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ORIGINAL ARTICLE

Effect of interaction with clowns on vital signs and non-verbal communication of hospitalized children

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KEYWORDS

Non-verbal communication;
Laughter therapy;
Vital signs

Abstract

Objective: Compare the non-verbal communication of children before and during interaction with clowns and compare their vital signs before and after this interaction.

Methods: Uncontrolled, intervention, cross-sectional, quantitative study with children admitted to a public university hospital. The intervention was performed by medical students dressed as clowns and included magic tricks, juggling, singing with the children, making soap bubbles and comedic performances. The intervention time was 20min. Vital signs were assessed in two measurements with an interval of 1min immediately before and after the interaction. Non-verbal communication was observed before and during the interaction using the Non-Verbal Communication Template Chart, a tool in which non-verbal behaviors are assessed as effective or ineffective in the interactions.

Results: The sample consisted of 41 children with a mean age of 7.6 ± 2.7 years; most were aged 7–11 years ($n=23$; 56%) and were males ($n=26$; 63.4%). There was a statistically significant difference in systolic and diastolic blood pressure, pain and non-verbal behavior of children with the intervention. Systolic and diastolic blood pressure increased and pain scales showed decreased scores.

Conclusions: The playful interaction with clowns can be a therapeutic resource to minimize the effects of the stressing environment during the intervention, improve the children's emotional state and reduce the perception of pain.

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PALAVRAS-CHAVE

Comunicação não verbal;
Terapia do riso;
Sinais vitais

Efeito da interação com palhaços nos sinais vitais e na comunicação não verbal de crianças hospitalizadas

Resumo

Objetivo: Comparar a comunicação não verbal das crianças antes e durante a interação com palhaços e comparar os sinais vitais antes e após essa interação.

Métodos: Estudo intervenção não controlado, transversal, quantitativo, com crianças internadas em um hospital público universitário. A intervenção foi feita por alunos de medicina vestidos como palhaços e incluiu truques de mágica, malabarismo, canto com as crianças, bolhas de sabão e encenações cômicas. O tempo de intervenção foi de 20 minutos. Os sinais vitais foram avaliados em duas mensurações com um intervalo de um minuto imediatamente antes e após a interação. A comunicação não verbal foi observada antes e durante a interação por meio do Quadro de Modelos Não Verbais de Comunicação, instrumento em que os comportamentos não verbais são avaliados em efetivos ou ineficazes nas interações.

Resultados: A amostra foi de 41 crianças com média de $7,6 \pm 2,7$ anos, a maioria tinha entre 7–11 anos ($n=23$; 56%) e era do sexo masculino ($n=26$; 63,4%). Houve diferença estatisticamente significativa na pressão arterial sistólica e diastólica, na dor e nos comportamentos não verbais das crianças com a intervenção. As pressões arteriais sistólicas e diastólicas aumentaram e as escalas de dor mostraram diminuição na sua pontuação.

Conclusões: A interação lúdica com palhaços pode ser um recurso terapêutico para minimizar os efeitos do ambiente estressor durante a intervenção, melhorar o estado emocional das crianças e diminuir a percepção de dor.

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Introduction

The joy therapy, also called laughter therapy or humor therapy, is a known therapeutic method since the 1960s. It was first introduced by the American physician Hunter Adams, also called “Patch Adams”, who since his medical student days already used the method in hospitals and schools. Joy is like a wave that propagates through all the nerves, organs, and glands of the whole body. Nothing is indifferent to laughter. Smiling and laughing are a universal language of communication that is expressed without words in the individual’s face.¹

The smile has great power and knowing how to smile is something important. Laughter is a uniquely human feature. It is a vital resistance mechanism and provides release of repressed feelings for coping with stress, suffering, or pain.² It has the ability to reduce the harmful effects caused by stress in the body, because when a person laughs the parasympathetic system, through the enkephalins, acts on the immune system, increases the concentration of antibodies, and relieves the pain triggered by the sympathetic system.³

When laughing, the serum levels of cortisol decrease and the brain releases endorphins—substances that relieve pain and ensure the feeling of well-being. The heavy breathing increases the amount of air captured by the lungs and facilitates carbon dioxide output. Powerful analgesic, but also a producer of euphoria and sense of peace.^{2,4} Thus, the transmission of painful stimuli is inhibited and there is a “residual effect”.⁴

Smiling also has social benefits; it propagates from one individual to another, improves the bond between people, and clarifies interpersonal communication. Communication,

as clear and objective as it may be, will always contain subjectivity because it involves human relationships, and the perception and interpretation of verbal and non-verbal messages happen through the sense organs: sight, touch, taste, smell, and hearing.⁵

Laughter is a non-verbal communication of well-being, but there are other signs that can be seen by a health professional. Noticing not only what the patient says verbally, but also the non-verbal cues, is essential to understand him completely, not only his pathology. The non-verbal body language has many messages for good observers⁶ by complementing, substituting, or contradicting the verbal speech. It is thus up to the professional to notice the signs and interpret them.⁷

Professionals should seek to understand the children in the holistic sense, meet their needs, abilities, and desires; it is evident that when the professional–patient relationship occurs efficiently, the care provided will be as beneficial as possible. Inevitably, the relationships that occur within the hospital environment will directly influence the child’s treatment.⁸ Play is one of the needs of hospitalized children that needs to be met, because the physical, emotional, cognitive, and social development of children does not cease, even when they are ill.⁹

Moreover, play gives professionals a different experience with the children, not just dealing with disabilities and limitations. The clowns’ performance can also provide socialization and interaction among children, which allows the creation of new social network; it acts as an enabling condition to get out of the social isolation that sometimes hospitalization provides. This fact may also be associated with the recovery condition.⁸ Playing also changes the environment in which the child is, making it closer to his/her

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