, 17, 18	Mobility, activities of daily living, dependence on medication or treatment, and work capacity.
4.	Social relationship	Questions 20, 21, 22	Personal relationship, social support and sexual activity
5.	Environment	Questions 8, 9,12, 13, 14, 23, 24, 25	Physical safety and security, home environment, financial resources, health and social care – accessibility and quality, opportunities for acquiring new information and skills, participation in and opportunities for recreation/ leisure activities, physical environment and transport
6.	Spirituality/ Personal beliefs	Questions 6, 27, 28, 29	Spirituality and personal beliefs

Scoring

Total items in the questionnaire were 29. A five-point Likert scale was used. The scoring for 26 positive aspect questions were 1, 2, 3, 4, 5 respectively and 3 negative aspect questions were 5, 4, 3, 2, and 1 respectively.

Score Interpretation

The scoring is expressed as poor Quality of Life, good Quality of Life, better Quality of Life, higher Quality of Life. The total score was 145. The total score reflects the level of Quality of Life among elderly. The scores were categorized as follows:

1% ~ 25 % - Poor Quality of Life
26% ~ 50 % - Good Quality of Life
51% ~ 75% - Better Quality of Life
76% ~ 100% - Higher Quality of Life

Section-I

Table 1: Distribution of demographic variables among elderly in experimental and control group.

Sl	Demographic Variable	Experimental Group		Control Group	
		Nos	%	Nos	%
1	Sex of the Client a. Male b. Female	 16 14	 53. 3 46. 7	 15 15	 50 50
2	Marital Status a. Single b. Married c. Divorced d. Widowed e. Separated	 7 7 4 9 3	 23. 3 23. 3 13. 4 30 10	 8 6 5 9 2	 26. 7 20 16. 7 30 6. 6
3	Educational status a. Literate b. Non - literate	 23 7	 76. 7 23. 3	 24 6	 80 20
4	Source of Income a. Pension/own earnings b. support of Children c. Dependent on old age home.	 13 9 8	 43. 3 30 26. 7	 16 9 5	 53. 3 30 16. 7
5	Suffering from disease for a long time a. Yes b. No	 17 13	 56.7 43.3	 16 14	 53.3 46. 7
6	Degree of Physical dependence a. Independent b. Partially independent	 9 21	 30 70	 9 21	 30 70
7	Length of stay in old age home a. Less than 5 years b. 5 years and more	 15 15	 50 50	 15 15	 50 50
8	Health a. Very poor b. Poor c. Neither poor nor good d. Good e. Very good	 16 11 3 - -	 53. 3 36. 7 10 - -	 12 12 4 2 -	 40 40 13. 3 6. 7 -
9	Age a. 60 ~ 70 yrs b. 71 ~ 80 yrs c. 81 ~ 90 yrs	 12 13 5	 40 43. 3 16. 7	 13 13 4	 43. 3 43. 3 13. 4
10	Religion a. Hindu b. Christian c. Muslim d. Others	 20 9 1 -	 66. 7 30 3. 3 -	 18 10 2 -	 60 33. 3 6. 7 -

Table 2: Distribution of the level of quality of life among elderly before laughter therapy N=60

SI	Pretest	Experimental Group		Control Group	
		F	%	F	%
1.	Poor Quality of Life (1~ 25)	5	16.7	4	13.3
2.	Good Quality of Life (26 ~ 50)	19	63.3	19	63.3
3.	Better Quality of Life (51~ 75)	6	20	7	23.4
4	Higher Quality of Life (76 ~ 100)	-	-	-	-

Table 3: Describes the effectiveness of Laughter therapy, on the quality of life among elderly.

SI	Post test	Experimental group		Control group	
		F	%	F	%
1	Poor Quality of Life (1~ 25)	-	-	4	13.3
2	Good Quality of Life (26 ~ 50)	-	-	19	63.3
3	Better Quality of Life (51~ 75)	4	13.3	7	23.4
4	Higher Quality of Life (76 ~ 100)	26	86.7	-	-

Table 4: Comparison of the level of quality of life between the experimental and control group.

Sl.	Test Status	Experimental Group		Control Group		t Test	Significance
		Mean	SD	Mean	SD		
1	Pre Test	51.1	16.3	57.4	19.6	1.36	$P>0.05$ 0.179 (NS)
2	Post Test	116	9.5	9.5	19.3	14.97	$P<0.05$ 0.000 (S)

(NS – Not Significant; S- Significant)

Table 5: Significance of quality of life in relation to domains among elderly in pre-test.

Pre Test										
Sl.	**Domains**	**Experimental Group**				**Control Group**				**Chi Sq**
		Poor QOL	**Good QOL**	**Better QOL**	**Higher QOL**	**Poor QOL**	**Good QOL**	**Better QOL**	**Higher QOL**	
1	Physical domain	16 53.3%	11 36.7%	3 10%	-	13 43.3%	12 40.0%	5 16.7%	-	$\chi 2 = 0.854$ df = 2 $P>0.05$ NS
2	Psychological domain	14 46.7%	11 36.7%	5 16.6%	-	10 33.3%	14 46.7%	5 16.7%	1 3.3%	$\chi 2 = 2.027$ df = 3 $P>0.05$ NS
3	Level of independence	14 46.7%	14 46.7%	2 6.6%	-	10 33.3%	18 60.1%	1 3.3%	1 3.3%	$\chi 2 = 2.500$ df = 3 $P>0.05$ NS
4	Social relationship	11 36.7%	16 53.3%	3 10%	-	7 23.3%	17 56.7%	6 20%	-	$\chi 2 = 1.919$ df = 2 $P>0.05$ NS
5	Environment -al domain	4 13.3%	15 50%	11 36.7%	-	2 6.6%	14 46.7%	14 46.7%	-	$\chi 2 = 1.061$ df = 2 $P>0.05$ NS
6	Spirituality / Personal belief	6 20%	15 50%	9 30%	-	5 16.7%	13 43.3%	11 36.7%	1 3.3%	$\chi 2 = 1.434$ df = 3 $P>0.05$ NS

Table 6: Significance of quality of life in relation to domains among elderly in post-test.

Post Test										
Sl	**Domains**	**Experimental Group**				**Control Group**				**Chi Sq**
		Poor QOL	**Good QOL**	**Better QOL**	**Higher QOL**	**Poor QOL**	**Good QOL**	**Better QOL**	**Higher QOL**	
1	Physical domain	-	-	2 6. 7%	28 93.3%	11 36.7%	15 50%	4 13.3%	-	$\chi 2 = 54.667$ df = 3 $P<0.05$ S
2	Psychological domain	-	-	-	30 100%	10 33.3%	14 46.7%	5 16.7%	1 3.3%	$\chi 2 = 56.129$ df = 3 $P<0.05$ S
3	Level of independence	-	-	-	30 100%	11 36.7%	16 53.3%	2 6.7%	1 3.3%	$\chi 2 = 56.129$ df = 3 $P<0.05$ S
4	Social relationship	-	-	30 100%	-	7 23.3%	16 53.4%	7 23.3%	-	$\chi 2 = 37.297$ df = 2 $P<0.05$ S
5	Environmental domain	-	-	18 60%	12 40%	1 3.3%	16 53.4%	13 43.3%	-	$\chi 2 = 29.806$ df = 2 $P<0.05$ S
6	Spirituality / Personal belief	-	-	5 16. 7%	25 83.3%	5 16.7%	14 46.7%	10 33.3%	1 3.3%	$\chi 2 = 42.821$ df = 3 $P<0.05$ S

There was a significant association between the Quality of Life with education and income at $P<0.05$. There was no significant association between the Quality of Life with sex, marital status, disease for a long time, physical dependence, length of stay in old age home, health, age and religion at $P>0.05$.

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.

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.

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