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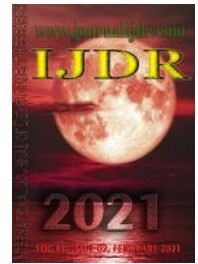
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THE OTHERSIDE OF HOSPITALAR HUMANIZATION - THE IMPACT OF LAUGHTER THERAPY ON PEDIATRIC NURSING PROFESSIONALS

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ABSTRACT

Aim: Demonstrate the effect of laughter therapy on the performance of pediatric nursing professionals during the care process, on their productivity and on professional and personal satisfaction and to present recommendations for the incorporation of this therapy in daily practice in both hospital and educational environments. **Materials and Methods:** Quantitative type survey study with closed binary questions, carried out from June to November 2020. Fifty-four pediatric nursing professionals, of both sexes, were interviewed, who work according to the period of work - nocturne or daytime at the Brazilian School Hospital. **Results:** A total of 17 questions were applied to the 54 participants, which 50 (93%) are females and 4 (7%) are males. Thirty-three (61%) participants work during daytime. The mean age was 33.2 years (SD±8.6). The questionnaire applied to all casuistic with the binary answers - yes and no, fully evidenced the benefits of laughter therapy at work and well-being of nursing professionals. **Conclusions:** The quantitative approach used made it possible to highlight the contribution of laughter therapy to the physical, mental and work well-being of pediatric nursing professionals, in addition to presenting recommendations or strategies for the use of this therapy, as a valuable tool, in daily practice in hospital and educational environments.

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INTRODUCTION

With the accelerated technological and scientific advancement, human relations have been increasingly damaged, directly affecting not only the care provided by the health professional to the patient, but also their own personal and work well-being. In view of this reality, the need to seek solutions that could make the hospitalization process, as well as the care provided, more humane, encompassing patients and professionals in its entirety, became evident (Marques & Souza, 2010; Busch et al., 2019). Therefore, in 2001, the National Program for the Humanization of Hospital Assistance was created in Brazil, with the objective of implementing a reference in patient care attended in hospital units, as well as improving the relationship between the health professional and the patient, with emphasis on the individual and human perspective in health care (Brasil, 2001). Accordingly, in 2003, an audacious initiative was instituted to improve the care provided in health - the National Humanization Policy by the Ministry of Health (Brasil, 2010). To humanize is to recognize human subjectivity, and thus to understand the situation experienced by the other, as insecurity about the future in relation to their health brings, for the hospitalized patient and his family, changes in his life structure that cause him psychological distress.

Humanization requires competence and organization, not only for patients who need health services, but also for the professionals who offer and execute them, so that, in this way, health care occurs with quality. However, for humanized care to be provided in a hospital environment, physical structure, high technology and qualified professionals are not enough; there needs to be appreciation, respect for ethics and human dignity, both for patients and professionals (Marques & Souza, 2010; Araújo & Ferreira, 2011)⁵. The humanization of the hospital environment, through playful activities, was an audacious and pioneering initiative by American doctor Hunter Adams, known as "Doctor Patch Adams", for which the drugs were opposed to empathy, compassion and involvement. He was, therefore, the pioneer of hospital humanization through the use of recreational activities not only for children, but also for hospitalized adults, with its effects reflecting the entire care team. There were many criticisms and obstacles encountered in the implementation of a project considered not only eccentric, but also audacious and reckless, by removing much of the seriousness, rigidity and coldness of the hospital universe (Adams, 2006). The playful strategies of laughter therapy allow the production of humor, for all patients. But, especially for children, there is a great interest in playing due to the immediate effect they have when having fun and at the same time being distracted. Playing in the hospital, the hospital environment changes,

making it look like its reality, which can have a positive therapeutic effect in relation to hospitalization (Dionigi & Gremigni, 2017; Amici, 2019). The nursing team, being composed of nurses, nursing technicians and assistants, are the professionals of the health team that are closest to the hospitalized patient, being of fundamental importance that they have a holistic view about the same, deviating from the centralization of the disease (Gigli *et al.*, 2018). The satisfaction of the nursing professional applies to the feelings that they reproduce in the work environment, however, it does not depend only on this so that it becomes an unsatisfactory or satisfactory work, but also on the perspective that the professional expects to receive in return, such as example, when a certain established result is achieved or when the stipulated goal is reached. More satisfied professionals transmit a better image of the institution where they work, contributing to a more humanized assistance and, consequently, a better organizational reputation. However, it is considered that professional satisfaction is one of the factors that most positively interferes with patient care and interaction with the team (Pinheiro *et al.*, 2020). The integration of good humor, particularly focused on the nursing professional, is a positive factor not only in establishing the relationship between nurse and patient, but also in their professional and personal life, with results consistently improving in the latter sphere. The essence of nursing is based on interpersonal relationships with the patient, established during care. This is the principle of laughter therapy thinking, as a therapeutic method for nurses to find themselves emotionally receptive to the care process. Some conditions belonging to the nurse are likely to influence the use of humor and its effects, such as intuition, sensitivity, judgment, experience, personality and attitude towards the use of humor in professional practice. Empathy is a prerequisite for using humor in the context of care (Pinheiro *et al.*, 2020; Beserra *et al.*, 2020). However, these professionals often end up not exercising their role as caregivers due to the need to fulfill the countless attributions imposed on them by the profession itself. With many activities to be developed, the nurse starts to develop a coping barrier, as a defense mechanism, so that he can maintain himself in physical and mental balance. But, sometimes, these defense mechanisms are not effective and many professionals have visible humor changes (Baggio, 2007; Singh *et al.*, 2020). When nurses face stressful situations, negative psychological reactions tend to occur because of a feeling of uncertainty and potential harm, leading to tension or fragility of various organs and systems in the body. These directly impact health, personal life and the performance of nursing work, reducing the quality and humanization of the care provided and, therefore, patient safety. However, health professionals often do not give due attention to themselves and to conflict situations, leaving in the background the often and very little valued their own care (Baggio, 2007; Singh *et al.*, 2020). Support for nursing professionals, in a practical and psychological way, is essential to preserve their health in the short and long term, especially when occupational stress levels are so high, as the good humor in the professionals' routine can be or become a coping mechanism to deal with stress and be an acceptable means of expression in conflicting situations (Wu *et al.*, 2019). Therefore, in view of the relevance of the theme, the present study aims to demonstrate the effect of laughter therapy on the performance of pediatric nursing professionals during the care process, on their productivity and on professional and personal satisfaction and to present recommendations for incorporation of this therapy in daily practice in both hospital and educational settings.

MATERIALS AND METHODS

According to the Regulatory Norms for Research on Human Beings, Resolution 466/122 of the Ministry of Health, the present study was approved by the Research Ethics Committee of the Faculty of Medicine of São José do Rio Preto, São Paulo, Brazil (FAMERP) (Opinion n° 2.124.145 / 2017). In the period from June to November 2020, a quantitative survey-type study was carried out with closed binary questions in the sectors of General Pediatrics, and Oncology and Chemotherapy Pediatrics at the Children's and Maternity Hospital of FAMERP. Fifty-four nursing professionals were included, the team

being composed of Nurses, Nursing Technicians and Assistants, of both sexes, who work distributed in the three referred sectors, according to the period of work - nocturne or daytime. The data were collected through a form entitled "Questionnaire to nursing professionals about the influence of laughter therapy on their work and personal activities", containing the socio-demographic characteristics and seventeen closed questions, being applied only after signing the Consent Form. Statistical analysis was performed using the GraphPad InStat version 3.00 program, GraphPad Software Inc, San Diego California USA, www.graphpad.com. The results were expressed as percentages (%), mean (M), median (Med) and standard deviation (SD).

RESULTS

Table 1 presents the socio-demographic characteristics of the sample of 54 nursing professionals, composed of nurses, nursing technicians and assistants. Table 2 shows the questionnaire applied to the sample with binary responses - yes and no, fully evidencing the benefits of laughter therapy in the performance of pediatric nursing professionals during the care process, in their productivity and in professional and personal satisfaction.

Table 1. Distribution of socio-demographic characteristics of the nursing professionals interviewed (N = 54)

Characteristics	N	%
Sex		
Female	50	93
Male	4	7
Skin Color		
White	42	78
Brown	12	22
Civil Status		
Married	24	44
Single	17	32
Stable Union	6	11
Divorced	5	9
Separate	1	2
Widower	1	2
Professional Qualification		
Nursing	22	41
Nursing Assistant	20	37
Nursing Technician	12	22
Work Time		
Daytime	33	61
Nocturne	21	39
Work Sector - Exclusive		
General Pediatrics	32	59
Oncopediatrics	1	2
Work Sector - Concomitant		
General Ped + Oncopediatrics	16	30
Chemotherapy		
Oncopediatrics + Chemotherapy	3	6
General Pediatrics + Oncopediatrics	2	4
Age (years)		
Mean (SD)	33,2 (8,6)	
Median	32	
Minimum-Maximum	20-55	
Time in the Work Sector (years)		
General Pediatrics (N=50)		
Mean (SD)	8,5 (7,3)	
Median	6,5	
Minimum-Maximum (months-years)	2-27	
Oncopediatrics (N=22)		
Mean (SD)	3,8 (3,4)	
Median	2,5	
Minimum-Maximum (months-years)	1-13	
Chemotherapy (N=19)		
Mean (SD)	4,2 (3,5)	
Median	3	
Minimum-Maximum (months-years)	3-13	

SD= Standard Deviation

Table 2. Questionnaire to pediatric nursing professionals (N = 54) about the influence of laughter therapy on their work and personal activities, presenting the answers in absolute and relative values

Questions/Answers	Yes		No	
	N	%	N	%
1. Does the sector you work receive visits from clowns?	54	100	0	0
2. Has there been an improvement in the interaction between the nursing professional, the patient and the family?	49	91	5	9
3. Has there been an improvement, for its execution, in the child venous access procedure?	30	56	24	44
4. Has there been an improvement, for its execution, in the administration of oral medication to the child?	39	72	15	28
5. Has there been an improvement, for its execution, in the administration of intramuscular medication to the child?	29	54	25	46
6. Is it used by nursing professionals to demystify the child's fears related to treatment?	45	83	9	17
7. Does it contribute effectively to improving your childcare?	50	93	4	7
8. Does it facilitate the child's hospital stay process, for better professional performance?	52	96	2	4
9. Is it a way of including playfulness in the life of hospitalized children, for their best professional performance?	51	94	3	6
10. Has there been a reduction in your stress and that of colleagues at work?	45	83	9	17
11. Does the work environment become more harmonious and productive?	51	94	3	6
12. Has there been an improvement of your emotional state?	45	83	9	17
13. Is it used by you, professionally, as a facilitator to work with this clientele?	46	85	8	15
14. It is a way of coping that can be used by nursing professionals?	51	94	3	6
15. Personal and work impasses prevent the professional from feeling happy?	49	91	5	9
16. Do you practice laughter therapy?	36	67	18	33
17. Are there benefits of laughter therapy in both professional and personal aspects?	54	100	0	0

DISCUSSION

The realization of this study made it possible to show that laughter therapy fully and directly reflects on the performance of pediatric nursing professionals during the care process, on their productivity and on professional and personal satisfaction. As there is no data in the literature, up to the present moment, similar to the questions asked in this study, the discussion was described in a comprehensive way in relation to them. In the hospital context, where care can become cold, indifferent, dehumanized, it is up to the professionals who make up the nursing team to seek tools that help them in the humanization of this care and also in their own benefit of physical, mental and work health. To this end, laughter therapy is highlighted as a contributing factor to the decrease in the level of stress for the patient and professionals, given that they are the ones who spend most of the time with the patient during the hospitalization process (Beckman *et al.*, 2007; Catapan *et al.*, 2019). Friendly and cheerful attitudes of the nursing staff are valued by patients, especially by children. Humor can also play a role in the development of a therapeutic relationship, creating long-term effects, in addition to the immediate moment (Dionigi & Gremigni, 2017; Sridharan & Sivaramakrishnan, 2016). Communication is indispensable for the formation of a healthy and trusting relationship between nurse and patient, making clear some striking characteristics that make a big difference in care: mutual respect, humility, good humor, empathy and honesty. For patients, humor improves contact because if nursing has a sense of humor, it makes the approach easier. However, the nurse-patient relationship must be based on respect for the person and their values. Humor should never insult or violate human dignity. It is extremely important that good humor is the main attribution in the professional commitment of those who carry out the care process, having, as a direct effect of this holistic care, the positive evolution of patients, making professionals feel more confident and safer in their activities (Tremayne & Sharma, 2019).

Nursing professionals constitute a significant workforce in patient care, experiencing noticeable psychological changes throughout the course of the care process. In addition, the health team is affected not only by broader socio-economic tensions, but also by the impacts of family and social distance. This complex combination of pressures brings risks and adverse results to mental and professional health. While caring for others, they need to be cared for and valued. Nursing leaders can facilitate the team's psychological adaptation to their work, allowing them to take care of their own well-being, in all aspects, so that the task of caring for others, with humanity and good humor, is not affected, keeping in mind that cordial attitudes are contagious and transformative (Beckman *et al.*, 2007; Tremayne & Sharma, 2019; Wei *et al.*, 2019).

An emerging issue is how best to protect the well-being and mental health of all staff facing these circumstances all employers have a legal duty of care and a moral obligation to provide adequate support to their employees, which is an essential investment for healthcare organizations. Nurses must understand the professional responsibility of adopting a healthy lifestyle to maintain the level of personal fitness and well-being necessary to meet the needs of patients. Therefore, laughter therapy can be beneficial for nurses as part of their self-care. Occupational health programs should consider the inclusion of laughter therapy as part of their health and well-being initiative (Beckman *et al.*, 2007; Tremayne & Sharma, 2019; Wei *et al.*, 2020). Corporate investment in laughter therapy recognizes the importance of valuing employees and recognizes that if they are fit, happy and healthy, it will boost morale and productivity. Therefore, nurses must be carefully trained in self-protection, as training is a useful tool for nursing professionals and for the integration of care teams. The use of laughter therapy as a therapeutic instrument has served as a stimulus for changes in hospital procedures and administrative rules, with the aim that the traumatic effects of hospitalization on the patient and on the process of caring for the nursing staff can be reduced or prevented (Beckman *et al.*, 2007; Tremayne & Sharma, 2019; Wei *et al.*, 2020). In addition, it is of particular relevance that laughter therapy is included in the curriculum of undergraduate and graduate nursing programs, in order to provide students with knowledge and understanding of the valuable contribution that this therapy can achieve, under all conditions aspects, in your future professional life. This will create an optimistic environment and guarantee the personal safety of future nurses, allowing them, when they graduate, to provide care with the highest quality, which is already inherent to them (Tremayne & Sharma, 2019; Coutinho & Lima, 2016; Kuru & Kublay, 2017; Melo *et al.*, 2020). Therefore, the quantitative approach used allowed to highlight the contribution of laughter therapy in the physical, mental and work well-being of pediatric nursing professionals, in addition to presenting recommendations or strategies for the use of this therapy, as a valuable tool, in daily practice in hospital environments and educational.

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