IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 15, Issue 2 Ser. 2 (Mar. – Apr. 2026), PP 31-34
www.iosrjournals.org

Study To Assess the Effectiveness of Laughter Therapy on Stress and Depression Among Elderly Residing in Old Age Home

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Abstract
Background
This study assesses the effectiveness of Laughter Therapy on depression among elderly residing in old age home, Jodhpur.
Materials and Methods
Quantitative/evaluative approach was used to test the effectiveness of intervention pre-experimental approach with one group pre-test and post-test design was used to assessing the effectiveness of Laughter Therapy on depression among elderly residing in old age home. Data was collection was done on 15 march 2025 regarding demographic characteristics and Geriatric depression scale using multiple choice close ended questionnaire.
Results
It's evident that there is remarkable decrease in level of depression among elderly people residing in old age home after the laughter therapy sessions. The mean posttest depression scores 5.15 was significantly lesser than the mean pretest depression scores 8.48, this difference in mean is a true difference by the intervention laughter therapy and not by chance.
Conclusion:
There was a significant difference between mean pretest and mean post-test depression scores among elderly in old age home at P< (0.005) level of significance. The mean pretest depression score was 8.48 and the mean posttest depression scores was 5.15.
Keywords: *laughter therapy, depression, old age home.*
Date of Submission: 27-03-2026 Date of Acceptance: 07-04-2026

I. Introduction

The human race has one really effective weapon and that is laughter.
-Mark Twain

A cheerful heart is good medicine, but a broken spirit saps a person's strength. Over the years, many physical benefits to laughter have been reported by doctors and health care professionals. patients are in need of the therapeutic effects of humor and laughter. The ability to see the humor in a situation and to laugh freely with others can be an effective way to take care of our own body, mind and spirit. Role of the nurse in providing care to the community includes not only physical and physiological factors but also psychological and emotional factors. Nurses can play vital role in reducing depression by using complimentary therapies which help the patient to cope with stress and alleviate anxiety.

Over the years, many physical benefits to laughter have been reported by doctors and health care professionals. patients are in need of the therapeutic effects of humor and laughter.

In this research the researcher study, assesses the effectiveness of Laughter Therapy on depression among elderly residing in old age home.

II. Materials And Methods

a) **Research Approach -** quantitative/evaluative approach
b) **Research Design -** Pre experimental research design
c) **Setting of the Study –** Elderly residing in old age homes of jodhpur
d) **Participant and Procedure -** a close ended questionnaire
e) **Sample Technique –** non probability sampling (purposive)
f) **Sample Size** - sample size 80

g) Inclusion criteria –
1. Elderly those who were 60 and above years of age.
2. Elderly people who available at the time of data collection.
3. The individuals those who understand and speak English & Hindi.

h) Exclusion criteria
1. Elderly who were terminally ill.
2. Elderly who had history of mental illness and taking medications
3. Elderly who were previously exposed to Laughter therapy.
4. Individuals those who were not willing to participate.

I)Variables under the study
Independent variable - Laughter therapy.
Dependent variable - Level of depression among elderly.

J) Description of the study - A closed-ended questionnaire was prepared containing informed consent along with 2 sections. (I.e. Socio-demographic, Geriatric scale)

K) Socio demographic data – Include fourteen demographic variables such as age, gender, religion, marital status, monthly income, education, Type of family, employment, number of children, 0ccupation of children, mode of entry in old age home, medical illness (if any present), duration of stay

L) Effectiveness of Laughter therapy – It includes fifteen items to assess the effectiveness of laughter therapy Effectiveness of Laughter therapy – to describe the effectiveness of laughter therapy in reducing depression in elderly the level of effectiveness is categorized into 4 category Normal (0-4), Mild depression (5-8), Moderate depression (9-11), severe depression (12- 15). One group pre- test and post- test design is used.

M) Reliability of the Tool - The Tool was a standardized one. Test re test method was used to assess the internal consistency which reached satisfactory reliability score of $\alpha = 0.85$. Hence the tool was reliable and was used in this study.

N) Statistical Analysis - The data obtained was analyzed using descriptive and inferential statistics. Descriptive statistics include calculation of Mean, Standard deviation, computing frequency and percentage. Inferential statistics was done using paired T test and Chi – square analysis to assess the effectiveness of laughter therapy on depression with selected variables.

III. Result

PART I: Frequency and percentage distribution of subjects according to demographic variable.

Demographic variables		Post test level of depression						Total	X^2
		Normal		Mild		Moderate			
		n	%	n	%	n	%		
Age	60 -70 yrs	26	43.3%	22	36.7%	12	20.0%	60	**X^2=6.05**
	> 70 yrs	4	20.0%	16	80.0%	0	0.0%	20	**P=0.05***
Sex	Male Female	24	48.0%	24	48.0%	7	4.0%	55	**X^2=7.34**
		5	20.0%	10	46.7%	10	33.3%	25	**P=0.02***
Religion	Hindu	18	33.3%	28	51.9%	8	14.8%	54	X^2=2.83
	Christian	6	42.9%	4	28.6%	4	28.6%	14	P=0.56
	Muslim	6	50.0%	6	50.0%			12	
Education	Primary education	8	44.4%	6	33.3%	4	22.2%	18	X^2=5.98 P=0.65
	Middle school	8	22.2%	20	55.6%	8	22.2%	36	
	High school					0		16	
	Higher secondary	8	50.0%	8	50.0%	0		6	
		4	66.7%	2	33.3%	0			
	Degree	2	50.0%	2	50.0%			4	
Previous	Govt job	4	50.0%	4	50.0%			8	X^2=5.23
Occupation	Private Job	4	25.0%	12	75.0%			16	P=0.73
	Business	6	50.0%	4	33.3%	2	16.7%	12	
	Cooly	12	35.3%	14	41.2%	4	23.5%	34	
	Unemployed	4	40.0%	4	40.0%	2	20.0%	10	

Source of income	Pension after retirement	3	60.0%	2	40.0%			10	X^2=7.78 P=0.45
	Old age pension	7	50.0%	6	42.9%	1	7.1%	28	
	Dependent on	3	20.0%	9	60.0%	3	20.0%	30	
	old age home	1	25.0%	2	50.0%	1	25.0%	12	
	Savings	1	50.0%			1	50.0%		
	Support from children								

Demographic variables		Post test level of depression						Total	X^2
		Normal		Mild		Moderate			
		n	%	n	%	n	%		
Marital status	Married	28	41.2%	30	44.1%	10	14.7%	68	X^2=1.37 P=0.50
	Widow/Widower	2	16.7%	8	66.7%	2	16.7%	12	
No. of Children	One child Two children	8	30.8%	14	53.8%	4	15.4%	26	X^2=6.02 P=0.19
	Three and above	11	50.0%	18	40.9%	2	9.1%	44	
				6	60.0%	2	40.0%	10	
Type of family	Joint family Nuclear family	18	37.5%	24	50.0%	6	12.5%	48	X^2=0.32 P=0.84
		12	37.5%	14	43.8%	6	18.8%	32	
Occupation of children	Working in abroad	4	66.7%	2	33.3%			6	X^2=3.17 P=0.78
	Working in local area Working inother districts	16	38.1%	18	42.9%	4	19.0%	42	
	Working inother states	6	25.0%	14	58.3%	2	16.7%	24	
		4	50.0%	4	50.0%			8	
Mode of entry in old age home	Voluntarily Family members	12	46.2%	6	23.1%	8	30.8%	26	X^2=6.15 P=0.18
		16	33.3%	28	58.3%	4	8.3%	48	
	Friends	2	33.3%	4	66.7%			6	
Duration of stay in old age Home	Less than 1 year 1- 2 years	4	66.7%			2	33.3%	6	X^2=6.67 P=0.15
		20	38.5%	22	42.3%	10	19.2%	26	
	More than 2 years	6	27.3%	16	72.7%	0		22	
Relatives visit time to old age home	Weekly once Monthly			4	100.0%			4	X^2=5.16P=0.52
	once Three months once	8	36.4%	8	36.4%	6	27.3%	22	
	Six months once	14	36.8%	18	47.4%	6	15.8%	38	
		8	50.0%	8	50.0%			16	
Medical illness	Diabetes Hypertension	2	12.5%	6	37.5%	8	50.0%	16	**X^2=15.09**
	No	2	16.7%	6	50.0%	4	33.3%	12	**P=0.01****
		26	50.0%	26	50.0%	0	0.0%	52	
History of taking meicine	Yes No	4	14.2%	12	42.9%	12	42.9%	28	**X^2=14.33P=0.01****
		26	50.0%	26	50.0%	0	0.0%	52	

***Significant at 0.05% level**

PART II- Effectiveness Of Laughter Therapy On Depression Among Elderly

	Mean	Mean Difference	SD	't' value	'P' Value
Pre-Test	8.48		1.71	11.95	
Post-Test	5.15	3.33	2.16	TV= 3.55	< 0.001

IV. Conclusions

On the basis of the findings of the study the following conclusion were drawn.

In the pretest majority 16[40%] had mild level of depression, 24[60%] had moderate level of depression. Where as in the post-test 19[47.5%] had mild depression, 15 (37.5%) of them had no depression and 6(15%) had moderate depression.

The mean post- test depression scores 5.15 was significantly lesser than the mean pre- test depression scores 8.48, this difference in mean is a true difference by the intervention laughter therapy and not by chance.

Bibliography

[1]. John W. Creswell JW. Research Design: Qualitative, Quantitative, And Mixed Methods Approaches. 4th Ed. Thousand Oaks (CA): SAGE Publications; 2014.

[2]. Jerome A. Yesavage JA, Brink TL, Rose TL, Lum O, Huang V, Adey M, Et Al. Development And Validation Of A Geriatric Depression Screening Scale: A Preliminary Report. J Psychiatr Res. 1982;17(1):37–49.

[3]. Lee S. Berk LS, Tan SA, Fry WF, Napier BJ, Lee JW, Hubbard RW, Et Al. Neuroendocrine And Stress Hormone Changes During Mirthful Laughter. Am J Med Sci. 1989;298(6):390–6.

[4]. William F. Fry WF. The Biology Of Humor. Humor Int J Humor Res. 1994;7(2):111–26.

[5]. Barbara Dossey B, Keegan L. Holistic Nursing: A Handbook For Practice. 6th Ed. Burlington (MA): Jones & Bartlett Learning (2016)
[6]. Lee S. Berk LS, Tan SA, Fry WF, Napier BJ, Lee JW, Hubbard RW, Et Al. Neuroendocrine And Stress Hormone Changes During Mirthful Laughter. Am J Med Sci. 1989;298(6):390–6.
[7]. López-Otín, C., Blasco, M. A., Partridge, L., Serrano, M., & Kroemer, G. (2013). The Hallmarks Of Aging. Cell, 153(6), 1194–1217. Https://Doi.Org/10.1016/J.Cell.2013.05.039Basavanthappa.B.T. (2000) Nursing Research. (2 Eds). Bangalore: Jaypee Publishers.
[8]. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K. R., ... & Wang, P. S. (2003). The Epidemiology Of Major Depressive Disorder: Results From The National Comorbidity Survey Replication (NCS-R). JAMA, 289(23), 3095–3105. Https://Doi.Org/10.1001/Jama.289.23.3095
[9]. National Institute On Aging. (2023). Older Adults And Depression. U.S. Department Of Health And Human Services, National Institutes Of Health. Retrieved From Https://Order.Nia.Nih.Gov/Sites/Default/Files/2023-05/Older-Adults-Depression.Pdf
[10]. Fakoya, O. A., Mccorry, N. K., & Donnelly, M. (2020). Loneliness And Social Isolation Interventions For Older Adults: A Scoping Review Of Reviews. BMC Public Health, 20, 129. Https://Doi.Org/10.1186/S12889-020-8251-6
[11]. Fontaine & Fletcher. (2009). Mental Health Nursing. (5 Eds). New Delhi: Dorling Kindersley India Pvt. Ltd,
[12]. Agewell Foundation. (2015, July 12). Over 65% Elderly Face Neglect In Old Age: Study. Press Trust Of India. Retrieved From Https://Timesofindia.Indiatimes.Com/India/Over-65-Elderly-Face-Neglect-In-Old-Age-Study/Articleshow/48040965.Cms
[13]. Gail W. Stuart. (2009). Principles And Practice Of Psychiatric Nursing. (9 Eds). New York: Mosby Publications.
[14]. Geri Lobiondo-Wood & Judith Haber. (2006). Nursing Research. (6 Eds).St.Louis: Mosby Publications.
[15]. Gertrude.K. (2001).Psychiatric Mental Health Nursing.(5Eds).Philadelphia: Lippincott Company.
[16]. Kothari.C.R. (2001).Research Methodology: Methods And Techniques.(2 Eds) New Delhi:Vishwa Prakash Publishers.