SERVICE EVALUATION OF CLOWN DOCTOR HUMOUR IN ONE ENGLISH CHILDREN’S HOSPITAL

Dr Alan Glasper, Professor of Children’s and Young People’s Nursing, University of Southampton
Mrs Cath Battrick, Matron, Southampton Children’s Hospital
Gill Prudhoe, Lecturer in Children’s and Young People’s Nursing, University of Southampton
Katy Weaver, Play Specialist, Southampton Children’s Hospital

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LAY SUMMARY

Introduction
It is said that a day without laughter is a day without sunshine. The use of humour as a therapy is receiving increasing attention from health care professionals who are interested in both the psychological and physical effects on patients’ well being. In particular the use of humour during childhood illness is gaining respectability and it is not uncommon to see doctors and nurses behaving in a way which an early pioneer such as Patch Adams would approve of. The use of glove puppets and medical equipment “clothing” such as giraffes to hide the stethoscope are now commonplace. Furthermore, some hospitals routinely use clowns to entertain sick children but the evidence to underpin the efficacy of such interventions is sparse.

This report details the findings of a service review of clown humour in one English children’s hospital. The Theodora Children’s Trust which provides the hospital clown service is the English branch of a Swiss Charity, who co-ordinates a team of clown doctors who pay weekly visits to sick children in a number of English hospitals, performing magic tricks, telling stories and singing songs. This service evaluation was commenced in the autumn of 2005 and completed in the autumn of 2007.

Methods
The evaluation was conducted in three distinct parts commencing with a focus group activity with members of the national clown doctor community. Subsequently questionnaires were given to doctors, nurses, parents/carers and children to gauge their views of clown humour in a hospital setting. The third and final component of the study used the ‘draw and write/draw and tell’ technique to acquire the detailed views/opinions of children regarding clown humour in a hospital setting. This technique allows children to draw pictures and tell stories about their drawings which in turn generates information about their thoughts, in this case clown doctor humour.

Results
The results of the focus group meetings with the clown doctors demonstrate that the clown doctors are highly trained to work with sick children and furthermore that they take their role very seriously. They believe they can enhance the care of sick children during the period that they are in hospital. Importantly they see themselves as valued members of the hospital team of professionals who are dedicated towards improving the lives of sick children during a hospital stay. The results of the questionnaires administered to doctors, nurses and other professionals, children and their parents/guardians show that the majority both appreciate the work of the clown doctors and crucially feel that their humour helps the children while they are sick and in hospital. The analysis of the children’s drawings and their written and spoken words demonstrate strong support for clown humour in children’s wards.

Conclusion
The community of clown doctors who provide clown humour to sick children in hospital on behalf of the Theodora Children’s Trust provide a valuable and much appreciated service which children, parents and staff believe help children cope with the stress of a hospital admission.
EXECUTIVE SUMMARY

Introduction

Clowns and their humour have entertained human beings for millennia but a review of the literature shows a distinct lack of research and evidence based data on the use of humour as a therapy within children’s hospitals/units. This is despite the fact that many health professionals, mostly those with an interest in both the psychological and physical aspects of patients well being, appear to be showing an increased interest in the use of humour within health care settings. This service evaluation completed in the autumn of 2007 focuses solely on the effects of clown humour on children in one English children’s hospital. Importantly, through learning the views of the group at which the service is primarily aimed, i.e. the children, professionals can begin to understand the benefits and efficacy of such a provision and how it could be improved and developed further so that the maximum benefits, if any, of clown humour are achieved. The perspective of parents/carers, doctors, nurses/other health professionals and the clown doctors themselves can also help in identifying how clown humour provision impacts on others in clinical settings. The service evaluation was completed through 3 separate studies.

STUDY 1

Objective

To elicit the perceptions of Theodora Children’s Trust clown doctors of what works best and least well during a clown encounter with a sick child in hospital.

Participants

Senior fully trained experienced clown doctors (N=5)
Trainee clown doctors (N=7)

Setting

Quiet rooms in Big Wheel, Exmouth Market London and Chantler Skills Centre, St Thomas’ Hospital London

Methods

Focus group meetings utilising the nominal group technique.

Main Outcome Measures

Description and analysis of those factors which inhibit or enhance clown doctor encounters with sick children and their families.

Results

Five voted items of importance of what works best when a clown doctor (junior or senior) visits a sick child in hospital including gaining the child’s consent.

Five voted items of what works least best during a clown encounter including disrespect of hospital procedure and staff.

Conclusions

The clown doctors were very supportive of the use of humour for sick children and their families in hospital believing it to be anecdotally beneficial but were critical of some elements including visit rescheduling and prejudice by some staff.
STUDY 2

Objective
The primary objective of this study was to elicit the perceptions of doctor’s, nurses, parents and children towards the efficacy of performances by Theodora Children’s Trust clown doctors to sick children in hospital.

Participants
49 children, 43 parents/carers, 17 doctors, 93 health care staff
(73 nurses, 6 hospital play specialists, 11 health care support workers, 3 allied health professionals)

Setting
An English children’s hospital

Methods
Questionnaire which employed a mixture of closed and attitudinal likert questions

Main Outcome Measures
Descriptive statistics of how individual groups of respondents view the efficacy of clown doctor humour delivered to sick children in hospital.

Results
A convenience sample of 49 children participated in the study and 41 of them strongly agreed or agreed that they liked clowns with 40 indicating that they enjoyed playing with the clown doctors during their hospital stay. Of the 43 parents who agreed to answer the questionnaire no less than 40 strongly agreed or agreed that the presence of clown doctors has a positive impact on sick children and their families. All 43 parents were happy that their children could have a subsequent visit from a clown doctor. A convenience sample of 16 paediatricians consented to participate in the study and 14 of them strongly agreed or agreed that the presence of clown doctors has a positive impact on sick children and their families during a hospital stay. Although 13 doctors in their opinion believed that the clown encounter was helpful to the sick child, 6 of them revealed that they did not personally like clowns.

Of the 134 questionnaires sent to individual named staff in six discrete inpatient clinical areas of which 73 were children’s nurses, 93 were returned giving a 69.4% return rate. 83 strongly agreed or agreed that clown doctors have a positive impact on the child and family with 78 agreeing that the clown encounter was helpful to the sick child. 22 health care staff indicated that they did not personally like clowns.

Conclusion
The results show that the parents and children are enthusiastic about the presence of clown doctors in clinical environments where sick children are cared for. The majority of health care professionals including paediatricians are supportive of clown doctor activities for children despite some of their own personal prejudices.
STUDY 3

Objective
This study focused solely on the perceived effects of clown humour as experienced by inpatient children.

Setting
An English children’s hospital.

Subjects
42 children between the ages of 4-11 years were approached and 20 participated fully in the study.

There were 16 refusals and 6 children were unable to fully participate in the two stage process. This was because children had either been allowed to go home unexpectedly or felt too poorly or tired to participate in the second aspect of the study. Data was collected over a 4 month period.

Methods
The “draw and write/draw and tell technique” was used to elicit information from the children.

Results
The results pertaining to the draw and write/draw and tell study were considered in two categories, i.e. ‘written’ words and ‘spoken’ words.

Written comments
Before the clown visit the majority of comments made were negative (scared/worried/nervous) and ‘negative’ and ‘sad’ appeared to be the prominent theme. 28 of the comments written were negative in comparison to 7 positive comments. After the clown doctor intervention with the children there was a significant increase in positive written comments made in comparison to no negative comments at all.

Spoken comments
Before the clown visit there were 34 negative comments articulated by the children and only 14 positive comments, suggesting that the dominant theme prior to a clown visit was very negative. Analysis of data elicited after the clown doctor visit showed a much more positive theme with 57 positive comments being articulated by the children and only 3 negative comments.

Conclusions
This qualitative study of children's perception of hospital clown humour using the draw and write /draw and tell techniques has shown that children appreciate the beneficial effects of a clown visit to them during their hospital stay. Of the made 23 suggestions made by the children after the clown encounter 19 of them were requests for more frequent clown visits or more clown doctors.

OVERALL CONCLUSIONS
This service evaluation of clown humour delivered to children in one English hospital with 160 beds has shown that most children, their parents/guardians and staff enjoy the presence of the Theodora Children's Trust clown doctors and believe they fulfil an important role in alleviating the stresses experienced by sick children during hospitalisation.
BACKGROUND TO THE SERVICE EVALUATION AND REVIEW OF THE LITERATURE.

The Theodora Children’s Trust is the United Kingdom branch of a Swiss Charity. It currently has a team of clown doctors who pay weekly visits to children in a number of English hospitals, performing magic tricks, telling stories and singing songs. The Theodora clown doctors work one-to-one and in small groups with about 26,000 children and their families every year in the health care settings that they visit regularly. Although this provision has been offered to children in hospital settings its usefulness had not been formally evaluated to ascertain if children find the experience valuable. Consequently this service evaluation aimed to determine the benefits of the clown doctor visits to the sick children in one English hospital.

Preliminary review of the English literature

There is a paucity of English language empirical data to underpin the use of clown humour in children’s health care settings. A range of data bases were consulted to ascertain the breadth and depth of the available literature associated with clown humour.

Databases searched

- AMED 1985-2005
  Search terms: (Laughter/or clown$ or “Wit and humour”/) AND (child or paediatric or paediatric)
- BNI British Nursing Index 1985-2005
  Search terms: (humour/or clown$ or laughter) AND (child$ or paediatric or paediatric)
- CINAHL 1982-2005
  Search terms: (Hospitals, Paediatric/or Child, Hospitalized/) AND (clown$ or laughter)
- Embase 1980 to 2005 Week 18
  Search terms: (Paediatric hospital/or Child Hospitalization/) AND (clown$ or laughter)
- HMIC Health management information consortia 1983-2005
- Medline 1966 to April Week 3 2005
  Search terms: (Laughter therapy/or Laughter/ or “Wit and humor”/ or clown$) AND (Hospitals, paediatric/or Child hospitalized/)
- Psycinfo 1985 to April Week 4 2005
  Search terms (Humor/or clown$ or laughter) AND (hospitalized patients or paediatrics)
- Web of Science 1981-2005
  Search terms: (laughter or clown$) and (child$ or paediatric or paediatric)
- ASSIA Applied Social Sciences Index and Abstracts 1987- 2005
- Library of congress clowns and (therapy or hospital*)
- Southampton city library – clowns or laughter
Introduction

The apparition of court jesters or clowns transcend both time and geography. Such humorous clown characters portraying fools, bumpkins, tricksters or scapegoats have fascinated human beings from all cultures in many parts of the world throughout history. Willeford (1969) in his study of clowns and jesters believes that clowns activate infantile patterns of thought in audiences thus affecting “a pleasurable release of energy from the world of consciousness”.

The clown as the fool encompasses a broad range of characters and the characteristic traits of this individual according to Towsen (1976) encompass a lack of social graces and someone who operates outside the laws of logic. Consequently the clown is often viewed as a child. The universal cult of clownism is perhaps a reflection of the human trait of potential foolishness and when we laugh at the clown we are laughing at ourselves and the real or imagined pitfalls we fall into or banana skins we slip upon.

In some societies such as that of the Hopi Indians of the American southwest there exist clown clans who participate in ritual ceremonial clowning. Importantly the clown/fool/court jester is not a product of western culture but has existed in nearly all cultures since prehistoric times. Towson (1976) reports the first recorded court fool/jester as being a pygmy who presided over the court of Pharaoh Dadkeri-Assi in ancient Egypt’s fifth dynasty. There is clearly a large body of evidence that clowns and their humour have entertained human beings for millennia. Even the Catholic Church has a history of lampooning itself and Speaight (1980) describes how in medieval times, minor clerics in French cathedrals would take over religious ceremonies and dress up as bishops parodying the mass itself.

Clown humour and health

Astedt-Kurki and Liukkonem (1994) believe that humour is an important aspect of day to day life and therefore also a facet of the health care of patients in contemporary health care settings. In this study, data was obtained from nurses which were analysed using the qualitative method of content analysis. They found that humour can be described as a joie de vivre which is embodied in human interface as “fun, jocularity and laughter”.

Furthermore they believe that humour is a meaningful factor in the day to day interaction of nurses and patients and generally with the patients overall wellbeing and coping with illness. Similarly Pierlot and Warelow (1999) have examined the topic of humour and postulate that humour is necessary as one of many skills within the nurse patient relationship. They argue that humour has major benefits both therapeutically and as a communication tool which they believe helps to relieve stress.

They contend that these beneficial effects of humour are not fully appreciated by health care professionals in general or mental health care settings. Although the use of humour is recommended in all areas of health care, the evidence base upon which some of the therapeutic claims are predicated is generally weak, at least in the English language literature. There is no doubt that the use of humour can help improve the health care professional-patient relationship by acting as an ice breaker but as a therapy there is little empirical evidence to justify these claims that humour is the universal panacea.

Martin (2001) in a Canadian review of all published research investigating the effects of humour and laughter on physical health reveals that laboratory experiments have shown some effects of exposure to comedy on several components of immunity, although the findings are inconsistent and most of the studies have methodological problems. Additionally he has shown that there is also some evidence of analgesic effects of exposure to comedy, although similar findings were also obtained with negative emotions. This review of the literature demonstrates that there is little evidence of the stress-moderating effects of humour on physical health and more rigorous and theoretically informed research is needed before firm conclusions can be drawn about possible health benefits of humour and laughter.

Despite this the use of humour in the management of sick children has been investigated by D’Antonio (1989) who has shown that humour can result in a decrease in fears experienced by children which are attributed to strange environments. Perhaps the best known advocate for the use of humour and clowning particularly with sick children is Patch Adams who claims that clown therapy is “therapeutic” and that modern hospitals need joy and humour (Adams 2002). Importantly Adams believes that the lack of humour in hospitals is a major reason why there is a shortage of nurses in the USA.
However before clown therapy can be taken at face value some evidence other than historical precedence will have to be provided. Crucially, just at the point when this service evaluation was being planned, Vagnoli and Caprilli (2005) in one of the first randomised controlled studies to investigate the beneficial effects of clown humour have demonstrated in an Italian study, that the presence of clowns during the induction of anaesthesia, together with the child’s parents, was an effective intervention for managing children’s and parents’ anxiety during the preoperative period. Importantly lack of support from medical colleagues however, has stifled continued clown humour in the immediate preoperative period.

Despite a lack of empirical evidence, the use of clown humour is increasing throughout the world of medicine with Clayton (1997) suggesting that healing with humour is a powerful method of combating disease. There are certainly many men and women with red noses and big feet around the world who seriously believe that laughter can help with the healing process. One such group are the English clown doctors who work for the Theodora Children’s trust which is a UK branch of a Swiss Charity. The team of clown doctors pay weekly visits to children in hospital, performing magic tricks, telling stories and singing songs. The clown doctors see 26,000 children and their families per year.

Clown doctors can be found in many parts of the world operating from differing organisations. The famous New York Circus, America’s chief organisation devoted to classic circus acts was founded in 1977. In 1986 the co-founder of the Big Apple Circus (Gorfinkle et al. 1998) established the Clown Care Unit after losing a brother to cancer. Clown Care Units now function in many American city children’s hospitals using humour as a way of helping children and their families cope with the intrusiveness of hospital admission. Spitzer (2001) similarly describes the work of the clown doctors in Australia and the role of humour in relieving suffering.

STUDY 1

Does humour delivered through clowning benefit children in hospital? Assessing the views of the UK’s Theodora Children’s Trust clown doctors

Objective

The primary objective of this study was to investigate the views of the English Theodora Children’s Trust clown doctors on what they feel works best and least well during a clown encounter with a sick child in hospital.

This study was the initial aspect of the overall service evaluation of the clown doctor initiative in one English NHS Trust. The total membership of the clown doctor population, made up of 7 junior and 7 senior clowns who work throughout NHS Trusts in England was invited to participate in focus group activities.

Participants

The participants attended scheduled meetings of the TCT held on the 8th and 11th of November 2005. The junior trainee clown doctors attended the meeting at Big Wheel Theatre, London and the senior clown doctors at St Thomas’ Hospital, London. Two of the senior clown doctors were absent because of holiday commitments. All participants gave written consent for this study.

Methods

The highly structured nominal group technique (NGT) was selected as the method of choice for this study on the basis of the group size (n=7 and n=5), applicability to the setting and time efficiency, (Delbecq and Van De Ven 1971, Delbecq et al. 1971). The benefit of NGT is that in addition to being suitable for small group sizes, it also places emphasis on giving each member of the group, a voice that won’t be drowned by others. The technique follows a clear set of procedures designed to optimally elicit objective information from participants. The use of NGT has been fully described elsewhere (Glasper 2001, Gibson and Soanes 2000), only a brief description of the technique will be outlined in this paper.
5 STEPS OF THE NOMINAL GROUP TECHNIQUE

1. Silent generation of ideas in writing
2. Round robin recording of ideas
3. Serial discussion for clarification
4. Preliminary vote of item importance
5. Final voting

Step 1: Silent generation of ideas in writing

The first question posed at each group was; “What works best when a clown doctor visits a sick child?”. This question was printed on paper and given to each clown doctor, reiterated in large letters on a flip chart, and verbally articulated to the group to avoid misunderstanding of the question. The whole exercise was repeated later in the day when posing the second question; ‘What works least well when a clown doctor visits a sick child?’.

All of the exercises were conducted in a quiet room with the seats arranged in a semicircle around a flip chart. The participants, who were dressed in normal attire, were asked to write down their own key thoughts related to the posed question silently and without reference to other group members. To allow sufficient time to record their thoughts, group members were given paper and 10 minutes to write as many items about the question as possible.

Step 2: Round robin recording of ideas

The clown doctors in each group were invited to offer their first point on a one-group-member at a time principle. Group members were informed that they could miss a turn by saying ‘pass’ if they had exhausted their ideas, or if a group colleague had offered the same point or similar. Members were invited to rejoin the round robin if they generated further independent ideas. Responses were recorded verbatim, numerically coded on flip chart paper and secured to an adjacent wall for full visualization. No conferring or discussion was allowed at this point.

Step 3: Serial discussion for clarification

Each of the recorded items taken in step 2 was discussed with the group members to arrive at a satisfactory level of clarification and understanding. Items that were similar were coalesced into corporate statements with the approval of the group, to avoid repetitions and dilution of the final cast votes.

Step 4: Preliminary vote of item-importance

The strength of NGT lies in its insistence on individual group members making their own independent judgements. This is achieved through a rigorous voting procedure, which initially asks the subjects to individually identify their own top 5 items from the generated list. These are written on specially prepared voting cards. The number of independent items recorded during the exercise was 63 (junior clowns), 52 (senior clowns) for the first question and 44 (junior clowns), 44 (senior clowns) for the second question. The NGT encourages participants to make fine judgements as to the overall importance of each item generated in the list. Only those topics that are judged to be highly pertinent are allocated votes. The process consolidates the judgements of the group as a whole in a controlled and democratic manner thus conferring greater assurance on the final responses to the posed question.

Step 5 Final voting

The participants were asked to examine their voting cards carefully, and after awarding the top item 5 votes, the least best item 1 vote and subsequent items 4 votes, 2 votes and 3 votes respectively, the scores were applied to the items on the flip charts and subsequently collated to give an overall score per item. This process ensures the transparency of the exercise, and allows each member to play an active part in its application in a controlled setting. The collated scores were sent by email to each clown participant for checking and approval.
Clown doctor NGT focus group activities.
Junior clowns N=7, senior clowns N=5

Question 1 - What works best when a clown doctor visits a sick child?
Top five items of importance (junior clowns)(63 items)
- Spontaneity .......................................................... 14 votes
- To empower the child .............................................. 12 votes
- Listening, watching and then responding ................... 11 votes
- Distraction ................................................................. 10 votes
- Child's consent .......................................................... 9 votes

Top five items of importance (senior clowns) (52 items)
- Being 100% present .................................................. 11 votes
- Sensitivity ................................................................. 10 votes
- Feeling and giving happiness ...................................... 9 votes
- Play; laughter .......................................................... 7, 7 votes
- Changing atmosphere ............................................... 6 votes

Question 2 - What works least well when a clown doctor visits a sick child?
Top five items of importance (junior clowns)(43 items)
- Insensitivity .............................................................. 29 votes
- Talking down to the child ......................................... 12 votes
- Ego ........................................................................ 9 votes
- Competing with another clown for attention .............. 5 votes
- Disrespect of hospital procedure and staff ................. 4 votes

Top five items of importance (senior clowns)(44 items)
- Being insensitive ...................................................... 17 votes
- Being on an ego trip .................................................. 9 votes
- Not connecting: relatives or staff saying the child hates clowns, when in fact they themselves do 5 votes
- Bad communication; not having enough time; working with no feeling; and ignoring the child's feelings ................................................................. 4, 4, 4, 4 votes
- Not judging the situation; when a child is diagnosed as terminally ill/dying; lack of information on the child's status, not feeling at your best ................................................................. 3, 3, 3, 3 votes
Discussion of results

What works best when a clown doctor visits a sick child?

The primary mission of the clown doctors is to give their topmost attention to the sick child, whilst at the same time being spontaneous and able to give a unique performance by being 100% present. The clowns are trained to be aware of the needs of sick children and their families, and are sufficiently prepared to approach each child with sensitivity. This is immensely important, and when dealing with seriously ill children, the clowns need to follow a code of conduct which recognises the boundaries of when to approach a child or not. Simonds (1999) details the code of conduct of the French laughing doctors (Le Rire Médecin) and highlights the importance of clowns undergoing frequent self-evaluation and dialogue with the hospital staff. The clowns believe that in feeling and giving happiness to the child, this is directly empowering the recipient of the performance. The whole raison d’être of clown doctor humour is to alleviate suffering, and the term ‘open-heart humour’ is often used by the clowns to describe what they believe happens during an encounter with a sick child when their heart felt humour is transmitted to the heart of the child.

The junior clowns have highlighted the importance of listening and watching the child before responding. In this way, the clown doctors are able to tailor the play for each individual child; and thus effectively offer bespoke therapeutic distraction in an environment where the potential hostile sights and sounds associated with childhood hospital admission can be alleviated. It is the laughter generated during the clown encounter with the child itself which the clown doctors identify as being crucially important. Perhaps clown doctors, in practising open-heart humour, believe that laughter is good for the heart. Clark et al (2001), report that there are health benefits of laughing, not least being a reduction in heart disease in people with a strong sense of humour. The term humour itself originates in the work of Hippocrates, and his description of the four humours of life. The view of Hippocrates was that healing could only take place when the patient regained a harmonious balance of the bodily humours, (Chiappelli et al 2005). The individuals who were characterised by the humour blood were regarded as being sanguine (in turn deriving from the Latin word for blood), such sanguine people were regarded as having a good sense of humour.

The guiding mantra of the clown doctors is to gain the consent of the child and family before proceeding with a personal performance. This is important, as some individuals have a fear of clowns, which is known as coulrophobia.

What works least well when a clown doctor visits a sick child?

The clowns identified being insensitive, as a major impediment to a clown interaction with sick children and their families. Spitzer (2001), has specified sensitivity as being important when clown doctors are endeavouring to help children (and staff) cope with difficult situations. Van Blerkhom (1995) describes a study in which five clown doctors were observed in a range of New York children’s units. In some of the reported case studies, Van Berkhom describes how the clowns adopt extremely sensitive approaches especially for children who potentially might be frightened. Additionally, Australian clown doctors undertake performances in emergency departments, where families might be anxious, frustrated, abusive and sometimes aggressive. In such situations, the clown doctors need to exercise extreme sensitivity. The clown doctors have cautioned against talking down to the child and highlighted importance of not being on an ego trip. In this respect, the intent of the clown doctors is to put the child at the centre of their actions rather than compete with another clown for attention. The clown doctors have expressed the perils of not connecting to the individual child; because of this, the use of humour has to be tailored for each individual child and cannot be used as a universal panacea, as indicated by the work of Goodenough and Ford (2005) who express wariness about its use with highly anxious children.

The clowns have specifically identified that overt disrespect of hospital procedures and staff will adversely affect the relationship between themselves and the professional health workers. The clowns therefore tread a thin line between legitimate parodying of the
actions of the doctor or nurse, and ‘ruffling the feathers’ of malcontent. It should however be stressed that the work of the Spanish comic writer Enrique Jardiel Poncela appraised by Seaver (2005), demonstrates that medical humour, where the doctor is the brunt of the humour, results from a clash between the gold moral and social standards expected of them and the reality that they are engendered with the same human weaknesses as every other member of the human race.

Much of this medical humour originates from the period prior to the introduction of modern medicine, when the doctors relied on an assortment of unscientific practices that undermined the confidence of the patient. Importantly, because of their higher position in society, doctors were and are seen as fair game for those who occupy perceived lesser social positions. Although the clown doctors are at great pains to keep the medical humour within the boundaries of acceptable parody, they have identified that one of the inhibiting factors which impacts negatively on their work is when relatives or staff members state that the child hates clowns when in reality, it is they themselves that do. The clown doctors feel that they are sufficiently aware of coulrophobia, and are sensitive in not giving performances where they detect fear within a child.

All performances require both time and preparation, and not having enough time is cited by the clown doctors as inhibiting the efficacy of their work. Equally, working with no feeling, and ignoring the child’s feelings are identified as potentially problematic during a clown performance to a sick child. The clown doctors emphasise that not judging the situation can have a major impact on the success of the performance; and if they have a lack of information on the child’s status, their ability to function within the environment of the healthcare setting will be compromised. This point is particularly important because the clown doctors depend on healthcare professionals to alert them to situations where it might not be appropriate for a clown to undertake a performance for a sick child. The clowns have highlighted the difficulties of potentially not knowing when a child is diagnosed as being terminally ill or dying. Although not necessarily contraindicated, it is vital that the clown doctors are made aware of such situations to avoid giving an inappropriate performance. The doctors also identified that not feeling their best will adversely affect their ability to fulfil their role to the optimum, an indication of just how seriously the clown doctors take their role.

**Conclusion**

Researching the perceptions of clown doctors has shown that there are a number of elements that enhance a clown doctor encounter with a sick child, not least being the importance of gaining the child’s consent. The use of a clown intervention as a method of distraction and a method of positively changing the atmosphere of the hospital is stressed. There are however a number of elements of a clown visit which can negatively impact on the overall experience of the child in hospital, not least being poor communication between the clown doctors and the healthcare staff. All clown doctors have Criminal Reference Bureau (CRB) enhanced clearing, but there are issues surrounding the sharing of patient information, which nurses need to consider before doing so. The hospital Caldecott guardian should be involved in such discussions.

If clowning in children’s units becomes part of the therapeutic regime for sick children, it will be important to raise some of the issues covered in this paper within staff training and development programmes.

**Key points**

- Clown doctors take their role seriously and they should be given sufficient clinical information by an experienced health professional to avoid giving an inappropriate performance to a sick child.
- All members of staff should be encouraged to engage in dialogue with clown doctors to further appreciate their role in the overall healthcare team.

If clown doctors regularly visit a hospital, families should be advised of this during the admission process. In the rare situations where a child does not wish to witness clown doctor performance this can be recorded in the notes and the information given to the clown doctors prior to performances.
STUDY 2
Does humour delivered through clowning benefit children in hospital? The perceptions of doctors, nurses, parents and children.

Objective
The primary objective of this study was to elicit the perceptions of doctors, nurses, parents and children towards the efficacy of performances by Theodora Children's Trust clown doctors to sick children in hospital. There is little information about the views of both the recipients of clown humour i.e. the sick children and their families in hospital and the groups of health care professionals who are parodied i.e. the doctors, nurses and others. Although clown humour is perhaps part of the human psyche not all children are fond of clowns with some being frightened by the antics of the clown. Additionally much has been made of a fear of clowns or coulrophobia defined by the Oxford Dictionary as ostensibly from the Greek word koulon, limb; related to kolobathristes, one who goes on stilts, an irrational fear of clowns. Although there are well publicised instances of actors such as Johnny Depp and cartoon characters such as Bart Simpson who are fearful of clowns and this speaks volumes about some children's feelings on the subject, (Glasper et al 2007), no study of hospital clowns has included this aspect within their investigation parameters.

Participants / sample
Research governance approval was obtained to conduct a service evaluation of the clown doctor initiative. Although the clown doctors visit all areas where children are cared for within the NHS Trust which was the location of this study, there are 6 discrete clinical inpatient wards which they visit regularly. Key informants were recruited from each identified children's ward and a list of staff names and titles were obtained from the off duty rota. 134 ward based individuals were identified mainly from the qualified nursing staff of which 93 returned questionnaires (73 nurses, 6 hospital play specialists, 11 health care support workers, 3 allied health professionals). Students were not included in this study. As the medical staff are primarily peripatetic, a convenience sample of 18 doctors who were known to have witnessed a clown/child encounter were invited to complete questionnaires of which 17 consented and were recruited to the study. Additionally a convenience sample of 49 children and 43 parents consented to complete questionnaires. Importantly, only two families refused to participate in the study.

Methods: main outcome measures.
For the purposes of this study, and to gather data from a large number of subjects, a survey design was adopted in which specific questionnaires utilised both closed questions and Likert style attitudinal responses to statements where answers were solicited on a scale ranging from complete agreement on one side to complete disagreement on the other side, with a no opinion option. In this way respondents were able to indicate their level of agreement to the statements posed within the questionnaire. Time is a major factor for both staff and families during hospital admission and the design of the questionnaire took cognisance of this in the early stages. Consequently an eight item questionnaire for staff and a seven item questionnaire for parents were developed. Piloting of the questionnaires in ambulatory care clinical areas not participating in the main study allowed refinement, clarification and importantly design in terms of their temporal efficiency, giving confidence when approaching potential respondents that the process would only take but moments. The design of the 8 item children's questionnaire (Table 1) utilised a five point iconic Likert scale. This was piloted with 10 children and found to be satisfactory. Faces scales are often used to measure pain in childhood and Hunter et al (2000) have shown that a scale using face icons was sufficiently understood even by younger age group children. Furthermore they showed that the scale was easily administered and importantly, was valid and discriminating. Descriptive statistics of how individual groups of respondents viewed the efficacy of clown doctor humour delivered to sick children in hospital were collated.

Table 1. Five point iconic Likert scale.
Results and discussion

1. Children

A convenience sample of 49 children aged between 3 and 16 years of age, of which 28 were boys and 21 girls gave their written consent to participate in the study. 41 of them strongly agreed or agreed that they liked clowns with 40 indicating similarly that they enjoyed playing with the clown doctors and enjoyed their jokes and performances during their hospital stay. (Fig 2) Crucially all 40 of the children who enjoyed the clown encounter stated that they wanted to have a subsequent visit by the clown doctor and importantly 42 of them believe that all children’s hospitals should have clown doctors to entertain children when they are ill. (Fig 1) Despite talk of clown phobias, only 3 children in the sample indicated that they did not like clowns. Similarly only 2 families refused to participate in the study. Koller and Gryski (2007) in describing a Toronto Sick Children’s Hospital model where clowns are part of the child life programme (hospital play programme) use the term therapeutic clowning to describe specialised forms of play which they believe helps children’s coping during a period of hospitalisation. Such play involves 3 key concepts namely empowerment of the child, play and humour and importantly the development of supportive relationships. The current English mode of operation relies on brief visits usually on set days of the week where this model might be difficult to achieve. Koller and Gryski (2007) also acknowledge that some children and young people are fearful of clowns. They attribute this phenomenon of coulrophobia to the relatively recent appearance within the media of “evil clowns” all of which figure prominently in some internet websites. The Theodora clowns are fully trained before being commissioned and taught to be aware of the needs of sick children and their families and are sufficiently prepared to approach each child with the utmost sensitivity. (Glasper et al 2007) This is immensely important; and when dealing with seriously ill children the clowns need to follow a code of conduct which recognises the boundaries of when and when not to approach a child. Because of this potential fear response of children, the principle philosophy of the clown doctors is to gain the consent of the child and family before proceeding with a personal performance. There is however little published work on children’s perceptions of the work of clown doctors but Aquino et al (2004) as part of an undergraduate study published in the Brazilian Journal of Nursing elicited the views of 27 children aged between 4 and 12 years of age who were hospitalised in São Paulo. This qualitative study indicated that the children had positive feelings towards the clown encounters believing them to be able to, among others, reduce their perception of pain.

Fig 1

I think all children’s hospitals should have clown doctors to entertain the children who are poorly

![Graph showing responses to the statement](image-url)
2. Parents/carers

Of the 43 parents who consented to answer the questionnaire, no less than 40 strongly agreed or agreed that the presence of clown doctors has a positive impact on sick children and their families (Fig 3). Although 8 parents/carers indicated that they personally did not like clowns, all 43 were happy that their children could have a subsequent visit from a clown doctor. Importantly there was no correlation between the ratings of parents who disliked clowns and the children who did not like clowns. Despite the clown doctor code of conduct, which reaffirms the issue of individual child consent, 15 respondents indicated that the clown doctor did not ask the child’s permission before commencing an individual performance, although clown doctors may use other aspects of communicating this through, for example, a smile. However, only one parent did not believe that the clown visit had helped their child. Of specific interest is how families access information about clown presence in the hospital. 27 respondents indicated that they were informed about the presence of clown doctors only through a personal introduction by one of the clown doctors themselves. The way in which amenities for children in hospital, such as clown doctors are disseminated is important and much is made of the importance of communication with families within standard 7 (the hospital standard of the national service framework for children, young people and maternity services). (Coles et al 2007). Although there is a considerable amount of information, including newsletters, produced by the Theodora Children's Trust itself and is freely available on their website. (www.theodora.org.uk) how specific information is utilised by individual hospital wards is not clear. The synergy between the positive parental and children's responses to the questionnaire is reassuring for the Theodora Children’s Trust which funds the clown provision in the various hospitals across England. Qualitative data from the written comments from parents were highly supportive.

Parent Comment

“The clown doctor made my child (a six year old girl) smile for the first time for ages. She is much happier than she has been. Amazing to see her respond, and smile and talk (she doesn't talk to doctors and nurses!). Brilliant!”

Parent comment

“Thank you for the clown doctors. The service they provide always brightens up my child's day. It definitely aids treatment.”
The presence of the clown doctors has a positive impact on sick children and their families?

![Bar chart showing the number of responses to the question: The presence of the clown doctors has a positive impact on sick children and their families?]

3 Doctors

Although ward-based health care professionals such as nurses are an important facet of the evaluation of the effectiveness of the clown doctor initiative, the views of children's doctors are important given their gatekeeper role in some clinical areas. This gatekeeper role was highlighted in the Vagnoli and Caprilli Italian study (2005) in which the continued use of clown doctors in the immediate preoperative period was stifled through lack of medical support for the initiative. Hence gaining the views of doctors was of particular interest to the evaluation being reported here. The peripatetic nature of paediatricians and paediatric surgeons made it difficult to appropriately target those who might have witnessed a clown doctor encounter as part of their day to day work. Therefore a convenience sample of 16 children's doctors of whom 14 were observed by one of the investigators (KW) to have witnessed a clown doctor performance with a child, were recruited and consented to participate in the study. Only one doctor refused to participate in the study. 14 of them strongly agreed or agreed that the presence of clown doctors has a positive impact on sick children and their families during hospital stay (fig 4) despite 6 of them revealing that they personally did not like clowns. In this context Glasper et al (2007) have specifically discussed how the clown doctors tread a thin line between legitimate parodying of the actions of the doctor and 'ruffling the feathers' of malcontent by over stepping the mark. Although 13 doctors in their opinion believed that the clown encounter was helpful to the sick child, 6 of them revealed that they did not personally like clowns. In light of the reported Italian study it is pertinent to report that only 2 of the doctors believed that the presence of clowns in clinical areas causes disturbance to the hospital routine. (Fig 5). An analysis of the qualitative data showed only positive comments.

“I think this is a good idea to have clowns on ward. I think children benefit a lot from clown’s performance”
The presence of clown doctors has a positive impact on sick children and their families. (Fig 4)

4 Nurses and health care staff

Of the 134 questionnaires sent to individual named staff with return envelopes in 6 discrete inpatient clinical areas, 93 were returned giving a 69.4% return rate. Of interest is how staff were informed about the introduction of clown humour to the clinical areas. 30 respondents had been informed by play specialists and 30 by word of mouth with only 3 revealing that they had been briefed through a written news bulletin. 84 staff had actually witnessed the clown doctors at work with sick children and it is therefore highly pertinent that 83 strongly agreed or agreed that clown doctors have a positive impact on the child and family with 78 agreeing that the clown encounter was helpful to the sick child. Despite this, 22 health care staff indicated that they did not personally like clowns. (Fig 5) Importantly 85 of the 93 respondents disagreed or strongly disagreed that the presence of the clown in the clinical areas causes disturbances to the hospital routine. The qualitative comments of the health care staff were generally positive despite some personal uneasiness in the presence of clowns.

“The clowns are fantastic; they are really helpful and bring happiness and normality to children of all ages”

“I think the clown doctors are wonderful at bringing a little light relief to some scared patients and parents. However, I am terrified of them! Don’t know why but always have been!”

The presence of the clowns in clinical areas causes disturbances to the hospital routine (Fig 5)
Comment and conclusion

Glasper et al (2007) have shown that The Theodora Children's Trust clown doctors are sensitive to the individual needs of sick children and in recognition of this they adopt their humour for each individual child knowing, as indicated by the work of Goodenough and Ford (2005) that humour alone cannot be used as a universal panacea. Importantly this study has shown that despite their own sometimes negative feelings towards them, both doctors and other health care professionals highly value and appreciate that the work of the clowns is beneficial in the overall delivery of care to sick children in hospital. The strong support for clown doctors from parents and importantly the children, should ensure that this element of therapeutic play provision endures and that clown doctors become respected members of the multidisciplinary team of health care professionals whose goal is the successful management of sick children in hospital, a mission which is considerably more than simply ensuring intact wounds.

Key points

- Clown doctors take their role seriously and want to be recognised as contributing to the health care of children in hospital. Health care staff should ensure that sufficient information is made available about clown doctor presence in hospital through leaflets and web based material.
- Children and their families appreciate the input of the clown doctors to their well being during a hospital stay.
- Clown doctor performances to sick children do not cause disturbances to the hospital routine and their presence has a positive impact on the children.
- Doctors and health care staff are unanimous in believing that clown doctor humour actively helps sick children in hospital.
STUDY 3
The perceptions of inpatient children to clown doctor humour.

Introduction

Clowns, fools, court jesters and the like have entertained human beings with their humour for centuries, but a detailed search of the literature shows a paucity of research evidence on which to underpin their claimed therapeutic effects. In particular there are few studies which have generated the empirical evidence to routinely warrant the use of clown humour for sick children in hospital. Despite this, some health care professionals, mostly those with an interest in the holistic well being of sick children are showing an increased interest in the use of humour, especially when delivered through the medium of a clown for children in hospital. As the use of humour during childhood illness is gaining respectability, a number of hospitals now routinely use clown doctors to entertain sick children during their hospital stay. In one of the few randomised controlled studies undertaken to investigate the beneficial effects of clown humour for sick children, Vagnoli and Caprilli (2005) have demonstrated that a combination of clown humour and parental presence during the induction of anaesthesia was an effective intervention for managing children's and parents’ anxiety during the preoperative period. However this paucity of evidence is reflected by Goodenough and Ford (2005) who in a study of how children utilise humour to deal with pain have concluded that there is as yet insufficient evidence to warrant the use of humour by health professionals as a way of managing a child’s pain, especially if the child is anxious. Clearly it would be wrong to perceive clown humour as the answer to all the challenges facing children as they endure a hospital stay.

Data was collected from children in 4 distinct wards, 2 surgical and 2 medical. Crucial to the parameters of the overall study was to specifically seek the views of the children themselves on the benefits or otherwise of clown doctor humour. In reflecting on the personal views of the children for whom the clown service is primarily aimed, it was hoped to illuminate and understand the efficacy of such a provision and how it could be improved and developed further to ensure that the maximum benefits of clown humour, if any, can be achieved.

Although this provision has been offered to children in hospital settings, its usefulness has not yet been formally evaluated to ascertain if children find the experience valuable. Consequently, this final component of the service evaluation aimed to determine the benefits of the clown doctor visits to the sick children themselves. The use of the draw and write/draw and tell approach was considered and selected as a tested and child friendly method of gaining information from a group of sick children in hospital who have experienced a clown doctor performance. It is important for the generation of evidence based practice that the prime recipients of clown humour have this opportunity to express their views on the provision that was uniquely introduced for their benefit.

Setting and subjects

As part of the overall evaluation of clown doctor humour, this discrete element of a larger study was conducted in 4 inpatient wards of the host children's hospital. Data was collected from the children using the “draw and write/draw and tell” technique to capture their view of a clown doctor experience. 42 children between the ages of 4-11 years of age were approached for consent to participate in the study and 20 subsequently participated in both stages of the investigation.

There were 16 children who did not consent to participate in the study and this was because they were otherwise engaged in other activities such as watching a DVD or completing a complex play activity. 6 children were unable to participate in stage 2 of the study. None of these children refused to participate in stage 2 because of a dislike of the clown performance and the main reasons for non participation was that the child had either been allowed to go home unexpectedly or felt too poorly or tired to engage in the second part of the data collection process. This study was conducted during the period 17th January 2007 to the 16th May 2007 (a 4 month period).

Methodology

The primary aim of this study was to ascertain if humour delivered by Theodora Children’s Trust clown doctors is of benefit to sick children in hospital. In order to assess this, a group of children and their parents were asked for consent to participate in a two part exercise using the draw and write / draw and tell technique. 20 children participated in the exercise which was conducted over the course of a day, one part before a clown encounter and the other after. Draw and write/draw and tell are two complimentary qualitative research techniques which purport to more fully capture the “voice” of the child than straightforward questioning or interviewing in, for example, a focus group. Mauther (1997) has stressed the usefulness of the draw and write technique in children for whom the topic of the research might be quite abstract but Punch (2002) has highlighted the differences between conducting research with children and with adults pointing out that it is difficult for qualitative researchers not to impose their own views on the children who are the focus of the research. Importantly she has questioned the use of so called special techniques such as draw and write
as being wholly appropriate for the group they have been designed for. Despite this, the popularity of the technique as a legitimate methodology for reflecting the view of children is growing. Brackett-Milburn and McKie (1999) in a critical appraisal of the methodology discuss its use as offering a number of opportunities from which to elicit children's views on a variety of topics reflecting one of the techniques main claims of enabling children to participate. They in reviewing the draw and write literature suggest that the method offers a lens on the world of the child which can reflect and illuminate their often hidden emotions. In embellishing icons or drawings with annotations, metaphors or words it might be possible to glean information which children might find too difficult or complex to express or convert through the medium of the spoken word. These growing demands for studies that concentrate on the children as people in their own right and not merely reflected through the proxy of their parents or other adults is taken up by Driessnack who articulates the use of the draw and tell technique as further embellishing draw and write. In asking children to speak about their drawings she believes that the focus of the research subtly changes from simply gaining information about children to seeking information from them. Importantly, she stresses that when children draw pictures, this improves children's abilities to talk about their meaning.

However Brackett –Milburn and McKie (1999) caution against seeing the draw and write technique as some kind of universal panacea for researchers interested in seeking and hearing the voice of the child. They urge vigilance in the way researchers use language both verbal and non verbal in giving the draw and write instructions to the children believing that the words and body language themselves might adversely influence the way in which the child interprets the mission.

Despite these caveats to the use of draw and write, within the field of health promotion in school settings the technique has been used extensively. Macgregor et al (1998) have used draw and write to illuminate pupils' opinions on the concept of health promoting schools using both the written comments and the drawings of the children themselves to tease out children's perceptions of health in a school environment. They also point out the dangers of introducing bias to the exercise stressing the need for the utmost consistency in the approach. McWhirter et al (2000) in using the draw and write technique to seek children's views on safe sunbathing after an exposure to a new curriculum strand in which a range of teaching materials were used to impart knowledge point out that traditionally only the written statements (from the child and adult scribes as appropriate) are used by the researchers with the picture or drawings simply used to embellish the findings. This is because they believe that the technique is primarily a qualitative method which allows researchers to comprehend how children rationalise ideas and concepts.

Horstman and Bradding (2002) have shown how the draw and write technique was utilised to elicit information from a group of children suffering from a chronic illness about the optimum way in which to give such children information about their illnesses. They also conducted the exercise over two stages and importantly used both the written words and the pictorial material to construct their data set. In a previous paper Bradding and Hortsman (1999) highlight the popularity of the technique among children who are very familiar at school with producing drawings and writing about them. Embellishing icons with metaphors is only constrained when dealing with abstract concepts of health that do not lend themselves to this artistic medium. For the purposes of this study related to clown humour the technique was deemed most suitable for exploring children's perceptions of what children think about when faced with the prospect of an impending admission to hospital and importantly, how that view of hospital might be influenced after a clown doctor visit. To capture the data, 2 draw and write scenarios were produced and piloted with a group of 10 children, (fig 1 and 2) Children found no difficulties in embellishing their drawings with words/metaphors and were also able to talk to the investigator (KW) about their drawings.

**Data collection**

Data was elicited from individual children on the day that the clown doctors were scheduled to undertake their rounds. The Theodora Children's Trust clown doctors visit a range of children's hospitals/units across England and visit specific hospitals on pre set days where they endeavour to see as many children as possible on the day of their visit. The clown doctors were cognisant and supportive of the study and freely agreed to adjust their planned round schedule to take into account the wards where individual families had consented to participate in the study. The clown doctors had no prior knowledge of which specific children were participating in the study and as the second part of the data collection was conducted after they had moved on to see other children in another part of the hospital, there was no contact with the investigator.

Through negotiation with the senior nurses on each ward, suitable children i.e. those between 4 and 11 years of age and well enough to participate were identified and they and their parents were asked for written consent to participate in the study. Secondary age school children were excluded from the study on the premise that they may have been exposed to some of the more negative stereotypical Hollywood horror images of clowns. Each family was given an information sheet giving details of the study and contact names of investigators for further information should they wish it. Given the circumstances of acute inpatient areas and the availability of children influenced by, among others, changes to treatment regimes, theatre lists and early discharge etc the numbers of children who could be recruited to the study was
small necessitating an extension by one month of the planned 3 month data collection period. The investigator followed a prewritten and piloted protocol to ensure consistency of approach and importantly there was no mention of clowns during the first component of the data collection episode. Individual children were asked to consider Sam a boy or a girl in fig 1 (the children were allowed to choose) who in the first part of the story is thinking about going into hospital. The children were asked to draw a picture of how Sam might be feeling. It was stressed to the children that when they embellished their drawings with words, using the reverse of the draw and write tool, that it did not matter about the spelling and importantly, that the investigator could help with that element of the exercise. Hence in this way both written and spoken words were captured in combining the draw and write and draw and tell techniques. Subsequently the children were asked for suggestions about what doctors and nurses can do to make children feel better when they come into hospital.

The second part of the data collection was undertaken with the children after a clown performance later in the same day. For the second stage of the data collection Sam is now in hospital (fig 2) but importantly has just spent some time playing with the clown doctor. The children at this stage were asked to draw a picture about what helps children and young people best when they are in hospital, with the investigator encouraging the child to write or articulate about the recent clown experience. As with the earlier part of the study the children were asked to make suggestions for dealing with the elements they raised about Sam through participating in the technique.

All children participating in the study were given a photocopy of their drawings to take home. Additionally at the end of the second component each child as a thank you for participating in the exercise was given a large colour postcard photograph of their Theodora Children’s Trust clown and the other clown doctors to take home.

However, 6 children in the sample were unable to complete the second stage of the study. This was because they had either been allowed to go home unexpectedly or felt too poorly or tired to participate in the second draw and write / draw and tell exercise. Given these constraints it took 4 months to collect data from 20 children.

**Data analysis**

Riley’s (1996) technique of coding data was utilised to delineate common themes. We divided the results for the draw and write/draw and tell study into 2 categories, i.e. written words/metaphors and spoken words which were used by individual children to embellish their icons or drawings. These words or direct quotes as uttered by the children were kept as discrete data points linked to specific child drawings.

The written elements from the drawings and the spoken comments were separately transcribed and delineated for each child. The resulting lists were tabulated and photocopied to produce several copies. Highlighter pens of various colours were then used to mark the copies (keeping the originals intact) in selecting common words of phrases. This technique allows differing colours to be used for emerging themes and allows several people to independently thematically assess the data set for commonalities and emerging themes. Subsequently the photocopied data sheets with the differing lines of coloured highlighted text were cut up with scissors and then reassembled colour by colour. The specific themes which emerged from the data are detailed in table 1 and table 2.

**Discussion of results**

**Study stage 1: Sam is about to go into hospital.**

An analysis of the written and verbal data showed that the majority of comments made about Sam during the first part of the exercise were negative (scared/worried/nervous) with sadness emerging as the prominent theme, followed by concerns about pain and by a fear of hospitals and needles in particular. Boredom and home-sickness was elicited by four of the children. Thus 28 of the written comments written were negative in comparison to 7 positive comments which pertained to the children perceiving that Sam would be making a full recovery in hospital. There were no suggestions for ways of addressing the issues made by the children at this the draw and write stage of the study.

An analysis of the verbal data from the draw and tell element of stage 1 of the study revealed a similar pattern emerging in relation to the children’s perceptions of how Sam might be feeling before his hospital admission. The majority of the comments made were negative with sadness again emerging as a prominent theme, followed by a dislike of hospitals and their procedures such as needles, medication and operations. In total there were 34 negative comments and 14 positive comments again suggesting that the children believe that despite the fears hospitals are there to serve a positive purpose in helping children recover from illness. There were 17 verbal suggestions made by the children to alleviate Sam’s distress at coming into hospital, with the majority being centred on the ways of addressing boredom and fears, namely suggestions on how children in hospital would like to be entertained more (i.e. computers, TV’s and more toys).
Study stage 2: Sam is in hospital and has been visited by the clown doctors

Each child, as part of the second stage of the study, was given a clown performance and an analysis of the post visit data reveals 29 positive comments made with no negative comments reported. Table 2 lists the written and verbal comments made after the clown visit and the impact the children perceived the clown performance would have on Sam, the character in the drawing. The overall written embellishments to accompany the drawings illustrate that the predominant theme is one of happiness and cheerfulness with suggestions that Sam is being distracted by the clown humour from the negative feeling of being in hospital. The impact of the clown visit makes the child happy, causing him to laugh and forget his problems but the written words also highlight sadness at the clowns’ departure. No suggestions were however elicited from the written component of the draw and write exercise. The analysis of the spoken comments reveals a similar positive pattern with 57 positive comments about the efficacy of the clown visit on the child. The 3 negative comments were all focused on the child wanting more clown humour and not wanting them to go.

The children made 23 suggestions at this stage and significantly 19 of them were requests for more frequent clown visits or more clown doctors for children in hospital. The analysis of the actual drawings, whilst not suitable for universal interpretation was entirely consistent with the written and recorded verbal comments made by the children about children's fears of coming to hospital and how these might be ameliorated through clown humour. These are exemplified by one child's drawings in fig 4 and 5.

**BEFORE**

Figure 4 is a picture of Sam drawn by one of the study group children during the first part of the exercise; she has a sad face and is crying. She is obviously thinking of some of the events that might happen to him while he is in hospital (note the tears, the scar, needles and tubes.)

**Direct Quote Written by Child**

‘Sam is getting worried for she had shattered her elbow on a swing which she fell off, and now needs a new one but goes into surgery’

**AFTER**

Figure 5 is a drawing by the same child of Sam lying in bed with a happy smiley face. In the drawing she is enjoying the clown performance and thinking of happy faces.

Drawn by a 9 year old female

**Direct Quote Written by Child**

‘Now Sam feels a lot more cheerful and happy. And more relaxed’

**Comment**

The increasing recognition by children’s and young people’s nurses of hospital fears such as needle phobia in a significant number of children in hospital has been discussed by Weaver et al (2007) and it is clear that the children in this study associate hospital with pain and in particular needles, among other unpleasant thoughts. In an early and seminal paper D’Antonio (1989) has argued that the careful use of humour can lead to a reduction in a child’s sense of fear. However Martin (2001) in a Canadian review of all published research investigating the effects of humour and laughter on physical health reveals that there is little evidence of the stress-moderating effects of humour on physical health and more rigorous and theoretically informed research is needed before firm conclusions can be drawn about possible health benefits of humour and laughter. Despite this, the literature continues to stress the beneficial and moderating effects that humour can have on a child’s affect when they are in a stressful environment such as a hospital. Although it would be difficult to ascertain the physiological benefits that humour might impart on an individual child, the perceived psychological benefits of humour delivered through clowning might be more easily discernible through studies using qualitative approaches.
**Conclusion**

The result of this qualitative study of clown humour shows that sick children believe it to be generally positive in ameliorating their fears and apprehensions about their hospital admission. The Theodora Children’s Trust’s clown doctors, who are highly trained for the role, endeavour to improve the hospital experience for sick children. Importantly this study adds to the growing literature base of the efficacy of clown humour as experienced by children in hospital. The primary limitations of this element of the service evaluation were that data was collected from children in only one hospital where Theodora clown doctors perform. Furthermore, only two of the national clown doctor cohort participated in this study although it is important to stress that they also perform in other children’s inpatient settings in other hospitals.

**Table 1 - Study stage 1: Sam is about to go into hospital.**

<table>
<thead>
<tr>
<th>Written comments/drawing embellishments</th>
<th>No. of Comments</th>
<th>Spoken comments</th>
<th>No. of Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad / Nervous / Worried / Crying</td>
<td>16</td>
<td>Sad / Nervous / Worried / Scared</td>
<td>21</td>
</tr>
<tr>
<td>Dislikes hospitals / needles</td>
<td>2</td>
<td>Dislikes hospitals / needles / tablets / operations etc</td>
<td>13</td>
</tr>
<tr>
<td>Happy because they are getting better /likes hospitals</td>
<td>7</td>
<td>Happy/likes hospitals</td>
<td>14</td>
</tr>
<tr>
<td>S/he is scared and in pain</td>
<td>6</td>
<td>Suggestions for improvements</td>
<td>17</td>
</tr>
<tr>
<td>Bored and misses home/friends</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total no. of comments</strong></td>
<td><strong>35</strong></td>
<td></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

|                        |                |                                                  |                 |
| Positive:              | 7              | Positive:                                        | 14              |
| Negative:              | 28             | Negative:                                        | 34              |
| Suggestions:           | 0              | Suggestions:                                     | 17              |

**Table 2 - Study stage 2: Sam is in hospital and has been visited by the clown doctors.**

<table>
<thead>
<tr>
<th>Written comments/drawing embellishments</th>
<th>No. of Comments</th>
<th>Spoken comments</th>
<th>No. of Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy / likes clowns</td>
<td>15</td>
<td>Feeling happy / cheered up / laughing</td>
<td>51</td>
</tr>
<tr>
<td>Clowns are funny / they made me laugh</td>
<td>7</td>
<td>Distracted / forgot about hospital / illness</td>
<td>6</td>
</tr>
<tr>
<td>Forgot my problems and was sad when they left</td>
<td>4</td>
<td>Sad when clowns left</td>
<td>3</td>
</tr>
<tr>
<td>Would like to see the clowns more</td>
<td>3</td>
<td>Suggestions for improvements</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total no. of comments</strong></td>
<td><strong>29</strong></td>
<td></td>
<td><strong>83</strong></td>
</tr>
</tbody>
</table>

|                        |                |                                                  |                 |
| Positive:              | 29             | Positive:                                        | 57              |
| Negative:              | 0              | Negative:                                        | 3               |
| Suggestions:           | 0              | Suggestions:                                     | 23              |
**Key points**

- Children in hospital appear to enjoy performances by the Theodora Children's Trust clown doctors.
- Sick children still associate hospital admission with fear and apprehension.
- Clown doctors take their role seriously and children and young people's nurses should welcome them as part of the caring team.

**OVERALL CONCLUSIONS**

This service evaluation of the clown doctor initiative in one English children's hospital has shown that sick children, their parents/carers and staff including the clown doctors themselves believe clown humour to be beneficial to children undergoing a period of hospitalisation.
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