Abstract

Background: Elders usually exhibit multiple health problems with complex interactions. Elderly people come voluntarily and some by force to the old age home. The level of stress and depression is more in those elderly people residing in old age home than those elderly people living with families. Elderly people residing in old age home have a feeling of hopelessness, helplessness and worthlessness. Now a day’s most of the elderly people are isolated from families.

Aim of the Study: The present study was conducted to assess the effectiveness of laughter therapy on level of stress and assertiveness among elderly at old age homes in selected areas.

Methods: Evaluative approach. A one group pre test and post test (pre experimental) design was used for study. Probability cluster sampling technique was used for selection of sample. 60 elderly people were selected as per availability and fulfillment of the preset criteria. A modified stress assessment scale and modified Lloyd SR assertiveness scale was used to assess the study variables.

Results: Before administering the laughter therapy, they had level of stress score in pretest, 53.3% of the elderly had moderate stress (Score 43-63) and 46.7% of them had severe stress (Score 64-84). After administering the laughter therapy, they had in posttest, 41.7% of the elderly had mild stress (Score 22-42) and 58.3% of them had moderate stress (Score 43-63). This indicates that the stress level of the elderly improved remarkably after laughter therapy. Before administering the laughter therapy, they had level of assertiveness score in pretest, 53.3% of the elderly at old age home had difficulty being assertive (score 10-20), 43.3% of them were nonassertive (Score 20-30) and 3.3% of them were naturally assertive (Score 30-40). After administering the laughter therapy, they had level of assertiveness score in posttest, 86.7% of them were nonassertive (Score 20-30) and 13.3% of them were naturally assertive (Score 30-40). This indicates that the assertiveness of the elderly at old age homes improved remarkably after laughter therapy.

Conclusion: The findings showed that laughter therapy had a positive effect on level of stress and assertiveness among elderly at old age homes in selected areas and improved the signs of
physical, psychological as well as their social function.

Key words: Laughter Therapy, Stress. Assertiveness, Elderly, Old age homes.

Introduction

Although no period of the life cycle is free from stress, the later years can be a time of especially high risk. Frequently observed sources of stress for the older population include rapid environmental changes that require immediate reaction, changes in lifestyle resulting from retirement or physical incapacity, acute or chronic illness, the loss of significant others, financial hardships, and relocation.

Assertive behavior promotes equality in human relationships, enabling us to act in our own best interests, to stand up for ourselves without undue anxiety, to express honest feelings comfortably, to exercise personal rights without denying the rights of others. (Alberti & Emmons).

Assertive behavior helps us feel good about ourselves and increases our self-esteem. It helps us feel good about other people and increases our ability to develop satisfying relationships with others. This is accomplished out of honesty, directness, appropriateness, and respecting one’s own basic rights as well as the rights of others.

Laughter is a great antidote to social anxiety. It provides us with physical, psychological, and social benefits, and distracts us from negative thinking habits by adding laughter to our daily lives; our therapy becomes more efficient and effective.

Need of the study

(WHO) Globally, the rate of growth of aging population is exceeding the general population. By 2036, three fourth of the world elderly population will be from the developing countries. World Health Organization (WHO) reported that, there are 80 million people above 60 years of age constituting 8 % of the total population in India. This is likely to reach 179 million by 2036 forming 13.3 % of the population. In India elders are being traditionally honored and respected. The urban migration has broken up the joint family system and changed the role of women in this modern society. These changes have altered the position and the status of the elderly. There are currently 354 old age homes in India. Many of the elderly complains about poor quality of life as being marked by the poverty, ill health and emotional insecurity.

Problem statement

‘Effectiveness of laughter therapy on level of stress and assertiveness among elderly at old age homes in selected areas.’

Objectives of the study

1. To assess the level of stress among elderly at old age homes.
2. To assess effectiveness of laughter Therapy on level of stress among elderly at old age homes.
3. To assess the level of assertiveness among elderly at old age homes.
4. To assess effectiveness of laughter therapy on level of assertiveness among elderly at old age homes.
5. To find the association between selected demographic variables and pretest study finding.

Methodology

Approach and design: Evaluative approach. A one group pre test and post test (pre experimental) design was used for study.

Sampling technique: Probability cluster sampling technique was used for selection of sample.

Sampling Size: 60 elderly people were selected as per availability and fulfillment of the preset criteria.

Setting: Selected old age homes.

Data collection:
Pre test done with the help of modified stress assessment scale and modified
Lloyed SR assertiveness scale through structural interview schedule. After assessment of stress and assertiveness level prior to intervention than 20 minute laughter therapy given to group up to 21 days. On 21st day onward post test was done in group.

Results

Figure: Distribution of samples based on their effectiveness of laughter therapy on level of pretest and posttest stress among elderly at old age homes.

Figure gives the information about the effectiveness of laughter therapy on level of stress among elderly at old age homes. In pretest, 53.3% of the elderly had moderate stress (Score 43-63) and 46.7% of them had severe stress (Score 64-84). In posttest, 41.7% of the elderly had mild stress (Score 22-42) and 58.3% of them had moderate stress (Score 43-63). This indicates that the stress level of the elderly improved remarkably after laughter therapy.

Table: Paired t-test for the effectiveness of laughter Therapy on level of stress among elderly at old age homes

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>df</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Pretest</td>
<td>62.4</td>
<td>4.3</td>
<td>29.3</td>
<td>5</td>
<td>0.000</td>
</tr>
<tr>
<td>Posttest</td>
<td>43.2</td>
<td>4.9</td>
<td>29.3</td>
<td>5</td>
<td>0.000</td>
</tr>
</tbody>
</table>

In pretest, 53.3% of the elderly at old age home had difficulty being assertive (score 10-20), 43.3% of them were nonassertive (score 20-30) and 3.3% of them were naturally assertive (score 30-40). In posttest, 86.7% of them were nonassertive (score 20-30) and 13.3% of them were naturally assertive (score 30-40). This indicates that the assertiveness of the elderly at old age homes improved remarkably after laughter therapy.

Table: Paired t-test for the effectiveness of laughter therapy on level of assertiveness among elderly at old age homes

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<td>3.6</td>
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<tr>
<td>Posttest</td>
<td>27.3</td>
<td>3.2</td>
<td>13.4</td>
<td>5</td>
<td>0.000</td>
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MEASURE FINDINGS OF THE STUDY:

1. Description of samples (elderly) based on their personal characteristics

Here are the findings related to the demographic data. 21.7% of the elderly had age 60-65 years, 15% of them had age 66-70 years, 35% of them had age 71-75 years and 28.3% of them had age above 75 years.

55% of them were males and 45% of them were females.

55% of them were married, 6.7% of them were single, 16.7% of them were divorced and 21.7% of them were widow/widower.

28.3% of them had primary education, 21.7% of them had secondary education, 36.7% of them had higher secondary education and 13.3% of them had graduation and above.

40.0% of the elderly from old age home were residing from 0-2 yrs, 18.3% were residing from 3-4 yrs, 33.3% were residing from 5-6 yrs and 8.3% were residing from Above 6 yrs respectively.

2. Analysis of data related to the effectiveness of laughter Therapy on level of stress among elderly at old age homes

Before administering the laughter therapy, they had level of stress score in pretest, 53.3% of the elderly had moderate stress (Score 43-63) and 46.7% of them had severe stress (Score 64-84). After administering the laughter therapy, they had in posttest, 41.7% of the elderly had mild stress (Score 22-42) and 58.3% of them had moderate stress (Score 43-63). This indicates that the stress level of the elderly improved remarkably after laughter therapy.

Researcher applied paired t-test for the effectiveness of laughter Therapy on level of stress among elderly at old age homes. Average stress score in pretest was 62.4 which reduced to 43.2. T-value for this test was 29.3 with 59 degrees of freedom. Corresponding p-value was 0.000, which is small (less than 0.05), the null hypothesis is rejected. This is evident that the stress level of the elderly improved significantly after laughter therapy.

3. Analysis of data related to the effectiveness of laughter therapy on level of assertiveness among elderly at old age homes

Before administering the laughter therapy, they had level of assertiveness score in pretest, 53.3% of the elderly at old age home had difficulty being assertive (score 10-20), 43.3% of them were nonassertive (Score 20-30) and 3.3% of them were naturally assertive (Score 30-40). After administering the laughter therapy, they had level of assertiveness score in posttest, 86.7% of them were nonassertive (Score 20-30) and 13.3% of them were naturally assertive (Score 30-40). This indicates that the assertiveness of the elderly at old age homes improved remarkably after laughter therapy.

Researcher applied paired t-test for the effectiveness of laughter Therapy on assertiveness among elderly at old age homes. Average assertiveness score in pretest was 20.8 which reduced to 27.3. T-value for this test was 13.4 with 59 degrees of freedom. Corresponding p-value was 0.000, which is small (less
than 0.05), the null hypothesis is rejected. This is evident that the assertiveness level of the elderly improved significantly after laughter therapy.

4. Analysis of data related to the association between selected demographic variables and pretest study finding

For the association between selected demographic variables and pretest study finding the investigator used Fisher’s exact test. Since p-value corresponding to duration of staying in old age home is small (less than 0.05), Duration of staying in old age home was found to have significant association with the stress among elderly at old age homes.

5. Analysis of data related to the association between selected demographic variables and stress among elderly at old age homes

For the association between selected demographic variables and stress among elderly at old age homes investigator used Fisher’s exact test. Since p-value corresponding to duration of staying in old age home is small (less than 0.05), Duration of staying in old age home was found to have significant association with the stress among elderly at old age homes.

6. Analysis of data related to the association between selected demographic variables and assertiveness among elderly at old age homes

For the association between selected demographic variables and assertiveness among elderly at old age homes investigator used Fisher’s exact test. Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with the assertiveness among the elderly at old age homes.

**Conclusion**

The findings showed that laughter therapy had a positive effect on level of stress and assertiveness among elderly at old age homes in selected areas and improved the signs of physical, psychological as well as their social function.

**References**