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A Study To Evaluate The Effectiveness Of Humorous Videos On Stress Among Old Age People In Selected Old Age Home At Madurai

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the function heredity plays in mood regulation. Longitudinal studies, customized therapies, and incorporating mental health assistance into standard medical care should be the main topics of future research. Healthcare professionals can create more effective plans to assist menopausal women and lessen the stigma associated with this transition by filling in these gaps.

Keywords: *Menopause, Mental health, Hormonal fluctuations, Mood disorders, Anxiety, Depression.*

1. INTRODUCTION

Aging is an integral natural part of life and it is a normal process of time related change, begins with birth and continues throughout life. Aging which is an inescapable reality of the human existence on the planet earth, plays a crucial role in the global demographic transition. The life expectancy of the human being is increased in both developed and developing countries due to advancement and improvement of latest technology in medical field.

Successful aging is reflected in the ability of older people to adapt to physical, social and emotional losses and to achieve contentment, security and life satisfaction because, changes in life patterns are inevitable over a life time, older people need resiliency and coping skills when confronting stresses and change.

Laughter exercises are simple, structured and entertaining. They are easy & safe and provide a genuine form of physical exercise. They are appropriate for all, regardless of their cognitive, sensory or motor abilities / limitations. People's participation is invited and not imposed.

Humorous videos are indeed the best medicine to be prescribed for old age people to keep them in good cheer. A Good hearty laughter gets rid of stress, worry and stress. It touches the emotional core and alleviates feelings of loneliness and isolation. Besides being the panacea for good health, laughter generates positive thoughts and reduces the negative strains.

WHO reports that there are 236 elderly people per 10,000 suffer from mental illness mainly due to aging, physical problems, socio-economic factor, cerebral pathology, emotional attitude and family structure. Stress occurs in approximately 10 to 15 percent of all community-dwelling elderly over 65 years of age. The prevalence rate increases from 50 to 75 percent among institutionalized adults. (WHO health forum, 2004).

The World Health Organization (WHO) estimates that 121 million people worldwide suffering from stress. In an analysis of studies worldwide the average prevalence was 13.3% for all stress symptoms (Major and milder stress) with rate of major stress average 1.8% (Beckman.et.al., 2004).

In the modern world caring and sharing relationship with elderly is reduced and there is a dramatic or steady increase of old age home. This may due to rise of nuclear families, many children do not have time to look after their aging parents, as a result many of the aged land into old age homes, either out of force or by choice, which makes them depressed. During the literature review the researcher found that humorous videos provides good massage to all internal organs, reduces the stress hormones level, increases the circulation and relaxes the muscles. Hence the researcher undertaken the present study.

2. MATERIAL AND METHODS

Quasi-experimental pre-test, post-test, non equivalent control group design was used. The study was conducted in Arunodhayam sick geriatric care centre. It is located in koodalnagar at Madurai, The total number of old age people staying in old age home are 60, out of 60, 27 were males and 33 were females. The study was conducted in inba illam, it is located in pasumalai at Madurai. It is 10 km away from our college,. The total number of old age people staying in old age home are 55. Out of 55, 25 were males and 30 were females

a. PHASE: I

1) 60 Samples were screened to identify stress in experimental group, using Brink geriatric stress scale, it is found that 45 samples had stress.

2) 55 samples were screened to identify stress in control group, using geriatiatric stress scale, it is found that 40 samples had stress,

b. PHASE-II

- Out of 45, in experimental group 30 were selected randomly
- Out of 40 in control group 30 were selected randomly.

3. RESEARCH TOOL AND TECHNIQUE

Description of the tool

The research tool consists of

Part I:

It consists of demographic variables of old age people which includes, age, sex, marital status, number of children, religion, education, previous occupation, pensioner, family support, duration of stay, mode of admission, Income, chronic illness and amount spent for medicine,.

Part II:

Perceived stress scale

This scale was developed by Sheldon cohen, the short version of this scale consists of 14 items, of the 14 items, 10 indicated the presence of stress when answered positively and score 1 was given for each answers, while the rest (question numbers 1, 5, 7, 11, 13) indicated stress when answered negatively and score one was given for each answer. Scores of 0-4 are considered normal.

Scoring and interpretation

The total score is 14, which is interpreted as follows,

Total PSS (PSS maximum score = 14)

0 - 4 Normal,

5 - 8 Mild stress

9 - 11 Moderate stress

12 - 14 Severe stress

INTERVENTION

Video players and colour television were used as a device for administering humorous videos. Funny videos, Tamil cinema comedies, cartoon comedies and comedy films were used. Before starting the session, benefits of humorous videos was explained to the old age people. All 30 were gathered in a calm or conducive environment. Humorous videos was administered to experimental group for one hour daily from Monday to Friday for four weeks.

PROTECTION OF HUMAN RIGHTS

The pilot study and the main study were conducted only after the approval of the dissertation committee of the college. Purpose of the study was explained to the samples. Informed consent of the subjects was taken verbally, confidentially of subjects was maintained.

4. RESULTS

SECTION – I

Table – 1:Frequency and percentage distribution of old age people based on demographic variables in the experimental and control group.

Demographic Variables	Experimental Group (n = 30)		Control Group (n=30)		Total (n=60)	
	f	%	f	%	f	%
Age:						
a. 65 to 74 years	15	50	26	86.66	41	68.33
b. 75 to 85 years	10	33.33	4	13.33	14	23.33
c. Above 85 years	05	16.67	0	0	5	8.3
Sex:						
c. Male	13	43.33	13	43.33	26	43.33
d. Female	17	56.66	17	56.66	34	56.7
Marital Status:						
a. Married	14	46.66	16	56.33	30	50
b. Unmarried	0	0	1	3.33	1	1.7
c. Divorced / Separated	1	3.33	1	3.33	2	3.33
d. Widow / widower	15	50	12	40	27	45
Number of Children:						
a. No child	0	0	2	6.66	2	3.33
b. One child	1	3.33	1	3.33	2	3.33
c. Two children	5	16.67	9	30	14	23.33
d. More than two children	24	80	18	60	42	70
Religion:						
a. Hindu	21	70	23	76.66	44	73.33
b. Christian	9	30	6	20	15	25
c. Muslim	0	0	0	0	0	0
d. Others	0	0	1	3.33	1	1.7
Education:						
a. Illiterate	6	20	6	20	12	20
b. Primary school	13	43.33	9	30	22	36.7
c. High / Higher secondary	7	23.33	11	36.66	18	30
d. Diploma/degree	4	13.33	4	13.33	8	13.33

Demographic Variables	Experimental Group (n = 30)		Control Group (n=30)		Total (n=60)	
	f	%	f	%	f	%

Previous Occupation:						
a. Govt.	5	16.66	7	23.33	12	20
b. Private	16	53.33	10	33.33	26	43.33
c. Others.	9	30	13	43.33	22	36.7
Income:						
a. Rs. 1000 – Rs. 3000	10	33.33	5	16.66	15	25
b. Rs. 3001 – Rs. 5000	12	40	12	40	24	40
c. Rs. Above 5000	8	26.66	13	43.33	21	35
Old age pension:						
a. Yes	15	50	19	63.33	34	56.7
b. No	15	50	11	36.66	26	43.33
Family Support:						
a. No family support	1	3.33	3	10	4	6.7
b. Children	26	86.66	25	83.33	51	85
c. Others	3	10	2	6.66	5	8.3
Duration of Stay in Home:						
a. 0-3 years	27	90	30	100	57	95
b. 4 years – 6 years	3	10	0	0	3	5
c. Above 6 years	0	0	0	0	0	0
Mode of admission:						
a. Voluntary	16	56.33	18	60	34	56.7
b. Admitted by children	14	46.66	12	40	26	43.3
c. Admitted by Govt/ NGO's	0	0	0	0	0	0
Chronic Illness:						
a. Asthma / Resp. Disease	7	23.33	6	20	13	21.7
b. Cardiac disease	7	23.33	4	13.33	11	18.3
c. DM / HT	12	40	12	40	24	40
d. Others	4	13.33	8	26.66	12	20
Amount Spent for Medicine:						
a. Below Rs. 5000	6	20	20	66.66	26	43.3
b. Above Rs. 50001	24	80	10	33.33	34	56.7

DISTRIBUTION OF OLD AGE PEOPLE BASED ON EDUCATION STATUS IN THE EXPERIMENTAL AND CONTROL GROUP.

Table 2 Distribution of old age people according to the level of stress in experimental group

Level	**Experimental group n=30**	
	Pre test	**post test**

	f	%	f	%
Normal	0	0 %	5	16.66%
Mild	7	23.33%	11	36.66%
Moderate	13	43.33%	11	36.66%
Severe	10	33.33%	3	10%

Among experimental group in pretest, majority 13(43.33%) old age people had experienced moderate stress, 10(33.33%) had experienced severe stress, and 7(23.30%) had experienced mild stress, after the intervention the number of old age people in severe stress has decreased to 3(10%), the moderate stress has decreased to11(36.66%), mild stress had increased to11(36.66%), and 5(16,66%) old age people has experienced no stress.

Table 3 Distribution of old age people according to the level of stress in control group

Level	**Control group Pre test**		**n=30 post test**	
	f	**%**	**f**	**%**
Normal	0	0 %	0	0%
Mild	10	33.33%	11	36.66%
Moderate	13	43.33%	11	36.66%
Severe	7	23.33%	8	26.66%

Among control group in pretest, majority 13(43.33%) old age people had experienced moderate stress, 10(33.33%) old age had experienced mild stress, and 7(23.33%) old age people had experienced severe stress, but in post test severe stress has increased to 8(26.66%) and equal number of old age people in moderate and severe stress 11(36.66%), there is no normal out of 30 samples.

Table 4 Comparison of mean pretest and post test level of stress in experimental group

n=30

Variables	**Mean**	**MD**	**SD**	**'t' value**	**'p' value**
Pretest	10.4	2.57	1.29	11.13*	0.005
Post	7.83				

*Significant at 0.05 level

To compare the mean pre test and post test level of stress among old age people in the experimental group, the null hypothesis was stated as follows;

There will be no significant difference between the pre test and post test level of stress score at 0.05 level of significance.

The hypothesis was tested using paired 't'test

This table portrays that the mean post test level of stress(7.83) was lesser than the mean pre test level of stress (10.4). The obtained 't'value(11.13) was statistically highly significant at 0.05 level. This illustrates the mean difference of (2.57) was a true difference and has not occurred by chance. This may due to effect of humorous videos, hence the researcher rejects null hypothesis and accepts research hypothesis.

Table 5 Comparison of mean pretest and posttest level of stress in control group.

n=30

Variables	**Mean**	**MD**	**SD**	**'t' value**	**'p' value**

Pretest	9.36	0.47	1.14	2.3#	0.005
Post	9.83				

not significant.

To compare the mean pre test and post test level of stress among old age people in the control group, the null hypothesis was stated as follows;

There will be no significant difference between the pre test and post test level of stress at 0.05 level of significance.

The hypothesis was tested using paired 't'test

This table portrays that the mean post test level of stress(9.83) was greater than the mean pre test level of stress (9.36). The obtained 't' value(2.3) was statistically not significant at 0.05 level.

Table 6 Comparison of mean post test level of stress in the experimental and control group.

n=60

Variables	Mean	MD	SD	't' value	'p' value
Experimental Group	7.83	1.9	2.80	2.7*	0.05
Control group	9.79		2.82		

*Significant at 0.05 level

To compare the mean post test level of stress of experimental group and control group, the null hypothesis was stated as follows,

Ho2 – There will be no significant difference between the mean post level of stress of experimental group and control group at 0.05 level significance.

The hypothesis was tested by using independent 't' test.

This table portrays that the mean post test level of stress in experimental group (7.83) was lesser than mean post test level of stress in control group (9.73). The obtained 't' value (2.7) was statistically highly significant at 0.05 level, This illustrate the mean difference of (1.9) was a true difference and has not occurred by chance. This may be due to the effect of humorous videos, Hence the researcher rejects null hypothesis and accepts research hypothesis.

Table 7: Association between the post test level of stress and demographic variables of theold age people in experimental group.

n=30

Demographic Variables	Normal	Mild	Moderate	Severe	χ2	df
Age:						
a. 65 to 74 years	0	7	5	3		
b. 75 to 85 years	3	3	4	0	9.4	12.59
c. Above 85 years	2	1	2	0		
Sex:						
a. Male	0	6	5	2	5.06	7.82
b. Female	5	7	4	1		
Marital Status:						
a. Married	0	7	5	2		
b. Unmarried	0	0	0	0	9.64	16.92
c. Divorced / Separated	0	1	0	0		
d. Widow / widower	5	3	6	1		
Number of Children:						

a. No child	0	0	0	0		
b. One child	1	0	0	0	7.47	16.92
c. Two children	0	2	3	0		
d. More than two children	4	9	8	3		
Religion:						
a. Hindu	4	8	7	2		
b. Christian	1	3	4	1	0.47	16.92
c. Muslim	0	0	0	0		
d. Others	0	0	0	0		
Education:						
a. Illiterate	1	2	2	1		
b. Primary school	3	3	5	2	7.34	16.92
c. High / Higher secondary	1	6	4	0		
d. Diploma/Degree	1	2	1	0		
Demographic Variables	**Normal**	**Mild**	**Moderate**	**Severe**	**χ2**	**df**
Previous Occupation:						
a. Govt.	0	3	1	0		
b. Private	1	5	7	3	10.2	12.59
c. Others.	4	3	3	0		
Income:						
a. Rs. 1000 – Rs. 3000	3	3	4	0		
b. Rs. 3001 – Rs. 5000	1	6	4	1	4.21	12.59
c. Rs. Above 5000	1	2	4	1		
Old age pension:						
a. Yes	3	8	4	0	6.26	7.82
b. No	2	3	7	3		
Family Support:						
a. No family support	0	1	0	0		
b. Children	5	10	9	3	5.43	12.59
c. Others	0	0	2	0		
Duration of Stay in Home:						
a. 0-3 years	4	10	10	3		
b. 4 years – 6 years	1	1	1	0	0.88	12.59
c. Above 6 years	0	0	0	0		
Mode of admission:						
a. Voluntary	2	5	6	3		
b. Admitted by children	3	6	5	0	3.22	12.59
c. Admitted by Govt / NGO's	0	0	0	0		

Chronic Illness:							
a.	Asthma / Resp. Disease	2	2	2	1		
b.	Cardiac disease	2	2	2	1	5.55	16.92
c.	DM / HT	0	5	6	1		
d.	Others	1	2	1	0		
Amount Spent for Medicine:							
a.	Below Rs. 5000	0	2	2	2	5.34	7.82
b.	Above Rs. 50001	5	9	9	1		

#No significant association at 0.05 level

To find out an association between post test level of stress and demographic variables of the old age people in the experimental group,Null hypothesis was stated as follows:

There will be no significant association between post test level of stress and selected demographic variables.

This table illustrates that there was no significant association between post test level of stress and selected demographic variables,such as age, sex, marritial status, number of children, religion, education, previous occupation, pensioner, family support, duration of stay, mode of admission, Income, chronic illness, amount spent for medicine,.

This indicates that the demographic variables has no effect on stress, this may be due to small sample size.

Hence the researcher rejects research hypothesis and accepts null hypothesis.

The aim of the study was to evaluate the effectiveness of Humorous videos on Stress among old age people in selected old age home at Madurai.

In experimental group most 15(50%) of the old age people belonged to the age group of 65 to 74 years and 26(86.66%) in control group, only 5(16.67%) of old age people belonged to the age group of above 85 years in experimental group, none of the old age people belonged to the age group of above 85 years in control group.

The present study's finding was supported by the findings of Krach yong,(1992). In his study he estimated that 15% to 25% of old age individuals aged 65 and over are experiencing mental disorders. The most common psychiatric diagnosis seen in the older adults are stress(42%).

Both in experimental group and control group, male and female constituted as 13(43.33%), 17(56.66%) respectively.

Regarding marital status, majority 14(46.66%) of them were married in experimental group and 16(56.33) were married in control group, both in experimental group and control group the widow/widower were 15(50%) and 12(40%) respectively. Surprisingly only 1(3.33%) was not married in control group.

In experimental group majority 24(80%) of the old age people had more than two children, where as it was 18(60%) in control group.

Regarding religion, majority 21(70%) of old age people were from the hindu background and rest of them were Christian in experimental group, and in control group most 23(76.66%) of them were Hindus.

Considering the education, majority 13(43.33%) of old age people had completed primary school education in experimental group, where as in control group majority 11(36.66%) of old age people had high/higher secondary education.

With regard to previous occupation, in experimental group out of 30, 16(53.33%) of old age people worked in private sector,5(16.66) worked in government sector. In control group out of 30, 13(43.33%) were business and 10(3.33%) were private sector.

Regarding to the income, majority 12(40%) of old age people's income were between Rs 3001-5000, And in control group most 13(43.33%) of old age people were getting income above 5000 Rs in control group

Considering to the old age pension 15(50%) equal in experimental group and 19(63.33%), 11(36.33%) in control group respectively.

Considering the family support, in experimental group majority 26(86.66%) of old people were supported by their children and only 1(3.33%) was not supported by family members. And in control group, 25(83.33%) of old age people were supported by children.

Both in experimental and control group, most 27(90%), 30(100%) of old age people stayed for 0-3 years respectively.

With regard to mode of admission more or less equal number 16(56.33%), 18(60%) of old age people were voluntary

admission and in experimental and control group.

Regarding chronic illness, equal number of old age people had 7(23.33%)asthma/respiratory and cardiac disease in experimental group, both in experimental and control group 12(40%)of old age people had DM/HT.

Majority 24(80%) of old age people spend above Rs 5000 per month for medicine in experimental group, in contrast 20(66.66%) of old age people spend below Rs 5000 per month for medicine in control group.

5. CONCLUSION

The following conclusions were drawn from the present study.

- Most of the old age people in the experimental and control group suffered with stress.
- Humorous videos were effective in reducing the level of stress among the old age people.

The study findings revealed the importance of nurse's role in managing stress among old age people by using humorous video, which is cost-effective, safe, and non-pharmacological treatment. Humorous videos can be included as a treatment for stress, in nursing curriculum. The finding of the present study has added knowledge to the already existing literature and the implications for the nursing research are given in the form of recommendation . This study can be a base line for future studies to build upon and motivate other investigators to conduct further studies. The administrator can encourage the nurses to use different humorous videos which is cost effective, safe and psychotherapeutic intervention in reducing stress among old age people both in community and general wards.

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