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Research Article

A Study to Evaluate the Effectiveness of Laughter Therapy in Reduction of Depression and Quality of Life among Old Age People Residing in Selected Old Age Homes, Hubballi

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Abstract
Background: Aging has major importance in the quality of life, and for this reason, enhancing and maintaining a high quality of life is important in old age. Throughout the aging process, the elderly may have difficulties in psychological adaptation and they can experience feelings of loneliness, depression, and loss of self-confidence. This process is especially difficult among elderly residents in nursing homes. Therefore, an appropriate psychosocial approach is needed to ease the adaptation of the ageing process.
Methodology: An experimental study was conducted among 30 elderly people of selected Old Age Homes Hubballi. Sample was selected using Non-Probability; convenient sampling technique. Pre-experimental; one group pre-test, post-test design was used for the study. Data was collected by Geriatric Depression Scale (GDS) and Older People's Quality of Life Questionnaire (OPQOL). Data analysis was done using descriptive and inferential statistics.
Results: Overall result of the study revealed that regarding depression out of 30 subjects, most of the subjects in pre-test 23(76.66%) had moderate score, 4(13.33%) had mild score and 3(10%) had severe score. Where as in post-test after laughter therapy, 27(90%) had mild score and 3(10%) had moderate score. Regarding quality of life, in pre-test 5(16%) had good scores, 23(76%) had average scores and 2(8%) had poor scores. Where as in post-test after laughter therapy 28(92%) had good scores and 2(8%) had average scores. The study concluded that laughter therapy was effective in reducing depression and improves quality of life among old age people. The findings of present study can help nurse understand and workout individualized health plans for health problems of old age people.
Keywords: Effectiveness, Laughter therapy, Depression, Quality of life, Old age people.

Introduction

Aging is the process of becoming older. It represents the accumulation of changes in a person over time. Ageing in humans refers to a multidimensional process of physical, psychological, and social change.[1] Older people are generally defined according to a range of characteristics including: chronological age, change in social role and changes in functional abilities.[1] An old age home is generally the most commonly referred to option when it comes to considering housing options for senior citizens. A high level of nursing care is available along with an organized, routine of social events and group activities as well as the delivery of meals. A medical practitioner is available to supervise each of the residents' care and nurses are on-site to administer medications and provide general personal care.[1]

Many of the changes have to be faced by people as they grow older such as retirement, death of friends and loved ones, increased isolation, or medical problem which can lead to depression. Depression is a common problem in advancing year, which cause enormous human suffering and interferes with normal day-to-day life.[2] Relaxation is essential for healing and repairing the psychological and physiological consequence. Inadequate rest worsens stress, especially through impaired mental functioning. In addition to sleep and rest, people can practice techniques to facilitate physical and mental relaxation. In today's stress full world,

we need to laugh much more. The power of laughter is unrealized every time we laugh. Laughter is the over-the counter medicine available 24hrs a day, to cure a variety of physical emotional ailments. Laughter is the human gift for coping and for survival.[3]

While close to 6% of the older adult population resides in long term facilities, a very little active psychological treatments are available in these settings. Up to 20% of older people live in residential or nursing homes towards the end of their lives. Entry into such institutions is often due to a combination of medical, social and psychological factors. The prevalence of depression in the population is high, though there is an extensive literature to suggest that depression is under diagnosed and under treated and that neither primary nor secondary care services are well coordinated to this common condition.[3]

Depression in elderly worsens the outcomes of many medical illness and increases mortality. Environmental factors, such as isolation, care giving and bereavement, contribute to further increased susceptibility to depression or triggering depression in already vulnerable elderly people. Suitable treatment of depression in elderly reduces the symptoms, prevents suicidal ideation, improves cognitive and functional status in order to improve the recovery of a good quality of life, as well as the mortality risk.[4]

Material and Methods
Research approach: Evaluative Research Approach.
Research design: Pre-experimental; one group pre-test, post-test design.
Research setting: Selected Old Age Homes, Hubballi-Dharwad.

Population
Target population: Old age people.
Accessible population : Old age people residing at selected old age homes of Hubballi.

Sample and sampling technique
Sample: Old age people residing at selected old age homes of Hubballi.
Sampling technique: Convenient sampling technique
Sample size: 30

Criteria for selection of the sample
Inclusion criteria
Old age people
- ✓ including both male and female.
- ✓ who are willing to participate in this study.
- ✓ who are available during the study.
- ✓ who were staying in old age home, Hubballi.

Exclusion criteria
Old age people those who are
- ✓ With severe or profound depression may be excluded, from the study.
- ✓ Admitted 1 month prior to the data collection.

Description of the data collection tool
The tool selected for the study was to assess the symptoms of depression and quality of life, which comprised of three sections. They were:
Section I: Socio-demographic proforma.
Section II: Geriatric Depression Scale (GDS).
Section III: Older People's Quality of Life Questionnaire (OPQOL).

Results
Findings related to socio-demographic variables of subjects
Majority of subjects 15(50%) belongs to 60-65 age group, 10(33%) belongs to 66-75 age group and 5(16%) belongs to 76-85 age group. Majority of subjects 16(60%) were male and 14(40%) were female. All subjects 30(100%) were married and none were unmarried. Most of them 15(50%) were from 1-3 years, 10(33%) were from 3-6 years and 5(16%) were from less than 1 year. Majority of subjects 10(66%) were collegiate, 5(16%) were high school, 3(10%) were middle school and 2(6%) were illiterates. Majority of subjects 17 (56%) had deposits, 10(33%) had pension and 3(10%) had family members. Most of them 28(93%)

belonged to nuclear family and 2(6%) belonged to joint family. Majority of subjects 17(56%) had two children, 8(26%) had three children and 5(16%) had one child. All subjects 30(100%) were from urban area. Majority of subjects 20(66%) had once in month visit and 10(33%) had once in week visit. All the subjects 30(100%) had physical illness.

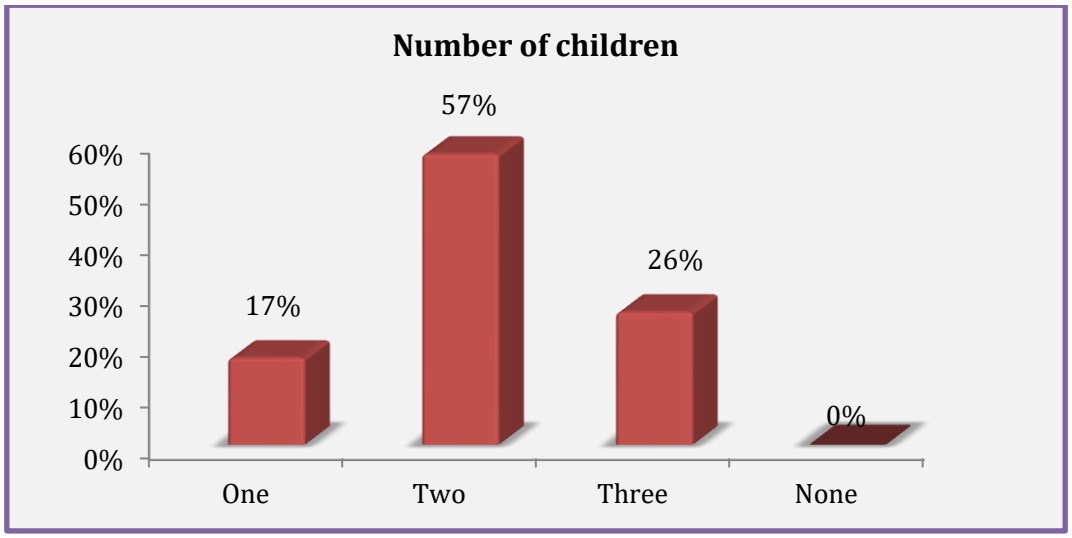

Figure 1. Percentage distribution of subjects according to their number of children.

Analysis and interpretation of depression scores of subjects who were participated in the study regarding effectiveness of laughter therapy

Table 1. Mean, Median, Mode, Standard Deviation and Range of Depression scores of subjects regarding effectiveness of laughter therapy (n= 30).

Area of analysis	Mean	Median	Mode	Standard deviation	Range
Pre-test	58.88	58.5	59	7.09	27
Post-test	89.5	91	91	10.19	41
Difference	30.62	32.5	32	3.1	14

Table 1 reveals that, the mean pre-test depression score was 58.88, median 58.5, mode 59, standard deviation 7.09 and range is 27. Whereas mean posttest depression score was 89.5, median 91, mode 91, standard deviation 10.19 and range was 41. The overall difference in mean depression score was 30.62, median 32.5, mode 32, standard deviation 3.1 and range 14.

Table 2. Frequency and percentage distribution of depression scores of subjects regarding effectiveness of laughter therapy (n= 30).

Level of Depression	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Mild	4	13.33	27	90
Moderate	23	76.67	3	10
Severe	3	10	0	0

Table 2 reveals that, distribution of level of depression score of old age people during pre-test and post-test. Most of the subjects in pre-test 23(76.67%) had moderate score, 4(13.33%) had mild score and 3(10%) had severe score. Where as in post-test after laughter therapy, 27(90%) had mild score and 3(10%) had moderate score.

Table 3. Pre-test, post-test percentage of knowledge scores of subjects regarding reproductive health.

Items	Mean % of knowledge scores of subjects		
	Pre-test	Post-test	Gain in knowledge
Structured knowledge questionnaire	46.26	88.26	42

Table 3 reveals that, there was 42% of gain in knowledge after administration of Adolescent Empowerment Programme.

Table 4. Pre-test, post-test percentage of Depression scores of subject regarding effectiveness of laughter therapy (n= 30).

Items	Total Score	Pre-test	Post-test	Reduction in Depression scores
Depression scale	3240	54.19	82.87	28.68

Table 4 reveals that there was 28.68% reduction in depression scores after laughter therapy.

Testing of hypothesis

The calculated paired 't' (t cal = 9.95*) was greater than the tabulated value (ttab = 2.04). Hence, H1 was accepted. This indicates that the reduction in level depression was statistically significant at 0.05 level of significance. Therefore, the laughter therapy was effective in reducing depression level of subjects.

The calculated paired' (t cal = 13.45*) was greater than the tabulated value (ttab = 2.04). Hence, H2 was accepted. This indicates that the reduction in level of quality of life was statistically significant at 0.05 level of significance. Therefore, the laughter therapy was effective in reducing quality of life of subjects.

Analysis and interpretation of data to find out an association between pre-test depression scores of subjects and selected socio-demographic variables: Reveals that there was no association between pretest depression scores and selected demographic variables. Hence H3 was not accepted.

Analysis and interpretation of data to find out an association between pre-test quality of life scores of subjects and selected socio-demographic variables: Reveals that there was no association between pretest quality of life scores and selected demographic variables. Hence H4 was not accepted.

Discussion

An experimental study was conducted among 30 elderly people of selected old age homes Hubballi. Sample was selected using Non-Probability; convenient sampling technique. Pre-experimental; one group pre-test, post-test design was used for the study. Data was collected by Geriatric Depression Scale (GDS) and Older People's Quality of Life Questionnaire (OPQOL). Data analysis was done using descriptive and inferential statistics. Overall result of the study revealed that regarding depression out of 30 subjects, most of the subjects in pre-test 23 (76.66%) had moderate score, 4(13.33%) had mild score and 3(10%) had severe score. Where as in post-test after laughter therapy, 27 (90%) had mild score and 3(10%) had moderate score. Regarding quality of life, in pre-test 5(16%) had good scores, 23(76%) had average scores and 2 (8%) had poor scores. Where as in post-test after laughter therapy 28(92%) had good scores and 2(8%) had average scores.

Conclusion

On the basis of the findings, the investigator concluded that the intervention using effectiveness of laughter therapy was effective in reducing the level of depression and improving the quality of life.

Implications of the Study

The findings of the study have implications for Nursing, Practice, Research and administration. Based on the study results, the nurse administrator should plan and organize panel discussion and workshop to evaluate the effectiveness of laughter therapy to reduce depression scores and improve the quality of life. Nursing professionals and postgraduate student nurses can conduct research on the effectiveness of laughter therapy to reduce depression scores and improve the quality of life.

Declarations

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Conflict of Interest: There are no conflicts of interest.
Ethical Approval: The proposal for the study was approved by the Institutional Review Board of the KLE'S Institute of Nursing Sciences, Hubballi.
Informed Consent: The researcher approached all old age people of selected old age homes, Hubballi and explained the nature of the study to old age people. They were informed that participation in the study was voluntary and they could withdraw from it at any time. Anonymity and confidentiality of the collected data were also assured. Opportunities for asking questions about the study were provided. Old age people were asked to sign the consent form. All data collected were kept strictly confidential.
Author Contributions: The authors confirm sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

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