**Effectiveness of Laughter Yoga Therapy on perceived stress among Institutionalized Elderly Clients**

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**ABSTRACT**

Aging is a natural and continuous irreversible changing process. In this generalized progressive impairment of function occurs which result in loss of adaptive response to stress. Elders aged 85 and older are more vulnerable to stress and depression than other age groups. Laughter yoga is indeed the best medicine to be prescribed for the seniors to keep them in good cheer. Pre Experimental study design was used for this study. By using convenience sampling method 50 elderly clients for an old age home in Panipat was selected for the study. The data was collected by using Perceived Stress Scale (Sheldon Cohen, 1983). Data analysis was done by means of descriptive and inferential statistics. During Pre – Test Majority of the Samples 36 (72.00%) were having low level stress. Samples with Medium Stress were 14 (28.00%) None of the sample was with high stress. In Post – Test Samples with Low stress was 43 (86.00%). Samples with Medium Stress were 6 (12.00%). Only one sample was relatively free of stress. None of the sample has High Stress. Laughter yoga therapy was effective in relieving stress, ‘t’ test value was 2.962 and the “P” Value was 0.0047. None of the demographic variables was associated with stress. Laughter Yoga therapy helps in reducing stress in elderly clients and generate positive attitude and doing this together in a group also helps to boost self – esteem and overcome feelings of insecurity.

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**Introduction**

Older persons constitute one of the most vulnerable sections of the society. They are not only physically weak but also lack in economic resources, self – esteem and social status¹. Aging by itself is not a health problem; rather it is a gradual life long biological process affecting irreversible changes. Stress is referred as processes, whether originating in the external environment or within the person, which impose a demand or requirement up on the organism. The resolution or handling of which necessitates or activity of the mental apparatus before any system is involved or activated. The elderly person who are residing in old age homes have more stress because they are staying away from their children and they don’t have anyone’s support to carry their works and to share their feelings².

There are several causes of stress, unique to or more common in elderly. The most frequent stressful life circumstances that affect older adults involves, health, interpersonal, financial and work – related events. Loss of a spouse or separation, death in the family and lack of social integration are common stressors, which may themselves cause physical and mental – ill health.

By reducing the stress and anxiety among elderly residing at old age home, with regard to the importance of elderly to promote general health, much importance is given for the psychological wellbeing. Hence the most effective therapy applicable for all age group is laughter yoga therapy (MadanKataria, 1995). Laughter helps to relieve the stress and anxiety, because during laughing adrenaline level goes down, and also triggers the release of endorphins, the body’s natural pain killers and produce a general sense of wellbeing. It provides relaxation and maintains the balancing factor of blood vessels (Manoharbokdia, 2002).

**Statement of the Problem**

A Study to Evaluate the Effectiveness of Laughter Yoga Therapy on Stress among Elderly clients residing in selected Old age home, Panipat.

**Objectives of the Study**

1. To assess the Pre – Test and Post – Test level of perceived stress among elderly clients in old age homes.
2. To evaluate the effectiveness of Laughter Yoga Therapy on Perceived Stress among Elderly Clients.
3. To determine the level of association between perceived level of stress and selected demographic variables.

**Materials and Methods**

In the present study pre – experimental research design was adopted to test the effectiveness of laughter yoga therapy on stress. The setting of the study wasNirmalHirdayTereesa’s old age home Panipat Haryana. During the time of data collection there was 84 residents. Samples were selected by using non – probability method in which convenience sampling technique. Total sample size was 50 elderly clients who were the residents of the old age home. Data collection tool was Modified Perceived Stress Scale (Sheldon Cohen, 1983).The reliability score was 0.889. this tool consist of 10 items. Items were designed to tap how unpredictable, uncontrollable and overloaded respondents find their lives. The questions in the modified PSS ask about feelings and...
thoughts during the last month. Interview method was used to collect data from the samples. The researcher took laughter yoga training from laughter yoga international university. Laughter yoga therapy was administered for the duration of 30 minutes for 30 days and post-test was conducted. The data were organized and analysed in terms of both descriptive and inferential statistics. And the steps of Laughter Yoga Therapy (Deep breathing, laughing with clapping, laughing waves, welcome laughter, child like playfulness. Closing technique: Laughter relaxation (MadanKataria).

**Major Findings and Discussion of the Study**

Table 1 and Figure 1 show the samples pre – test level of stress and post – test level of stress respectively.

### Table 1. Pre – Test and Post Test Level of Stress among Elderly Clients (N = 50).

<table>
<thead>
<tr>
<th>Level of Stress</th>
<th>Pre - Test</th>
<th>Post - Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatively Stress Free</td>
<td>f = 10</td>
<td>f = 0</td>
</tr>
<tr>
<td>Low Stress (11 – 20)</td>
<td>36</td>
<td>43</td>
</tr>
<tr>
<td>Moderate Stress (21 – 30)</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>High Stress (31 – 40)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In pre – test less than three fourth of the samples 36 (72.00%) of the samples had low stress and samples with moderate level of stress was 14 (28.00%). None of the samples were relatively free from stress and with high stress.

With regard to post test. Overwhelming majority of the samples had low stress 43 (86.00%) very little sample 6 (12.00%) were with moderate stress. Only one sample 1 (2.00%) was relatively free from stress. None of the sample had high stress.

Figure 1. Comparison of Pre – Test and Post – Test Level of Stress.

### Table 2. Effectiveness of Laughter Yoga Therapy on Stress among Elderly Clients (N = 60).

<table>
<thead>
<tr>
<th>Test</th>
<th>Mean Difference</th>
<th>Standard Deviation</th>
<th>'P' Value</th>
<th>'t' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre - Test</td>
<td>1.080</td>
<td>2.07</td>
<td>0.0047</td>
<td>2.962*</td>
</tr>
<tr>
<td>Post - Test</td>
<td>18.56</td>
<td>2.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*= Significant at 0.05 Level of Significance

The mean pre – test score was 19.64 and the mean post – test score was 18.56. The mean difference was 1.080 and the standard deviation score of pre – test and post – test was 2.07 and 2.28 respectively. The calculated paired ‘t’ test score was 2.962 which is statistically significant at ‘P’ value of 0.0047.

Chi–Square test was used to find out association between demographic variables (Age, Gender, Marital Status, Number of Children, Educational Status, Medical Illness and Duration of Stay in old age home) and the pre – test level of stress.

The result shows that there was no statistically significant association between the demographic variables and pre – test level of stress.

**Discussion**

In the current study the perceived stress among elderly before laughter therapy shows that out of 50 samples a little less than three fourth of the samples have low stress 36 (72.00%) and samples with moderate level of stress was 14 (28.00%). The post – test stress level shows that samples with low stress was majority 43 (86.00%) those samples with moderate stress was 6 (12.00%) and only one sample was relatively stress free. This finding was supported by the study done by (Dhivagar, S., Prabavathy, S., and Dr.Renuka, K, 2016) the study results revealed that out of 60 elderly the post –test level of stress median was (17.5) which was significantly less than the pre– test level of stress median (23.5) by using Wilcoxon Signed Rank Test, and indicates laughter therapy was significantly effective in reducing stress.

The second objective of the study was to evaluate the effectiveness of laughter yoga therapy on stress. The results of the present study shows that mean pre – test level was 19.64 and mean post – test was 18.56 and mean difference was 1.080 the standard deviation value in pre – test and post – test value was 2.07 and 2. 28 respectively, the ‘t’ test score was 2.962 (P < 2.962) which was significant at 0.05 level. This finding was supported by the study conducted by (DalbirKaur, 2014) shows that the pre – test mean was (10.8) and in post – test was (4.8) in experimental group. On the other hand in control group mean level of stress score was (11.53) and in post – test it was (12.133) and non – significant at P < 0.05. In the pre – test of experimental group 1 (3.3%), 0, and 29 (96.66%) subjects fall in mild, moderate and severe stress respectively. In post – test number of person increased in moderate 16 (53.33%), mild 9 (30%) level of stress. Only 5 (16.66%) remained the severe level of stress.

**Implications**

- The findings of the study clearly state that laughter yoga therapy was effective in reducing the stress among elderly clients.
- The study will create awareness among the general population to know the benefits of the laughter therapy with the level of stress among elderly.

**Conclusion**

The study findings conclude that laughter yoga therapy was the best non-pharmacological measures to manage stress among elderly clients who resides in old age homes.

**Acknowledgement**

We express our thanks to the study participants and the authorities who gave permission to conduct the study.

**Ethical Clearance**

For conducting this study permission and ethical clearance was obtained from Ethical Committee of Ved Nursing College, Baroli. Panipat. Informed written permission was obtained from every sample who participated in the study. Confidentiality of the results and anonymity were assured to them.
References


