



Humor intervention program for children with chronic diseases[☆]



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ARTICLE INFO

Article history:

Received 20 April 2015

Revised 4 September 2015

Accepted 6 September 2015

Keywords:

School-aged children

Stress

Behavior problems

Resilience

Humor intervention program

ABSTRACT

Purpose: This study developed and implemented a humor intervention program for school-aged children with chronic diseases.

Methods: Thirty-three children with atopic dermatitis and type 1 diabetes were divided into experimental and control groups. The experimental group included 17 children while the control group included 16 children. The experimental group participated in 6 weekly sessions of a 60-minute humor intervention. The subject and type of humorous material was collected from a survey of parents and children. Outcome measures assessed pre- and post-intervention included stress, behavior profile scores, and resilience.

Results: There was a significant decrease in behavior problems and increase in resiliency in experimental group compared to control group. There was no difference in stress cortisol measures between the groups.

Conclusions: This study was the first to examine a humor intervention for children with chronic diseases in South Korea and offers practical implications for humor interventions in pediatric nursing.

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1. Introduction

Genetic factors and environmental problems have led to more children suffering from chronic diseases. These phenomena indicate a need for more practical and effective nursing interventions to prevent children's health problems in the future. School-aged children need to be able to face new changes and form self-identity as well as experience achievements in school, home, and society (Petersen, Schmidt, Power, Bullinger, & Group, 2005).

Children with chronic diseases generally have more medical burdens such as treatments, medical tests, pains, disease complications, and repetitive hospitalizations; they undergo different sources of stress such as isolation, repetitive failure, and loss of self-respect. Due to the above challenges, children's behavioral problems can manifest in psychological changes like anxiety and depression as well as unexpected and extreme behaviors such as cowardice, anger, verbal aggression, suicide, and drug abuse (Kim & Yeon, 2003). These consistent behavioral problems can lead to negative limitations related to chronic diseases. For instance, for those with the most typical chronic disease, type 1 diabetes, the children are responsible for self-management such as sugar control, diet, injection, and shock-controlled and regular medical check-up (Kim & Yeon, 2003). During the disease-control process, these children are often stressed as they experience loss of self-respect, failure in schoolwork and friendship, and feelings of shame toward their bodies (Kuiper, Grimshaw, Leite, & Kirsh, 2004). Therefore,

resilience, the internal ability to successfully overcome negative circumstances, is an essential aspect of development that leads to a physically and socially healthy and mature adult. However, maintaining resilience can be a considerable challenge due to the disease. Resilience is greatly influenced by harmonious relationships, normal family functions, and strong community environments (Shapiro, 2013).

According to Rew & Horner (2003), children with chronic disease are less resilient than those without; recent studies on children with chronic diseases have focused on the development of resilience interventions and measures. Until recently, educational interventions for self-management, and play, art, and music therapies were the intervention methods used for children with chronic diseases. However, these methods were limited in their ability to relieve stress, reduce behavior problems, and grow resilience, which are vital for children. Therefore, more effective interventions should be developed for enhancing the lifestyles of children with chronic diseases (Stuckey & Nobel, 2010). Many previous advanced studies have supported the effectiveness of humor in medical treatments and health promotion for stress reduction and pain control in chronically ill patients (Watson, 2011). Moreover, humor, which brings laughter and joy to children, encourages them to adopt a positive perspective on and understanding of the difficult situations they are experiencing (Kuiper et al., 2004). At the same time, humor relieves feelings of tension, intimidation, and anger, preventing and reducing the development of behavioral problems (Kim & Yeon, 2003). Furthermore, the positive effects of humor on resilience encourage vulnerable patients with chronic diseases to build positive thinking, which serves as a defense mechanism when they are faced with their own obstacles and problems (Rew & Horner, 2003).

School-aged children are at a period of growth during which a sense of humor is established, among many other developments. Consequently, humor intervention is more effective at this stage (Bennett, 2003;

[☆] Conflict of Interest: The author declares no conflict of interest.

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Dowling, 2002). Therefore, applying a more specific program to enhance children's potential sense of humor will maximize the program's efficiency (Bennett, 2003). Previous studies involving humor interventions focused on children with chronic asthma, cancer, and dermatitis, and on adults with chronic arthritis and cancer (Kimata, 2001).

However, the characteristics of humor interventions effective for children have not yet been identified. Furthermore, it is difficult to find studies that identify the scientific effects for school-aged children with chronic diseases (Yu, Lee, & Lee, 2005). Previous interventions have not used systemic programs or only used short videos, simple movies, and comedy, which limit the application for children (Christie & Moore, 2005).

In this study, we developed and assessed the effectiveness of a humor intervention designed especially for school-aged children with chronic diseases and analyzed the elements that decreased stress, affected the behavior profile, and increased resilience. This humor intervention program may be a practical and available nursing intervention method in pediatric nursing environments.

1.1. Review of literature

Humor is very important to the development of physical, cognitive, verbal, and psychosocial abilities in school-aged children. Humor produces laughter because of different objects, people, and circumstances. It is one of the healthiest and strongest factors that maintain life equilibrium (Koo & Lee, 2015). There is less laughter in the lives of children with chronic diseases than normal children because they face difficulties from endless medical treatments, pain from the disease, lethargy, tiredness, and even anxiety or depression (Yu et al., 2005). Therefore, a sense of humor must be strengthened and children given the opportunities to experience humor. In addition, it is crucial to be attentive to basic intervention theory and its concrete effects to solve disease-derived problems through humor intervention (Koo & Lee, 2015).

Humor affects stress and behavior profiles caused by physical and physiological changes. It has various effects on psychological and social factors such as resilience (Schanke and Thorsen, 2014). Schreiner (2004) reported that relaxation through humor alleviates anxiety and is effective in fighting, controlling, lowering, and even relieving stress. On the other hand, cortisol secretion increases under heavy stress but decreases in a steady state, according to a study done on humor and physiological reaction. Based on the study, an intervention like humor, which brings psychological stability to children, reduces cortisol secretion and stress level. The authors imply that it controls all negative and emphasizes that humor and laughter are very effective in decreasing cortisol secretion situations (Sims, Guilfoyle, & Parry, 2006). The effect of humor helps to give socially acceptable venting to hostility, anger, and aggression, which are some of the various behavior profiles of chronic diseased children. Bennett (2003) reported that humor reduces socially isolating situations by improving mutual relations with new environments or people and relieves tension and anxiety. Humor produces and stimulates resilience to escape from stress and crisis and encourages a positive mind so that one can understand oneself and at the same time, raises self-confidence and independence (Schanke & Thorsen, 2014).

Resilience is currently receiving increased attention. Resilience refers to the capacity to cope, to rebound, and to go on and thrive under stressful situations in school-aged children (Shapiro, 2013). Resilient families are able to control their crises and to continue to encourage and support their children with the necessary requirements for survival to maintain their quality of life.

In addition, resilience is promoted by learning to adapt to every situation because it helps to escape from anxiety or depression. Moreover, life filled with humor ignites abundant senses and creativity in children and promotes positive mindsets through social intimacy, trust, and close relationships. Resilience using humor is a useful measure in an uncomfortable situation. In other words, feeling happy through positive thinking is a process of overcoming various obstacles (Schanke &

Thorsen, 2014). It will encourage children to have positive attitudes and induce them to use positive abilities to change mindsets that are harmful for the body. Humor helps to adjust in society so that cooperation with others becomes possible when in danger. It encourages joyful and happy feelings and hope and uses them to find ways to overcome hardship. In this sense, humor is a crucially necessary tool for child resilience enhancement; it helps them take initiative to control their situations with their own abilities by encouraging them to view the situation more positively and with more affirmative attitudes (Rew & Horner, 2003).

Therefore, the effect of humor does not directly affect the disease itself, but helps to alleviate pessimistic emotions that could lead to stress and behavior concerns. Moreover, humor is suggested as a nursing intervention that would help positive adaptation for children with chronic diseases.

2. Materials and methods

2.1. Methodology

The study's intervention program was developed through processes found in basic humor demand research; education training and final inspections for this intervention program came from professionals who had education backgrounds for children. This foundation could be helpful for maximizing humor effectiveness for stress reduction, behavior improvement, and resilience enhancement. Furthermore, it could inform program contents, including sense of humor enforcement; positive and optimistic thinking; self-confidence; independence; resource mobilization ability; and intimate relationship building with family, friends, and other program participants.

Finally, the developed humor intervention program was inspected by professionals: a full-time professor of pediatric nursing, two laughter therapists and humor-related professionals, and a teacher in public health who had received training in laughter therapy. After final inspection, an application test was implemented with the children who participated in the demand research and was modified and improved afterwards for the experiment.

2.2. Participants

Participants were 33 children with chronic diseases and their parents. The experimental group, which received the intervention, included 17 children from a diabetic children's association in Seoul and children with atopic dermatitis who attended S and G elementary schools in Gyeonggi province. There were eight boys (47.1%) and nine girls (52.9%) with an average age of 11 years. The control group, which did not receive the intervention, included 16 children with diabetes and atopic dermatitis; there were six boys (37.5%) and 10 girls (62.5%) with an average age of 11 years old.

Inclusion criteria were:

- (1) Children diagnosed with diabetes and atopic dermatitis over 3 months;
- (2) Children being treated or with necessary symptom management;
- (3) Children aged 9 to 12 able to read and write; and
- (4) Children with mothers who agreed to participate in this study.

2.3. Study design

This study, a non-equivalent control group pre- and post-intervention test design, presented and assessed the effectiveness of a humor intervention program developed by the author.

2.4. Humor intervention program

The humor intervention program was developed through a review of basic humor demand research; education training and final reviews

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