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A Qualitative Phenomenographical Study of the Experience of Parents with Children in Clown Care Services

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<p>Background: Clowning is a form of humour that started in the 17th century but merely recognized in modern medicine until the last decade. It is an art form that invites play, interaction, and above all laughter. Clown Care is a program in hospitals and medical centers involving visits from specially trained hospital clowns.</p> <p>Aim: To describe perceptions, experiences, benefits, barriers and impact of clown care program on parents and children.</p> <p>Methodology: A phenomenographical study using a semi-structured in-depth interview of twelve parents in a University Children's hospital in Finland.</p> <p>Results: Clown care is perceived as an art & science, a mix of humour and health, a psychosocial support to family & child, which deems professional competence and expertise. Clown care creates positive emotional state, promotes interaction between parents & child, and foster affirmative environmental condition. It has a significant influence on parent's memories and feelings; and the overall hospitalization experience of the child. Furthermore, clown care can be associated with positive and negative experiences. Barriers include psychological & emotional state, severity of medical condition, developmental level, and timing & context.</p> <p>Conclusion: The findings suggest that clown care integration in the care for family and child is important in the promotion of emotional and psychosocial well-being.</p> <p>Tausta: Klovnitöiminta on huumorilaji, joka alkoi 1700-luvulla. Klovnitöiminnan vaikutus lääketieteessä on noussut esille viimeisen vuosikymmenen aikana. Klovnitöiminta koostuu leikistä, vuorovaikutuksesta ja ennen kaikkea naurusta. Sairaaloissa ja lääkäriasemilla sairaalaklovnitöimintää toteuttavat erityiskoulutuksen saaneet sairaalaklovnit.</p> <p>Tavoite: Työn tavoitteena on kuvata vanhempien käsityksiä ja kokemuksia sairaalaklovnitöiminnasta sekä sitä edistäviä ja estäviä tekijöitä suhteessa vanhempiin ja heidän lapsiinsa.</p> <p>Menetelmät: Fenomenografinen tutkimus, jossa haastateltiin 12 vanhempaa puolistrukturoidulla syvähaastattelulla yliopistolisessa lastensairaalassa Suomessa.</p>	

Tulokset: Tutkimustulosten mukaan sairaalaklovnitoiminta perustuu ammatilliseen osaamiseen ja asiantuntemukseen taiteen ja tieteen sekä huumorin ja terveyden yhdistämisestä perheiden psykososiaalisen tuen edistämiseksi. Sairaalaklovnitoiminta luo positiivista tunnelmaa, edistää vanhempien ja lasten vuorovaikutusta sekä myönteistä toimintaympäristöä. Sairaalaklovnitoiminnalla on merkittävä vaikutus lasten ja vanhempien kokemuksiin ja käsityksiin sairaalahoidosta. Sairaalaklovnitoimintaan liittyvät positiiviset sekä negatiiviset kokemukset. Estäviä tekijöitä ovat psykologinen ja emotionaalinen tila, sairauden vakavuus, lapsen kehitystaso ja sairaalaklovnitoiminnan ajoitus sekä konteksti.

Johtopäätökset: Tutkimuksen mukaan sairaalaklovnitoiminta on tärkeää perheen ja lapsen emotionaalisen ja psykososiaalisen hyvinvoinnin edistämiseksi.

Keywords

Humour, clown care, family, child, nursing, perception, experience, benefits, barriers, impact, content analysis

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1 Introduction

Hospitalization is a situational crisis for children. It is a stressful event not only for a child but also for the parents. Previously, children have been viewed as passive participants in the hospital. However, during the 1960's, studies about the effects and experience about hospitalization of children has begun. The results of these studies have refuted the latter concept. Instead, children and parents are now viewed as an active participant in the health care. Because of these revolutionary ideas, there have been massive changes to the medical and nursing practice in the care of the children. Use of complementary therapies in adjunct to conventional diagnostic and therapeutic process are used to benefit the affective, emotional, social and cultural necessities of the child according to Lima, Azevedo, Nascimento and Rocha (2008). Bohg and Weddle (1988) cited in Shields' (2001) on the other hand states that hospitalization is an opportunity for growth and development. It can be a positive experience for both the child and the family contrary to the previous belief that hospitalization leads to diminished abilities and increased anxiety of children. For these positive experiences to happen the role of nurses is crucial to help children and parents cope with this situational event. Shields (2001) emphasized that nurses must give consideration to ensure that child's developmental stage, separations anxiety and the ability of the parents to participate in the care for the children are given attention. Lima and et al. (2008) supported this by proposing strategies such as including constant presence of a family member with the child; giving precise information about the disease and treatment; respecting the stages and milestones of child development; offering a more comfortable environment, where the child can feel motivated and encouraged to play more actively. By fostering the above intervention we can minimize the possibilities of emotional and psychological trauma not only among children but also for the parents. Recent development about the promotion of psychosocial care of children has focused in the use of humour and/or laughter in the form of clown care program in children's hospital.

Use of humour in the health care setting has been unrecognized and often considered as trivial and unprofessional (Dean and Major, 2007). However, these days this concept was negated and many authors suggested that the value of humour resides not in its capacity to alter physical reality, but in its capacity for affective or psychological change which enhances the humanity of an experience, for both care providers and

recipients of care. In nursing, study of humour came into contextualization in the works of Rosemarie Parse (1993) about the "Theory of Human Becoming" where she contextualized the use of laughter therapy as an intervention. In Pediatric setting the use of humour is fostered by clown care in most of the children's hospital around the world. Clown Doctors or Hospital Clowns are professional artists who undergo a rigorous training program before working in the hospital to bring play, humour and laughter into the facility, to benefit the patient, family members, and staff. They come from a variety of backgrounds such as clowning, acting, physical theatre, mime, music, and close up magic (Spitzer, 2006). Oppenheim, Simonds and Hartmann (1997) suggested that clown care can help children to understand their feelings and thought and express them, to preserve and protect the freedom of their imagination and the liberty of their psychic play.

In the review of literature, the use of humour and clowning in health care and nursing is still challenged because most of the accounts are non-evidenced based and anecdotal reports. Although there are few studies documented, they fail to produce the capacity for generalization, which can be used to develop guidelines in using humour and clowning as an intervention, because most researches done are small scale, with limited research designs and inadequate control group, leading to weak, inconsistent, ambiguous, and inconclusive of the capacity for generalization. Further research is still implicated at large scale.

Based on the stated problem, humour and clowning in the health care and nursing, warrants a valuable investigation because there is a need for nurses, particularly pediatric nurses, who are in a unique position in interacting with families at their most vulnerable time. Thus nurses must be aware of the positive value and impact of humour and clowning as an intervention to both child and their parents in the promotion of a Family & Child Centered Care.

With this statement of problem and significance, the researcher would like to investigate the parents experience about clown care program in their children. The purpose of the study is to contribute to the growing scientific knowledge of humour and clowning as intervention and to improve the clown care service of the hospital. The result of the study will help Finnish National Clown care organization to further develop their guidelines and training standards and the European Federation of Hospital Clowns in developing policies.

2 Review of Related Literature

A review of the scientific literature was undertaken to present a critical exposure and articulation of ideas, and concepts pertaining to Clown Care program in children's hospital. The review has been done thru the use of (1) Electronic database such as CINAHL (EBSCO), Medline (Ovid), and Science Direct electronic journal articles from Year 1986 up to present (2) review of books and journals Articles from the psychology field offering theoretical background have also been examined to gain a better understanding of the concept. The key words used in the retrieval of pertinent articles includes: clown care, children, hospitalization, humour, laughter, nursing, health and health care. The search was also limited to the following: English only, publication dates from 1986 to 2013. Because of the scarcity of articles, the author examined various articles ranging from anecdotal reports, expert review, and non-evidenced based opinion to various research methodologies. Furthermore, this section will cover discussion about definition, historical background, and concepts of humour; humour-health hypothesis; impact in of humour in health, health care and nursing; humour development in children; concepts on clown care such as definition and historical background of clowning in children hospitals.

2.1 Humour in Health and Healthcare

Giving a universal definition of humour is challenging owing to its subjective nature which can differ from every individual. With this difficulty, an examination of the different sets of definition by various authors is deemed necessary. There are various definitions of humour as there are several authors. Some of these are as follows:

“Humour is a form of communication extensively used by human beings as a coping mechanism in a variety of situations, including times of illness and hospitalization”

(Robinson, 1978 in Sheldon, 1996)

“Humour is ubiquitous in human interactions, pervading in all aspects of human behaviour, thinking and sociocultural reality.”

(Apte, 1988 in Dean and Major, 2007)

“Humour is an innate ability that an individual develops whilst growing up and which is affected by his/her experiences in life.”

(Fry, 1992 in Olsson, Backe, Sorensen and Kock, 2002)

“Humour is a widely recognised universal phenomenon in human interaction.”

(Lefcourt (2000) in Degabrielle and Walsh, 2010)

“Humour is a very complex phenomenon, involving cognitive, emotional, behavioural, physiological, and social aspects”

(Martin 2000).

“Humour is the quality of being amused and the ability to make other people laugh”

(Oxford Dictionary, 2013)

These definitions agree on the elements of humour namely: humour is universal; it involves interaction and communication; it is dynamic process that takes into accounts personal experience, physiological, behavioural, emotional, cognition and sociocultural context. These elements are supported by a qualitative study of Olsson and et al. (2002) about the essence of humour; its effects and functions that presents eight dimensions of defining humour namely: happiness, laughter, unforeseen events/situations, real humour/art form, jokes, plays on words/puns, situation comedy and political satire. Humour and laughter are used interchangeably in several literatures which we need to distinguish. Based on the dimensions presented, we can infer that humour has a broad and general sense, and laughter is one aspects of humour. For this reason, I will be using the word humour in all aspects of the studies. Additionally, Sheldon (1995) provided us with six defining attributes of humour such as: unanticipated glimpsing's; feelings of togetherness and closeness; an attitude of an individual; a quality in a person that is conducive to producing laughter; related to trust and fragility because of the inherent potential risk of humour being abused. In a recent study conducted by McCreadie (2010) about the use of humour among disenfranchised individuals as the subject of humour research found out, that non-laughter characteristics such as echoing/repeating humours are valuable features of humour.

Humour has been widely studied in the psychology field. This has brought us to examine existing theories about humour. In the article of Billig (2005) cited in the works of McCreadie and Wiggins (2007) about critiquing of humour theories. The literature pro-

vides three prominent theories among the hundreds of theories to guide us in the central understanding and development of humour. These are the following:

The Superiority Theory or Tendentious or Disparagement Theory

“It is considered an aggressive form of humour which takes pleasure in others’ failings or discomfort. A sudden glory of some eminency in ourselves, compared with infirmity of others” (Hobbes, 1588-1679)

Incongruity Theory

“Humour where the punch line or resolution is inconsistent or incongruous with the set-up” (Immanuel Kant, 1724- 1804)

Relief or Release theory

“Humour released by excess nervous energy which actually masks other motives and, or desires.” (Sigmund Freud, 1856-1938)

Association for Applied and Therapeutic Humour (2004) defines “Therapeutic humour as any intervention that promotes health and wellness by stimulating a playful discovery, expression, or appreciation of the absurdity or incongruity of life’s situations... (and can) be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social, or spiritual.”

Use of humour in medicine can be traced back to ancient times but its value came to be appreciated in modern medicine just in recent times after the shift of biomedical model to holistic model approach in patient care. Table 1 shows a summary of historical account of the benefit of humour from the works of Mallet (1995); McDonald (2004); and Sheldon (2005).

There are many accounts on studies about the benefits and effects of humour in our health. However, most of the written accounts are presented independently without any use of framework to support the concept. It is prudent enough that our discussion about the effects and benefits of humour that have on health will be using Lefcourt Humour-Health Hypothesis as a frame of reference. Humour health hypothesis asserts that there is a link between humour and health and currently that link is perceived to be a positive one, which may occur by four separate processes, giving rise to both direct and indirect relationships. (Lefcourt, 2004 in McCreddie and Wiggins 2008)

Humour has direct relationship with health in terms of laughter. First, humour creates accompanying physiological changes in the body which are positive and conducive to health. Fry (1986), Åstedt-Kurki and Liukkonen (1994), Spitzer (2002), Facente (2006) supported this process by stating that humour's physiological effects includes strengthening of the respiratory system, which increases the amount of oxygen in the blood stream. Humour also increases the heart rate and accelerates breathing and the circulation, which helps relax the muscles. Moreover, Dillon et al (1985) in Mallet (1995) suggested that humour has the potential to enhance immune system. This likewise was supported by McDonalds (2004) studies that showed an increase in IgA, IgM, IgG interferon-gamma, natural killer cells, T-cells, helper T cells and B –cells was noted. Increase in the number of activated T-lymphocytes attacks virus-infected cells and some types of cancer and tumor cells. And, increase levels of IgA fights infection in the respiratory and gastrointestinal.

Table 1: Historical development on the use of humour in health.

Era	Event
Late Antiquity	Plato, Socrates, Aristotle proponents of early western humour theory The Biblical account in Proverbs 17:22 states “A Cheerful heart does good like a medicine: But a broken spirit makes on sick” Early documents notation of Indian and Islamic civilization in poetry about humour
13 th Century	To aid recovery from surgery (Henri de Mondeville, surgeon)
16 th Century	As cure for melancholy (Richard Mulcaster, physician)
17 th Century	As a way to release excess tension (Herbert Spencer, sociologist) Arrival of good clown exercise
18 th Century	To restore equilibrium (Immanuel Kant, German philosopher) To use in treatment of the sick (William Battie, English physician)
19 th Century	To help digestion (Gottlieb, Hufeland, Germany professor) 1970's Norman Cousins on his documentation about the experiences as a patient of the value of humour and laughter in health care
20 th Century	To stimulate the internal organs (James Walsh, American physician)

Secondly, humour and/or laughter may create a resultant positive emotional state or mirth which confers health benefits. Åstedt-Kurki and Liukkonen (1994), McDonalds (2004), Martin (2006) confer that there are empirical evidences that support the use of humour in alleviating pain. The benefits of humour in reducing pain or perception of painfully stimuli have also been empirically documented in both laboratory and clinical studies with adults as well as children. The mechanisms by which humour acts to reduce pain have not been delineated, although there is speculation it involves increased release of endogenous endorphins following the transient stimulation of the sympathetic nervous system. This way increases feelings of well-being. Cogan et al (1987) in Mallet (1995) likewise contended that it increases discomfort thresholds.

Humour have indirect relationship with health. First, Humour and/or laughter may assist in moderating adverse effects stress via the individual's cognitive perception, thereby enhancing ability to cope and negating the known negative physical effects of stress. Åstedt-Kurki and Liukkonen (1994) proposed psychological benefits of humour which include relief of anxiety, tensions, hatred, fears and uncertainty by providing a safe and acceptable outlet for pent-up emotions. For depressed people, humour can provide a new more positive frame of reference helping to deal with disappointments and feelings of guilt and to strengthen self-esteem. The mechanism however is still not completely understood. However, Wooten (1996) in McDonalds (2004) asserted that certain decrease in serum cortisol, dopamine, epinephrine (Facente, 2006), and growth hormone levels has been shown, which helps lower the physiological stress response. This stress buffering (Martin & Lefcourt, 1983) and coping mechanism (Coombs & Goldman, 1973) was also noted in the works of Mallet (1995). Lastly, McDonalds (2004) suggested that the reductions in stress and anxiety, improves mood and self-esteem, and coping skills.

Second, humour is also known to have a number of potential benefits in relation to interpersonal skills or social support. Olsson and et al. (2002) indicated that laughter can be viewed as a universal language that can create both closeness and distance between individuals. This indication was supported by Sheldon (1995) studies that indicated positive benefits of humour namely: sharing of perceptions between two or more people, feelings of relaxation and calmness and sense of well-being. In a recent study of Dean and Major (2007) about use of humour in health care settings particularly in patient, physician and nurses showed that humour enables communication, fostering relationship, easing tension and managing emotions. The value of humour for team

work, emotion management and maintaining human connections was also noted at professional level. Humour served to enable cooperation, relieve tensions, and develop emotional flexibility which humanise the health care experience for both caregivers and recipients of care.

A recapitulation of the effects of humour in health: direct effect of humour includes pain, cardiovascular effects and immunity. Indirect effects namely: assist in moderating stress and enhance social competence and support. However, we should not be misled by the existing current research available to support the humour-health link (direct and indirect) since most research is small scale, with limited research designs and inadequate control group leading to weak, inconsistent, ambiguous, and inconclusive of the capacity for generalization. Further research is still implicated at large scale.

The assertion of humour health hypothesis that humour has alone a positive benefit to health has been challenged. There is a growing concern in literatures about the negative impact of the use of humour in the health care setting. Olsson and et al. (2002) stated that humour has the potential dimension or qualities of becoming: possibilities versus obstacles) and/or, weapon versus protection. Meanwhile, Sheldon (1995) has identified confusion, anger and lowered self-esteem as negative effects of inappropriate use of humour in patients and warns health care provider about the cautious use of this intervention. This claim was mentioned in the works of Martin (2006) but no further support has been noted. Interestingly, only the works of Sheldon (1995) has been identified to examine the negative effect of humour in patients. This area still requires further investigation about the negative impact of inappropriate use of humour in patient.

Because there is still no clear delineation about what constitutes a therapeutic humour due to fact of the shortage of research in this area. Numerous account of non-evidenced opinion about pre-requisites and exclusion zone has been proposed. In this section, pre-requisites to the use of humour will be discussed first, followed by exclusion zones for the use of humour.

For humour to be effective and therapeutic, the nurse and the patient must be able to develop a therapeutic environment for engagement. This engagement is mutual and as such both participants must possess certain requisites. Building rapport between a nurse and the patient is the initial step in order to engage in a nurse-client therapeutic relationship. Once therapeutic relationship is established, the nurse must have empa-

thy (Olsson and et al. 2002), effective communication (Sheldon, 1995), listening, and validation (Facente, 2006) skills to sensitively determine the patient's preference of humour. Wooten (1992) as well suggested that nurses must be equipped with appropriate competency to provide humour as an intervention. Patient on the other hand must be receptive, have the same shared values and perception and may have an incident that has personal humorous significance to him/her (Sheldon, 1995). Additionally, timing, content and cultural context (McDonalds, 2004) are paramount consideration that nurses must take into account as well. Once this certain requisites are fulfilled professional intimacy and interpersonal trust (McCreaddie and Wiggins, 2008) can be developed by the nurse and the clients, and the likely use of humour as intervention will be positive and successful.

Meanwhile, exclusion zones are referred to as critical areas or situations in which the use of humours as an intervention is contended to be inappropriate or unethical. The identified exclusion zones in the review of literatures are the following: psychologically impaired patients (Sullivan and Deane, 1988 in McCreaddie and Wiggins, 2007); patients in the midst of crisis (Burton Leiber, 1986, Hunt 1993), issues pertaining to sexuality or gender (Robinson 1977), ethnicity or race, politics, self-deprecating, and humour or joking about tragedy or disease related symptoms are considered humour exclusion zones by Hunt (1993) and Simon 1989 cited in McCreaddie and Wiggins (2007), humour is also considered inappropriate when the nurse is unfamiliar with or indeed, unknown to the patient (McCreaddie and Wiggins, 2007), and humour is destructive and contraindicated if the intention is to mask hostility, ridicule or put down the recipient (Mallet, 1995).

With this outlined pre-requisites and exclusion zones by several authors, rise a problem of confining humour as rehearsed or prepared in contrast to the idea that humour is natural and spontaneous. This issue has now been in a debate by recent studies as new researches shows evidence about the use of harsh humour as therapeutic discourse in contrast to rehearsed humour has shown to be beneficial to the alleged vulnerable clients. In McCreaddie (2010) article on harsh humour, it is referred to as a humour that is removed from a context and displayed in manner of cold text, un-aesthetic appeal and is ostensibly unrefined and vulgar. In a simple term, harsh humour is interpreted as being humour that is unpleasant and challenging to the point of being cruel in action but not necessarily in effect. There are three considerations that must be met for the use of harsh humour namely: a specific topic or target common to

the participants (e.g. men, fertility, and drug use); the manner in which the humour was posited (outspoken, up-front, and frank with no subtle encoding); and the delivery which can be coarse, profane or event violent terms. Although the study has shown that harsh humour can be beneficial in certain situation, further study must be conducted for its generalizability. The quest for evidenced based guidelines in the use of humour in the health care setting is still underway.

The use of humour in health care has been demonstrated in several areas in the health care setting such as: the oncology (Christie and Moore, 2004), critical care, operating room, bone marrow transplant unit (Phipps, 2002), mental health, hospice, and health promotion, geriatric, palliative, children and in self-management program for certain diseases. McCreadie (2004) has identified also several variations in the laughter program existing in health care namely: humour therapy, laughter therapy, laughing meditation and laughter clubs.

2.2 Humour in Nursing Practice

In a narrative review about the purpose and function of humour in health, health care and nursing conducted by McCreddie and Wiggins (2007). Eighty eight literatures from a total of 1630 papers coming from evidence and non-evidenced based papers has been retrieved from various online databases was conducted, using a relevant methodological framework with additional scrutiny of secondary data sources. The result was there is still a dearth of humour research within nursing yet ironically; an abundance of non-evidenced based opinion citing prerequisites and exclusion zones was noted. The findings suggested that nurses and nursing should adopt a circumspect and evidenced-based approach to humour use in the work.

Although there is shortage of research studies about humour in nursing, humour is not strange to the nursing profession. Nursing being a profession that takes into account the holistic care of a person and humour as an innate universal phenomenon of human, we can safely infer that humour and nursing has co-existed but merely unrecognized. Accounts of humour can be traced back to the founder of modern nursing, Florence Nightingale (1946) as cited in the works of Christie and Moore (2004) in which laughter was considered as a pleasurable idea that can relieve painful experience. Humour was then associated as an intervention for pain. Henderson & Nite (1978 p. 945) cited in Olsson and et al. (2002) outlined that laughter and humour between pa-

tients and health workers can be as good as, or better than a medication. It can create a warm climate, promote good interpersonal relationships, and relieve feelings of frustration, anxiety or hostility. Meanwhile, Parse (1993) is the only concrete nursing theorist who examined the role of laughter in nursing and in health. Parse (1993) on her account to "Theory of Human Becoming" is the most commonly sought theorist in many researches about humour such as in the works of Åstedt-Kurki and Liukkonen (1994) and (Sheldon, 1995). Parse (1993) says that humour carries various positive meanings such as strengthening feelings of togetherness, closeness, warmth and friendliness. Furthermore, Mallet (1995) outlined therapeutic nursing potential benefits of humour in patients namely: to facilitate patient teaching and improve recall, to reduce anxiety, to assist communication (Including with psychiatric patients), to enhance feelings of well-being, to positively influence hopefulness, to aid speech therapy, to act as an ice breaker and, to reduce pain. This findings were supported by Sheldon (1995) who contends that humour not only promotes hopefulness but also convey caring and humaneness. Sheldon (1995) also examined the impact of humour in the nurse-patient relationship and the community of nurse. It has been shown that humour in nursing has an impact in the nurse-patient relationship. The relationship conveys to the patient that the nurse is approachable. With regards to the community, humour has shown to improve the workplace climate by minimizing the effect of job related stress which conversely promotes job satisfaction and motivation. Finally, Åstedt-Kurki and Liukkonen (1994) have undertaken a study to describe the occurrence and meaning of humour in the nursing process, as described and experienced by professional nurse. In their study they have found humour as a phenomenon which emerges as an individual and personal matter. Humour according to the nurses is a context-bound phenomenon which can be described as *joie de vivre* (which finds its expression in enjoyment of life), laughter and jocularities. In the nursing care, humour finds expression in the nurse patient interaction such as verbal communications, in gestures and in positive, cheerful atmospheres in the nursing community.

Now that we have understood the various dimensions of humour as it affects in health, health care and nursing, we will now move to a more specific discussion of humour as it relates to the subject of the study, the children. In paediatrics, use of humour is increasingly becoming more popular in the hospital through the use of clowns. The next discussion will be dealing about humour development among children, clown care services and use of clown care in children, which is the center of our investigation.

2.3 Humour in Care of Families and Children

Mallet (1995) identified various forms of humour or laughter therapy in the hospital namely: use of funny pictures to decorate the patient's room, sending singing telegrams, showing home or humorous movies, using puppets to increase playfulness and clowns to facilitate communication and responsiveness especially in children. Sheldon (1996) also suggested that humour can be used in child and parent health education. Furthermore, Sheldon (1996) contends that there is a positive correlation between information giving and reduced anxiety levels of parents with hospitalized children when humour is used appropriately. To further understand how humour impact impacts children and their parents. It would be prudent to tackle about humour development in children.

McGhee's (1979) cited in Dagabriele and Walsh (2010) one of the proponent of humour development among children and adolescence suggested that there are four stages in which humour develops among children and adolescence. This humour development is also based in the cognitive theory development of Jean Piaget (1952). Let us now look at McGhee's (1979) stages of humour development.

Stage 1: Incongruous actions with objects (18-24 months)

Children deliberately play with objects in a way that shows knowledge of their properties but is incongruous to their normal use. Child's awareness of misuse gives rise to humour. Examples: using a bucket as a hat or a pencil as a toothbrush.

Stage 2: Incongruous labelling of objects and events (24-36 months)

Children alter the relationship between verbal labels and objects in a playful way. Vocabulary is expanding rapidly. Knowledge of mismatch between true meaning and incongruous use results in humour. Examples: inventing nonsense words; calling body parts by wrong names

Stage 3: Conceptual Incongruity (3-7 years)

Children deliberately alter properties of events, objects or words. Humour becomes more abstract. Children can appreciate multiple incongruities. Simple linguistic humour

starts developing, usually jokes learned by role – or pre-riddles (Shultz 1974) – but lacking full understanding of their meaning. Humour about bodily functions is enjoyed. Examples: picture of a cup with eyes, nose and mouth that speaks and smiles; knock-knock jokes; slapstick; toilet-humour

Stage 4: Multiple meanings (7-11 years)

Children develop awareness of ambiguity and words with multiple meanings. They can mentally manipulate events and relationships between them [overlaps with concrete operations stage (Piaget 1952)]. They can mentally replay events backwards and forwards and consider their various parts (e.g. different phrases in a joke). Antisocial jokes and teasing may be used. Children laugh at others' mistakes and body noises. Examples: Jokes such as: 'Order! Order in the court!' 'Ham and cheese on rye, your honour!' (Shultz & Horibe 1974)

Knowledge about the stages in humour development among children is very important because it helps nurses and clown care provider determines the appropriateness of humour intervention in different developmental levels of children and adolescence.

2.4 Clown Care in Healthcare Setting

Clown care is one form of humour. To understand clown care in children let us take a look at several conceptual and operational definition of some terms that will be used in the next discussion.

Clown (noun) is referred to as a comic entertainer, especially one in a circus, wearing a traditional costume and exaggerated makeup (Oxford Dictionary, 2013)

Clowning (verb) is referred to an act of playfully or behaving in a comical way (Oxford Dictionary, 2013). It is an art form that invites play, interaction, and above all laughter (Spitzer, 2006)

Clown Care is a program in hospitals and medical centers involving visits from specially trained clowns (Barren, 2009).

Clown Doctors or Hospital Clowns are professional artists who undergo a rigorous training program before working in the hospital to bring play, humour and laughter into the facility for the benefit of the patient, family members, and staff. They come from a variety of backgrounds such as clowning, acting, physical theatre, mime, music, and close up magic. (Spitzer, 2006) They usually work in pairs to encourage creative performance to free the child from pressure to participate, and to offer professional and emotional support. (Koller and Gryski, 2007)

Therapeutic Clown are almost the same as clown doctors but the main defining characteristic is that they usually work alone in contrast to the belief that single clowns will put pressure on a child to respond. They interact with the environment as well as the patient and family, and can use props or puppets as additional partners in play. They also provide a complementary form of care while sharing the goals and objectives of other professionals working with families (Koller and Gryski, 2007).

Clown Rounds is portrayed like a clinical visit of health care professional but in this term it is the hospital clown visiting the patient (child). The clown doctors during the clown rounds look for what is right for the patient, putting emphasis on interaction (Spitzer, 2006).

In an essay article of one of the proponent of clown care researches, Peter Spitzer (2006), provided a detailed account on the historical background of clowning and clown care program. History of clowning can be traced back into the middle Ages during the presence of the court jester who was referred to be endowed by child-like madness by God. The typical Court jesters as describe by Spitzer (2006) wore bright, motley-patterned costumes and floppy, three-pointed cloth hats with a jingle bell dangling from each point and carried a mock sceptre. The court jester was specifically employed by the court to help rebalance the humours such as melancholic. Court jester used humour, improvisation, music, poetry, and acrobatics skills. The tradition of court jesters lasted about 400 years in the royal courts of Europe, the Middle East, and Asia.

Clowning in hospitals is not a new development according to Spitzer (2006). Several centuries ago in Turkey, the Dervishes who were responsible for the well-being of patients, first fed the body then used their performance skills to feed the soul. The September 1908, issue of *Le Petit Journal* had on its cover a drawing of two clowns at work in a children's hospital ward in London. More recently, Patch Adams, as a young doctor

in the 1970s, began clowning for hospital patients in Virginia, USA. Professional Clown Doctors began working in hospitals in 1986 under a program called the Big Apple Circus Clown Care Unit, which was started by Michael Christensen in New York City. This was the first established structured hospital clown programme.

Clown Care has been operating in various hospitals and residential care such as: pediatric, geriatric, palliative care patients, people getting end-of life care, had surgery, in rehab, patient who had heart attacks and strokes for around twenty-six years promoting good health and well-being across the lifespan (Spitzer. 2010). Moreover, Warren (2010) stated that recognition of clown doctors has grown tremendously in the last decade, so that various hospitals all over the country have adapted the programs such as: Theodora Foundation (Europe, South Africa, Hong Kong, and Belarus), Le Rire Médecin (France), Die Clown Doktoren (Germany), Payasospital (Spain), Soccorso Clown (Italy), CliniClowns (Europe), Doctors of Joy (Brazil), Fools for Health (Canada), and Humour Foundation (Australia).

Oppenheim, Simonds and Hartmann (1997) outlined several purpose of clowning for children namely: helping children to find their place within the department; helping the child master space; helping children travel along their own path; helping children cope with sounds and silence; helping children to preserve intimacy; helping children cope with their bodies; helping children to move between medical theories and their own fantasies; helping the children to cope with emotions; helping children to transform the department into a scene where imagination has free realm; helping other carers.

Spitzer (2006) has described a typical day in a life of a Clown Doctor. He describes that He or She meets their partner in a designated “dressing room” space, at which time they will catch up to review messages and any patients’ or staff referrals. Next begins the transformation into character. The silly clothes, the oversized shoes, the white coat with too many pockets, the outrageous props and musical instruments are all checked; as well as the hat. Little or no make-up is used. In this close-up work, the traditional clown make-up can be scary for some children. Finally, the schnoz goes on. Clown noses come in a huge variety of colours, shapes, and sizes. This is a defining moment in the day. The clown doctor is and on duty. A couple of props and some jokes are all part of the warm-up.

Spitzer (2006) stated that clown Doctors attend specifically to the psycho-social needs thru “clown rounds” of the hospitalised child. Permission is sought before entering the patient’s space. When the child and parents permit, the show then starts. They imitate the hospital routine to help children adapt to their surroundings, they also distract from and demystify painful or frightening procedures. The atmosphere of fun and laughter can help children forget about the illness and the stress for a moment. Clown Doctors performs magic, music, storytelling and other clowning skills to empower children with doses of fun that help them deal with the range of emotions they may experience while in hospital such as fear, anxiety, loneliness, boredom which aid in the recovery of the patient. (Spitzer, 2006 and Lima and et al., 2008); Vagnoli, Caprilli, Robiglio and Messeri, 2005). Oppenheim, Simonds and Hartmann (1997) highlighted that the nature of work of clowning is challenging and potentially emotionally destabilising for children therefore clowns must be experience professionals, trained to work in a hospital setting with a code of ethic and regular meetings with health care professionals. This is one of the reason why there is a need to conduct a robust research about this area to offer evidenced based guidelines to hospital clowns.

Clowning in Finland started in the year 2001 and was founded by Lilli Sukula-Lindblom, Tom Lindblom and Ilkka Viippola. In the autumn of 2000 Lilli Sukula-Lindblom, Master of Arts, studied the hospital clown operations as a Fulbright scholar within the Clown Care Unit. The goal was to learn the practical work in the hospitals and how to set up and organize operations in Finland in a professional manner. The official name of the clown care organization in Finland is called Sairaalaklovnit ry. The activities officially started in January 2002 in Helsinki at the University hospital for children and youth, with a schedule of four days a week. Since the start of the program, it has been extended to the University hospitals in the major Finnish towns of Turku, Tampere, Oulu and Kuopio with one or two operation days a week, making a total of ten days a week all year round. Extending the operations is entirely dependent on finding new sponsors. The main financer since 2002 has been RAY (Finland’s Slot Machine Association) and other donations from private organizations and individuals. (Sairaalaklovnit, 2013)

2.5 Previous Research Studies on Clown Care

In this section, empirical literature has been examined to critically expose clown care studies in children that has been conducted in the previous years. A summary of the

background of the study, research design, results and conclusions have been presented. The studies were also classified into two: quantitative and qualitative study.

Vagnoli, and et al. (2005) in a randomized controlled trial study, which aims to investigate which intervention is more effective in reducing preoperative anxiety. The sample was composed of 75 subjects (aged 5-12 years) who had to undergo minor surgery. Children were randomly assigned to: the Clown group (N=25) accompanied to the preoperative room by one parent; or the control group (N=25) only accompanied by one parent. Anxiety in the preoperative period was measured by using the Modified Yale Preoperative Anxiety Scale (m-YPAS). Parental anxiety was measured by using the State-Trait Anxiety Inventory (STAI Y-1/Y-2). The Clown group was significantly less anxious during the induction of anesthesia compared with premedication group and control group. There were no significant differences between control group and premedication group. There was an increased level of anxiety in the induction room in comparison with the waiting room: this difference was statistically significant for control group and premedication group, whereas it was not significant in clown group. The study shows that the presence of clowns during the induction of anesthesia, together with the child's parents, was an effective intervention for managing children's and parents' anxiety during the preoperative period. The authors encourage the promotion of this form of distraction therapy in the treatment of children requiring surgery.

Lima and et al. (2008) conducted a qualitative study exploring the experience of hospitalized children, starting with an activity developed by undergraduate students in the health care area. Data were obtained by observing 20 children and 11 students, characters in the clown theatre interacting in the Pediatric clinic in a school hospital in the state of Sao Paulo. The data were analysed using thematic content analysis, which were grouped around the following themes: artistic expressions as a form of communication, participation of binomial child and accompanying partner and the clown as a therapeutic resource. The results show that experience was a concrete intervention, emphasizing the children's development process, since it opens up a space for fantasy, laughter, happiness and the appropriation of the hospital routines. The clown care is an example of widening the diagnostic and the therapeutic process with the incorporation of intervention focusing on the affective, emotional and cultural necessities of the child and the family, in the search for non-traumatic care.

Linge (2012) on her study about the theoretical understanding of seven different-age children's experiences of magic relation with hospital clowns in the context of medical care, and to do so using psychological theory and a child perspective – a phenomenological approach. The results showed that age was important to consider in better understanding how the children experienced the relation with the hospital clowns, how they described the magical aspects of the encounter and how they viewed the importance of clown encounters to their own well-being. The present theoretical interpretation characterized the encounter with hospital clowns as a magical safe area, an intermediate area between fantasy and reality. The discussion presented a line of reasoning concerning a magical attachment between the child and the hospital clowns stating that this attachment: comprised a temporary relation; gave anonymity; entailed reversed roles; and created an emotional experience of boundary transcending opportunities.

2.6 Summary

Hospitalization is a situational crisis for children. It is a stressful event not only for a child but also the parents. Lima and et al. (2008) suggested strategies to minimize emotional and psychological trauma in children and parents by proposing strategies such as including constant presence of a family member with the child; giving precise information about the disease and treatment; respecting the stages and milestones of child development; offering a more comfortable environment, where the child can feel motivated and encouraged to play more actively.

Humour is universal; it involves interaction and communication; it is dynamic process that takes into accounts personal experience, physiological, behavioural, emotional, cognition and sociocultural context (Robinson, 1978 in Sheldon, 1996; Apte, 1988 in Dean and Major, 2007; Fry, 1992 in Olsson and et al 2002; Lefcourt (2000) in Degabriele and Walsh, 2010; Martin 2000; Oxford Dictionary, 2013). Three prominent humour theories emerge according to Billig (2005) cited in the works of McCreddie and Wiggins (2007) namely: The Superiority Theory or Tendentious or Disparagement Theory; Incongruity Theory; Relief or Release theory Therapeutic humour as any intervention that promotes health and wellness.

Lefcourt (2004) in McCreddie and Wiggins (2008) on Humour-Health Hypothesis asserts that there is a link between humour and health and currently that link is perceived

to be a positive one, which may occur by four separate processes, giving rise to both direct and indirect relationships. Direct effect of humour includes pain, cardiovascular effects and immunity (Fry, 1986; Astedt-Kurki and Liukkonen, 1994; Spitzer, 2002; Facente, 2006; Dillon et al, 1985 in Mallet, 1995). Indirect humour-health hypothesis namely, moderating stress or enhance social competence and support (Astedt-Kurki and Liukkonen, 1994; McDonalds, 2004; Martin, 2006).

Sheldon (1995) has identified confusion, anger and lowered self-esteem as negative effects of inappropriate use of humour in patients and warns health care provider about the cautious use of this intervention. Pre-requisites to the use of humour includes: building rapport and therapeutic relationship, trust, empathy (Olsson and et al 2002), effective communication (Sheldon, 1995), listening, and validation skills (Facente, 2006), sensitivity, professional competency (Wooten, 1992), receptiveness, shared values and perception, timing, content and cultural context (McDonalds, 2004). Meanwhile, exclusion zones includes: psychologically impaired patients (Sullivan and Deane, 1988 in McCreddie and Wiggins, 2007), patients in the midst of crisis (Burton Leiber, 1986, Hunt 1993), issues pertaining to sexuality or gender (Robinson 1977), ethnicity or race, politics, self-deprecating, and humour or joking about tragedy or disease related symptoms Hunt (1993), unfamiliar with the patient (McCreddie and Wiggins, 2007), if the intention is to mask hostility, ridicule or put down the recipient (Mallet, 1995).

The use of humour in health care has been demonstrated in several areas in the health care setting such as: the oncology, critical care, operating room, bone marrow transplant unit, mental health, hospice, and health promotion, geriatric, palliative, children and in self-management program for certain diseases. McCreddie (2004) has identified also several variations in the laughter program existing in health care namely: humour therapy, laughter therapy, laughing meditation, and laughter clubs.

Humour in nursing conveys caring and humanness Humour has an impact in the nurse-patient relationship, nursing care, nursing process, and nursing as a community and workforce. There is still a need to adopt a circumspect and evidenced-based approach to humour use in the work. Humour in nursing and patient is exemplified by Mallet (1995) outlined therapeutic nursing potential benefits of humour in patients namely: to facilitate patient teaching and improve recall, to reduce anxiety, to assist communication (including with psychiatric patients), to enhance feelings of well-being, to positively

influence hopefulness, to aid speech therapy, to act as an ice breaker and, to reduce pain. This was supported by Sheldon (1995) who contends that humour not only promotes hopefulness but also conveys caring and humanness.

Humour in care of the children and parents in hospitals are exemplified by the use of funny pictures to decorate the patient's room, sending singing telegrams, showing home or humorous movies, using puppets to increase playfulness and clowns to facilitate communication and responsiveness especially in children Mallet (1995). Humour can be used in child and parent health education. Humour development among children stages includes: Stage 1: Incongruous actions with objects; Stage 2: Incongruous labelling of objects and events; Stage 3: Conceptual Incongruity; Stage 4: Multiple meanings (7-11 years) (McGhee's, 1979 cited in Dagabriele and Walsh, 2010).

Clown Care is a program in hospitals and medical centers involving visits from specially trained clowns (Barren, 2009). Clown Doctors or Hospital Clowns are professional artists who undergo a rigorous training program before working in the hospital to bring play, humour and laughter into the facility for the benefit of the patient, family members, and staff. They come from a variety of backgrounds such as clowning, acting, physical theatre, mime, music, and close up magic (Spitzer, 2006). They usually work in pairs to encourage creative performance to free the child from pressure to participate, and to offer professional and emotional support. (Koller and Gyski, 2007) Professional Clown Doctors began working in hospitals in 1986 under a program called the Big Apple Circus Clown Care Unit, which was started by Michael Christensen in New York City. This was the first established structured hospital clown programme. Clown Care has been operating in various hospitals and residential care such as: pediatric, geriatric, palliative care patients, people getting end-of life care, had surgery, in rehab, patient who had heart attacks and strokes for around twenty-six years promoting good health and well-being across the lifespan around the world

Oppenheim, Simonds and Hartmann (1997) outlined several purpose of clowning for children namely: helping children to find their place within the department; helping the child master space; helping children travel along their own path; helping children cope with sounds and silence; helping children to preserve intimacy; helping children cope with their bodies; helping children to move between medical theories and their own fantasies; helping the children to cope with emotions; helping children to transform the department into a scene where imagination has free realm; and helping other carers

Clown Doctors Role according to Spitzer (2006) is to attend the psycho-social needs during clown rounds. Clown Rounds is portrayed like a clinical visit of health care professional but in this term it is the hospital clown visiting the patient (child). The clown doctors during the clown rounds look for what is right for the patient putting emphasis on interaction

Previous research and findings results includes: Vagnoli and et al (2005) shows that the presence of clowns during the induction of anesthesia, together with the child's parents, was an effective intervention for managing children's and parents' anxiety during the preoperative period. Lima and et al (2008) shows that children experiences in clown care was a concrete intervention, emphasizing the children's development process, since it opens up a space for fantasy, laughter, happiness and the appropriation of the hospital routines. Linge (2012) contended that magical attachment of children and hospital clowns includes a temporary relation, anonymity, role reversal, expression of opportunity for boundary transcending emotional experience.

Koller and Gryski, (2007) suggested that in spite of the increasing numbers of clown care program in children hospital worldwide. There is still a lack of research and evidence to support its program. Further, research is recommended to investigate how therapeutic clown care plays a role in the well-being of pediatric patients, their families and health care providers. Because this area of research remains virtually unexplored, a mixed method approach is suggested. Qualitative interviews and focus groups can elicit information that reflect key aspects of therapeutic clowning, which can be the basis in creating standardized measurement for quantitative study.

As to date studies of Lima and et al (2008) and Linge (2012) have explored the experiences of hospitalized children with clown care in a qualitative study, which shows positive benefits to children. This study has undergone rigour and has provided us with relevant aspects as to the experience of children with clown care.

With regards to studies about parents and health care staff about clown care, Koller and Gryski, (2007) mentioned a small scale quantitative survey conducted in a hospital about examining parents and staff perspective in pediatric setting. The results showed that staff (88%) believed that it was to engage children in play and almost half of the staff (47%) viewed clowns are supportive of their work. Meanwhile parents (88%)

viewed the role of the clown as making children happy and only (22%) of parents believed that the role of clown was to help other professional with the children and 80% of the parents enjoyed the clown visits and believed their children did too. Apart from this unpublished studies no further studies have an in depth and rigorous studies about this area especially about parent's experience of clown care. . On the other hand Vagnoli, and et al (2005) also had a small investigation on the perception of medical staff about clown care using a short 4 questionnaire survey and found that physician and nurses considered clowns to be a disturbance in the operating room and they think that clown delay the procedure and interfere in the relationship between the medical personnel and the child. Both studies who examined the staff perception about clown care are small scale studies of which are not reliable for generalizing a finding. This area warrants rigorous further investigation using appropriate research design.

3 Purpose, Aims, and Objectives of the study

The purpose of the study is to contribute to the growing scientific knowledge of humour and clowning as intervention in order to improve the clown care service of the hospital. The result of the study will help Finnish national clown care organization to further develop their guidelines and training standards and also the European Federation of Hospital Clowns in developing policies. The aim is to describe parents experience with children in clown care program in the hospital.

Objectives:

1. To describe how parents' perceive and experience the clown care program.
2. To describe the benefits and barriers of clown care program.
3. To describe what kind of impact this clown care program has on parents' and children.
4. To determine parents' suggestion and recommendation on clown care program in order to improve the services of clown care in the hospital.

4 Research Setting

This section will discuss the research setting of the study. The discussion will highlight brief historical background of the hospital, summary of hospital, organizational type and will discuss the specific department for which this study will be conducted.

HUCH/HYKS stands for Hospital District of Helsinki and Uusimaa. HUCH Children's hospital is the research setting selected to conduct this study. HUCH Children's hospital is Finland's first pediatric hospital, established in 1893 for prime purpose of promoting university teaching in pediatrics. HUCH is a University Hospital for children, adolescents and their families. The patients vary in age from pre-term infants born about three months prematurely to adolescents aged about 16. The severity of the conditions treated also varies considerably: besides treating children and adolescents in the capital area and requiring pediatric or surgical specialist health care, the Children's Hospital treats patients with difficult and rare conditions from all over Finland. (HUCS, 2011)

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The treatment of children and adolescents differs in many ways from the medical science applied to adults: the variety of childhood illnesses, their causes and origins, treatment and prognosis are substantially dissimilar to adult illnesses. In addition, the physical and mental development of growth of a child is fundamentally important, and families are indeed closely involved in the hospital care of children and adolescents. (HUCS, 2011)

The Children's Hospital has wards for pediatrics and pediatric surgery, an anesthesia and operating unit, two intensive care units, several outpatient clinics plus supporting activities such as Infectious Disease Ward, Pediatric Diseases Ward, Kidney and Transplantation ward, Cardiac ward, Pediatric Surgery and Urology ward, Neonatal and Infant Surgery ward, Neonatal Intensive Care Unit, Orthopedic and Traumatology Ward, Intensive Care Unit, Stem Cell Transplantation ward, Chemotherapy ward and Day Hospital, Anesthesia and Operating Unit, Cardiac Evaluation Unit, Clinic Neuro-

physiology Unit, Day-Surgery Unit, Emergency Clinic, Laboratory, Pediatric Out-patient Clinic, Pediatric Surgery Outpatient Clinic, physiotherapy Unit, Play and Adolescents Activity Unit, School, Teaching and Research Unit, X-ray Unit. (HUCS, 2011)

There around 662 nursing staff, 154 doctors, 29 specialist staff, and 164 other staff like the paramedical staff as of April 2011. In 2010, the hospital has seen around 27, 012 patients, 8,462 hospitalization, 64, 905 out-patient clinic visits, 17,961 hospital emergency clinic visits, 25, 813 Emergency Health Center visits, 6, 462 operations, and 2,374 emergency operations. (HUCS, 2011)

5 Materials and Methodology

This section presents the methodology used to describe the research design, research setting, data collection and data analysis or treatment.

5.1 Research Design

This is a qualitative phenomenographical study. Phenomenography is a qualitative research methodology, within the interpretivist paradigm, that investigates the qualitatively different ways in which people experience something or think about something. (Åkerlind, 2005) In this study, the experience of different parents with children in a clown care program is the main interest. The use of qualitative approach in this study is indicated, because the focus of interest is an issue that has received little attention in earlier research. Phenomenography is not phenomenology. Both phenomenography and phenomenology have human experience as its object; however, phenomenology is a philosophical method, with the philosopher engaged in investigating their own experience (Burns & Grove, 2009). Phenomenographers, on the other hand, adopt an empirical orientation, and then investigate the experience of others. The focus of interpretive phenomenology is the essence of the phenomenon, whereas the focus of phenomenography is the essence of the experiences and subsequent perceptions of the phenomenon.

5.2 Participants

Inclusion criteria set for the participants include: parents have a child or children admitted in the HUCH/HYKS hospital. The children can be admitted in oncology, general medicine, and surgical ward. The parents interviewed have encountered hospital clowns during the past few years with a minimum of two sessions of contact together with the child. Since the researcher was the one who conducted the interview and a foreigner in the setting, it was prudent to include only parents who speak English. Lastly, families who were willing to participate in the research and signed the informed consent, see appendix 2.

5.3 Role of hospital staff

A clinical research supervisor was appointed by the hospital to supervise the researcher during the data collection phase. The clinical research supervisor happened to be the head nurse of the K3 ward. The head nurse became the contact person responsi-

ble for identifying, recruiting and selecting participants. A letter also address to other head nurses of the children wards was also sent. A joint meeting with the researcher and the different head nurses was conducted to help in the recruitment phase of the study. The role of the contact person was identifying possible participants who are physically, emotionally, psychologically well and most importantly willing to be interviewed. Parents who were disturbed in any means because of a critical situation or event were not included.

5.4 Sampling

Purposive sampling was used after meeting the inclusion criteria. The sample size was determined accordingly in conjunction with the data collection and data analysis with the aim of saturating data information. The focus was emphasized on the quality of information obtained from the interview of the parents. Saturation of data occurs when additional sampling provides no new information, only redundancy of previously collected data. Furthermore, theoretical saturation is defined as the point at which no additional information that could form a new category will be performed Burns & Grove (2009). Attrition rates and refusal for the study was also documented to strengthen the validity of the study.

5.5 Data collection

A pilot study was conducted to practice interview technique. The purpose was to give time to the researcher to develop interview skills needed, and test if the interview guide questions can elicit the required information related to the study. During the actual phase of data collection, the contact person identified, recruited and selected the participants based on the inclusion and exclusion criteria given by the researcher. The contact person set the interview schedule according to respondents' time convenience. The researcher then met the participants in an interview room provided by the clinical research supervisor. The formal interview was conducted. There were two parts in the interview. The first part included a brief session explaining what the research was about in a manner understandable to the respondent. Afterward, an information package and informed consent was given to each respondent. Participants were encouraged to ask questions before the start of the interview. An interview guide question was prepared. It has two parts namely, the demographic pertaining questions and the sets of questions based on the objectives of the study. In-depth interview is optimal for collecting data on individual's personal histories, perspectives, and experiences Burns

& Grove (2009). At the end of the interview, an interview summary form was filled up taking notes about the time, place, participant's demographic profile, duration of the interview and details about the content and emerging themes. The interview used an audio recorder, which was then transcribed verbatim. During the transcription phase, the researcher prepared all the data by including all the questions of the interviewer. All verbalizations were transcribed literally. Observations during the interview such as sounds and pauses were included.

5.6 Analysis

The data was analysed using a conventional content analysis. Conventional Content Analysis is generally used with a study design whose aim is to describe a phenomenon (Hsieh & Shannon, 2005), in this case the experience of parents with children under clown care program. This approach is also indicated when theory or research literature on a phenomenon is limited. There were six phases performed during the analysis.

First phase, after the data was transcribed, preliminary reading was done to achieve immersion and get an overview of the data as a whole and the defining unit of analysis such as words, sentences and theme. Data analysis was initiated and continuously done in between the data collection phase. This allows the researcher to verify if data has been saturated.

Second phase, meaning units were then defined and formed into condensed meaning units, which later then were coded. Identified codes were then submitted to three reviewers, the two research supervisors and a nursing colleague who was familiar with content analysis. The three panels had the initial preliminary inspection of the codes. After the preliminary inspection, comments from the reviewer were discussed and considered accordingly. Subcategories were then derived from codes and categories from subcategories accordingly.

Third phase, after categories were described. Global themes were then generated from the categories obtained describing the experience of parents with children in clown care.

Fourth phase, the researcher looked at how the themes support the data and the over-arching theoretical perspective. Themes were then resubmitted to the research supervisor for feedback. Revision of the global theme was done accordingly.

Fifth phase, the researcher defined what each theme is, and the data were being captured, and what was interesting about the themes. Themes were then finalized.

Sixth phase, the validation of the accuracy of content description was done. The results of the study were sent back to the participants thru email. Confirmation was given and no major revision was made.

6 Results and Findings

This chapter analyses, interpret, and present the data gathered from the in-depth interview of the respondents regarding their experiences about the clown care services in the hospital. The presentation of the results and findings is arranged according to the research objectives set in the study.

6.1 Participants Characteristics

Initially, there were fifteen respondents who were asked to participate in the study. However, there were a total of twelve participants who volunteered and consented to participate in the study session. The major reason for non-participation was the language barrier. From the twelve participants, ten interview sessions were conducted in HUS children hospital's K3 (Nephrology ward), K12 (Infectious ward) and K10 (Hematology ward).

The Table 2 shows that about four (33%) are male respondents, father in relationship to the child and eight (67%) are female respondents, mother in relationship to the child. There were two interview sessions in which parents, mother and father are interviewed simultaneously. Around half (50%) of the respondents belong to the young adulthood age group (20-39) and the other half (50%) of the respondents are in their middle adulthood years (40-64) based on Erick Erickson's developmental stages. All twelve (100%) respondents were Finnish national and bilingual who speak both Finnish and English language. In terms of educational background, there were two (17%) respondents who finished post-graduate level of education, seven (58%) who finished polytechnic college/university degree and three (25%) who finished high school level of education.

The respondents all have children in various age admitted in the hospital for treatment. There were a total of eleven children who received clown care services in the hospital among the twelve respondents in the study. The grouping of children's age was categorized according to Erick Erickson's developmental stages namely: two (18%) infants (Age 0-1), one (10%) toddler (Age 1-3), two (18%), preschool (Age 3-6), three (27%) school age (Age 6-12), and three (27%) adolescence (Age 12-18). There was one parent who has two children admitted simultaneously in the hospital. Children have various illnesses such as neuroblastoma, congenital kidney problems, liver and kidney

transplantations and juvenile rheumatoid arthritis and have been intermittently admitted in the hospital to receive treatment and care from a minimum of two weeks to a maximum of ten years.

The parents and children included in the study had a previous contact session with the hospital clowns from a minimum of two sessions to a maximum of twenty sessions and an average of eight sessions among all the total respondents.

Table 2: Participants' characteristics.

Code	Sex	Age	Nationality	Mother tongue	Relationship to Patient	Education	Age of Child or Children	Hospital Duration
TN 001	M	38	Finnish	Finnish	Father	University	2 years	2 months
TN 002	F	43	Finnish	Finnish	Mother	High school	16 years	6 months
TN 003	F	34	Finnish	Finnish	Mother	University	8 years	3 weeks
TN 004	F	32	Finnish	Finnish	Mother	University	6 months	3 months
TN 005	M	37	Finnish	Finnish	Father	Technical	6 months	3 months
TN 006	F	43	Finnish	Finnish	Mother	University	9 & 11 years	1 month
TN 007	F	37	Finnish	Finnish	Mother	University	6 years	1 year
TN 008	F	48	Finnish	Finnish	Mother	Technical	12 years	1 year
TN 009	F	45	Finnish	Finnish	Mother	Technical	14 years	10 years
TN 010	M	45	Finnish	Finnish	Father	High school	4 years	1 month
TN 011	F	41	Finnish	Finnish	Mother	High school	4 years	1 month
TN 012	M	34	Finnish	Finnish	Father	University	1 year	2 weeks

6.2 Parents' perception and experiences of the clown care program.

This section explores the perception and experiences of the family with children under the clown care services. The first section will discuss about the various perception of parents of the hospital clown and the clown care program while the second part will include the various experiences of the parents.

Parents' perception about clown care

Parents perceived that clown care is an art & science, a mix of humour and health, a psychosocial support to the family & child and deems professional competence and expertise (Table 3). The table 3 shows the theme, categories, and subcategories of perceptions of parents on clown care. The theme was derived from four categories, thirteen subcategories and forty five codes of the analysed data of the interview transcript.

Table 3: Theme, categories, subcategories perceptions of parents on clown care.

Theme:	Parents perception about clown care			
Categories	I) Clown care is an art and Science	II) Clown care is a mix of humour and health	III) Clown care is a form of psychosocial social support to family and child	IV) Clown care deems professional competence and expertise
Subcategories	A form of Art	A new conceptual representation of health	Psychosocial support to the family and the child	Professional who exert great competence and expertise
	An effective form of communication	A mix of comedy and hospital setting		
	Uses various improvisation			
	Characterize by various child developmental stages	Embodies humour		An individual who is knowledgeable and understands family, children and work dynamics
	Exhibits compassion & care	Complementary treatment to illness		
	Has a well organizational structure and systematic process			

Category I: Clown care is an art and science

The category I was derived from the six sub-categories namely: a form of art, an effective form of communication, use of various improvisation, exhibits compassion & care, characterize by various child developmental stages, and has a well organizational structure & systematic process. This shows how the respondents perceive clown care as a form of art and science. The sub-categories can be mainly divided in the two parts. The first part includes how clown care is perceived as a form of art and the second part includes clown care as a form of science.

Clown care is a form of art

Participants perceived that clown care is a form of art as explicated in the participant's response to the interview.

- *So there comes a tiny piece of art also it was very nice moment they understood our situation and they were just singing beautiful songs and blowing the bubbles. And me and my mom were crying and taking pictures because it was so nice to have one piece of art in her day anyway. And after that I have been crying every time they come because it is so touchy. [TN: 004]*

Another participant supported the same statement.

- *It is nice, and it is positive that they are usually quite musical; they know how to play instruments. So there comes a tiny piece of art also. [TN: 007]*

Clown care is an effective form of communication

The participants see that clown care is an effective form of communication between the clown and the child. The parents acknowledge the ability of the clowns to communicate both verbal and non-verbal form to accommodate to the child's developmental age. Language proficiency on the clown doctors with regards to the mother tongue spoken by the child was highly welcomed as well.

- *He (child) was really annoyed before because nobody speak Swedish with him. So then when the clowns came and they could speak Swedish. It was totally fantastic! He is so happy. [TN: 006]*

Clown care uses various improvisations

One of the most prominent observations identified by the participants that contribute to how participants perceived the clown care was the various use of improvisation technique such as singing, use of magic, playing of instruments, creating artworks, musicality and jokes.

- *The clown was coming and they were playing guitar, singing. They like it very much. And then they blow bubbles. They are very funny. [TN: 010]*
- *I would say that the music is very important part of them, because there is no music in the hospital, just ugly annoying voices such as "peep peep peep..." so it is very nice, they are singing and playing guitar. [TN: 004]*

Clown care exhibits compassion and care

Clown care according to the participants was characterized to exhibit compassion and care attributes. Compassion is the deep awareness of the suffering of another and couple with the intention to relieve it. Care attributes include friendliness, gentleness, sentimentality, sensitivity, empathy, and carefulness.

- *And there was me and her grandma my mother and we had this very bad day after doctors say we have serious problems with her. And then the nurse came and said "I guess you don't want the clowns to come here". And I said "yeah totally not, because this is so bad moment" But then I was on the door when the clowns were sneaking around and they look like this (sneaking in the door) and asked "Is it alright if we come anyway?" And then I said "ok go ahead come on in." And it was very nice moment they understood our situation and they were just singing beautiful songs and blowing the bubbles. [TN: 004]*

Another participant supported the same statement.

- *I think the profession of hospital clowns needs very much sensitivity. They need to sense when they are welcome and when they are not. [TN: 012]*

Clown care has a well organizational structure & systematic process

Clown care is a science since it follows the scientific method process. Participants believe that the clown care has an organizational structure, source of funding, work plan, schedule and operation in various hospitals in Finland. It also has a systematic process such as the assessment of the child, family and situation, planning in collaboration with the nurses, implementation and identification of the intervention based on the problems assessed, evaluation thru feedback, comments, recording and documentation. Some of the transcript that describes this section is shown below.

- *They ask nurses if there is some room they should not go on some day and I guess it is a very good system. [TN: 004]*
- *I think they do some background research before they come to the patients' room. I think so; they talk with the nurses before they get to the patients rooms and I guess they find out that if there are some rooms that they can't get in or something like that. It is well organize. [TN: 007]*
- *There was a wall for information paper where they say on this ward clown care on that day and on that time. [TN: 012]*

Clown care is characterize by various child developmental stages

Participants perceived that the clown care services must be appropriate to the age of the child and its developmental levels. There were varied arguments presented in the interview about the indication of clowning according to their child's age.

- *Like 6 months old they don't know what the clown is. They don't care at them at all. Or they just are scared at them. [TN: 004]*
- *Our girl is a little small maybe to get the thing about the clowns, but if she was little bit older and especially with the older kid. I think it is great. [TN: 012]*

Category II: Clown care is a mix of humour and health

Category II deals about clown care as a mix of humour and health. It has a four identified sub categories namely: a new conceptual representation of health, a complementary treatment to illness, a mix of comedy & hospitals setting, and lastly it embodies humour.

Clown care is a new conceptual representation of health

Some of the participants believe that clown care is a clever and great idea. It is an innovative concept and representation of health. It is completely a shift from the traditional hospital settings like doctors, nurses, treatments and needles.

- *It is like something totally different than needles, and treatments, and nurses. [TN: 007]*

Clown care is a mix of comedy and hospital setting

Strange clothes, red noses, make-ups, clowns in tandem and attire of the clowns imitating the hospital doctor's captured the attention of both participants and the child. This clown features gives the essence of blending between the comedy world and the real world.

- *Especially when they have the sort of a doctor clothes on but still they're clowns an easy mix between comedy and hospital setting. I think it is a great idea actually. [TN:012]*

- *Amos was looking like what are these, strange clothes something like that. But it is nice to have them the doctor's jacket or what are they usually wear. [TN: 007]*
- *Previously, the clowns belong to the circus and not in the hospital so it is very nice thing to have them here. [TN: 009]*

Clown care embodies humour

One of the most important features repeatedly mentioned by the participants was that clown care embodies humour. In this sense, humour was seen as the quality of being amused and the ability to make other people laugh.

- *It was funny to laugh and watch the clowns doing their magic and all kind of things. [TN:009]*

Clown care is a complementary treatment to illness

Participants believe that clown care helps in the process of the recovery of the children and serves as an adjunct to the medical treatment.

- *The joy that clown care bring is one kind of treatment which is very helpful in sickness. To get better you must have the good feeling to get better. [TN:007]*

Category III: Clown care is a psychosocial support to family and child

This category emerged from the view point of some of the participants that believe that clown care is a psychological and social support to the hospital experience not only to the child but the whole family as well. It is a hospital support service that is highly welcomed by participants and was perceived to bring a lot of benefits.

- *We are in a pretty hard situation here and we need some cheering here, would it be possible for example... I believe when you are thinking about the mental issues also...I am very positive guy personally, so that if I don't see any positive things in my life. I am going down, down, down [TN: 001]*
- *It is not only just for the patient (Child) but I think they are also for the parents. [TN:007]*
- *It can get quite boring at the hospital at least for other patients or other ones that are stuck in bed. So, it is nice to have visitors and clowns as a visitors, well, can there be someone better visitors other than the clowns, at least off course after mother and father. [TN: 007]*

Category IV: Clown care deems a professional competence and expertise

This category was abstracted from two sub-categories namely professional who exerts great competence and expertise and individual who is knowledgeable, & understands child, family and work dynamics. This category shows the significance of a competent and expert professional care towards supporting family and the child.

Hospital clowns are professional who exerts great competence and expertise

Participants believe that hospital clowns are not ordinary or regular clowns but they are qualified professionals who receive training and education. They have skills, competent experience and confidence to perform the care.

- *They are professionals so that is also very good points. [TN:001]*
- *They are also professional enough to handle the children [TN: 003]*
- *They have good experience [TN: 008]*

Hospital clowns are individual who is knowledgeable, & understands child, family and work dynamics

Participants believe that it is essential for the hospital clowns to know the name of the children, background information of the child and the family and the situation prior to the visit and the job.

- *They get the background information of the child... And they know what they are doing and... they do understand about, they knew the name and so forth. [TN: 001]*
- *They ask nurses if there is some room they should not go on some day and I guess it is a very good system. [TN: 004]*
- *But I think they know very well. [TN: 010]*

Parents' experiences on clown care

Parents associated clown care with positive and negative experience. Table 4 shows theme, categories, and subcategories experiences of parents on clown care. The theme was derived from two categories, nine subcategories and eighteen codes of the

analysed data of the interview transcript. The categories illustrated the various experiences of the family about clown care.

Category I: Clown care is associated with positive experience

This category shows how participants positively experience the clown care in the hospital (Table 4). This was derived from seven subcategories described, namely: feelings of positivity, shift of atmosphere, pleasant & something to look forward to, fun, excitement & surprises, maintains personal and professional space, familiarity and continuity and relieving.

Table 4: Theme, categories, subcategories experiences of parents on clown care.

Themes:	Parents experiences on clown care	
Categories	I) Positive Experience	II) Negative Experience
Subcategories	Feelings Positivity	Anger & Confusion
	Shift of atmosphere	
	Pleasant & something to look forward to	
	Fun, excitement & surprises	
	Maintains personal & professional space	Feelings of Ambivalence
	Feelings of Familiarity	
	Relieving	

Feelings of Positivity

Most of the participants share the same feelings of positivity during their encounter with the clowns in the hospital.

- *I think so it (clown care) is a very positive thing [TN: 006]*
- *I think it is very positive thing that the clowns visited the children. You can see on the children's eyes how they like the clowns. [TN: 008]*

Shift of atmosphere

Participants felt that clown care brought about shift of atmosphere from normal hospital routine or negative atmosphere to a positive atmosphere.

- *It is totally transferring atmosphere to a very positive side... It is totally opposite than the normal routines and normal life at home. [TN: 001]*

Pleasant & something to look forward to

The participants perceived that their encounter with the hospital clown was a pleasant experience and something to look forward to not only for the child but also for the parents.

- *They try to lift the mood of the parents also. It can be quite tiring and stressful to be at the hospital for quite a long time. Usually it is something to wait for. I think on Tuesday they come one time at least. [TN: 007]*
- *There is a positive and different kind of ways to make this worth of being here in the hospital. It is a good thing. [TN: 001]*

Fun, excitement and surprises

The clown care encounter according to the participants was characterized by moments of fun, excitement and surprises.

- *Yes, off course our child is a bit shy. But in any way they need to come in a gentle way. Anyway it is very exciting and they like it. [TN:001]*
- *It was funny to laugh and watch the clowns doing their magic and all kind of things. It has been fun. [TN: 007]*
- *The clowns belong to the circus and not in the hospital so it is very nice thing to have them here. It was a surprising.[TN: 009]*

Maintains personal & professional space

The participants felt that clowns respects their privacy and space, understands the situation and acts accordingly, and clowns do not impose people to laugh in certain situation.

- *They understand how close they can come and how they should act and so forth. [001]*
- *I really like when they come very carefully just first watching through the window and then opening the door just a little and asking if it is alright to come because this is our home now, and you never go to somebody's home and say I am here! Tat da... Let us sing and dance. [TN: 004]*
- *They visit only briefly. They don't like push over and try to try and try to make them laugh. "They're like yeah ok really again" ... and usually we have other patients in the same room they feel like how is the mood. And then, they*

make jokes on the ones that are open for it... I have not experience that they would force the laughter to anyone. You know what I mean [TN: 007]

Feelings of Familiarity

Participants appreciate their experience that clowns take essential background information of the children and review of documents as to the previous recorded clown experience. This process helps establish a feeling of familiarity. Aside from the above mentioned clowns services in the hospital have permanent hospital clown staff and well established regular meetings, these in return makes hospital staff, family and children became more familiar. And, as familiarity increases the likelihood of continuity of care and experience was facilitated, which are well appreciated by the participants.

- *The clowns came but usually they go to the nurse's room and checked which children there are, which ages are they, so they can call them on their real names when they go to the rooms, and like they would know them, and "Oh it is Amos!" like they would have seen him just yesterday, or something like that, like he was someone they knew already. [TN: 007]*
- *The clowns get their information about each child. It is good to see in the room when the clown says to your child "Oh! It is Sana (Child's name) ... They remember names; they remember what happened, what were their earlier meetings. The first meeting, and in the second meeting, then we get back to the first... it is continuous [TN: 008]*

Relieving

Participants felt that clowning was relieving to fears and anxiety not only for the child but for parents as well.

- *It is very relieving when they visit us. [TN:008]*
- *I think they (children) are afraid of the situation and also the parents. And then when the clowns came. Whoop! In a short moment the fear in the situation is gone. [TN:009]*

Category II: Clown care is associated with negative experience

This category was abstracted from two subcategories namely: anger & confusion, and feelings of ambivalence.

Anger & Confusion

There were some reported instances that participants felt anger and confusion during the clowning especially during chaotic encounter, and/or when permission to conduct was not sought.

- *I guess it is these that when the nurse is taking blood samples and then here is a child crying aloud. The moments become chaotic. The two clowns come here; with one is playing and the other one is trying to stop playing guitar. They come without asking if it is alright that they come, or should they come later. It does not work. That was very bad... And they don't realize it that nobody even looks at them, and I was just watching here and am angry, and they did not realize it, that it was really nice to go away... [TN: 005]*

Feelings of ambivalence

There were times when participants felt unsure of how they feel. They were in a situation that they feel clowning was not appropriate for their situation, but realize it was a needed most on that situation.

- *And I guess many of us (family) would say "No" Although it is nice and important to get them here...But there is a risk. Coz I guess, I would mostly say that please don't come, this is not a good time, and then anyway I enjoyed it...and although they (family) say "No... maybe this is not a good time" hospital clowns must very sensitive and need to understands that "Now! They (Hospital clowns) just go inside..." [TN: 004]*
- *She (child) is a little suspicious of what they are, and what they're doing, and little maybe afraid if this guys are doctors or what, but once they started singing and all that. She (child) pretty much face away but once they (hospital clowns) are going away, she (child) says come back, come back. That was the experience we had so far.[TN: 013]*

6.3 The benefits and barriers of clown care program.

This section explores benefits and barriers of clown care towards the family and the child. The first section will discuss about the various benefits brought about by clown care to parents and the child. And, the second part will include the various barriers identified by the participants in clown care.

Benefits of clown care

Clown care creates positive emotional state, promotes interaction between parents & child, and foster affirmative environmental condition. The table 5 shows theme, categories, and subcategories on benefits of clown care. The theme was derived from three categories, eleven subcategories and twenty five codes of the analysed data of the interview transcript. The categories illustrated the various benefits of the family about clown care.

Category I: Creates positive emotional state

This category presents the benefits of clown care in creating a positive emotional state. This is derived from five subcategories described namely: provide joy and meaningfulness in life, provide happiness, laughter and amusement, enhance self-esteem, uplift mood, and relieves fatigue and stress (Table 5).

Table 5: Theme, categories, subcategories on benefits of clown care.

Themes:	Benefits of clown care		
Categories	I) Creates positive emotional state	II) Promotes interaction between parents and child	III) Foster affirmative environmental condition
Subcategories	Provide joy and meaningfulness in life	Promote teaching and learning experience	Creates pass time and break time
	Provide happiness, laughter and amusement	Promote good relationship	Creates cheerful and relax atmosphere
	Enhance Self-Esteem		
	Uplift mood	Promote communication	Transforms hospital image
	Relieves fatigue and stress		

Provide joy and meaningfulness in life

Participants felt that clown care provide meaningfulness in their hospitalization, joy and brings color in life. It also brings good spirit towards some participants.

- *Even more there is a positive and different kind of ways to make this worth of being here in the hospital... so there are some issue which can give you some side of the joy of the life. [TN: 001]*

- *I think that they give also to parents good laugh, good spirit and things like that...it could give her good spirit if she wants to see them [TN: 003]*

Provide happiness, laughter and amusement

Participants provide happiness, laughter and amusement not only for the child, but for the family as well.

- *I see the clowns bring happiness and joy... The child can get laugh and so when the child sees the clown. [TN: 008]*
- *They bring joy and amusement to the child. [TN: 010]*
- *I think that the most important thing I feel about this clown care program is in generally it bring some gladness and positivity to the hospital. [TN: 012]*

Enhance Self-Esteem

The participants noted as well that clown care boost self-esteem of the parents.

- *And it can help me to boost my feelings sometimes. [TN: 004]*

Uplift mood

When mood was down, clown care helps uplift and boost the mood of the parents and the child.

- *They try to lift the mood of the parents also. It can be quite tiring and stressful to be at the hospital for quite a long time. [TN: 007]*

Relieves fatigue and stress

According to participants, clown care relieves tiredness, lowers stress and serves as a temporary replacement for parents in taking care of the child play activities.

- *It can be quite tiring and stressful to be at the hospital for quite a long time... [TN: 007]*

Category II: Promotes interaction between parents and child

This category presents the benefits of clown care in promoting interaction between parents and child. This was derived from three subcategories described namely: pro-

mote teaching and learning experience, promote good relationship, and promote communication.

Promote teaching and learning experience

Participants felt that clown care activities teaching and learning experience on the parents part. It shows them ideas and techniques on how to entertain their child.

- *somehow help me to entertain her again because I learn some ways. So I think it is alright anyway [TN: 004]*

Promote good relationship

Some of the participants felt that it promotes bonding moment between the parent and the child. Furthermore, it promotes bonding moment between the family members like both couple.

- *And today, we met those clowns and I took some pictures once again and I plan to show it to them (child). When I am home later today I can share stories about these clowns on what they did such as this and this and this.... The story begins so that or continues in a way and at home. [TN: 001]*

Promote communication

Participants felt that clown care enhances communication between the parent and the child.

- *We talked much with my daughter when they have visited us. What they did? What they say? What was funny? When she was happy, when I was happy, she asked me "why did you (mother) laugh? When the clown was singing to you but the clowns was singing to me like an opera". And then he stares at me. I can't but hold myself but laugh. And my daughter asked "Why did you laugh?" I answered "because his eyes, they were so curious". [TN: 006]*

Category III: Foster affirmative environmental condition

This category presents the benefits of clown care in creating fostering affirmative environmental condition. This is derived from three subcategories described namely: cre-

ates past time and break time, creates cheerful and relax atmosphere, and transforms hospital image.

Creates past time and break time

Participants felt that clown care brings them a pause or a break for the parents especially during long time hospitalization.

- *I also have a break. I have been in hospital for some time ago when we were in hospital two months. And then when we saw the clowns it was very relieving for me also. Sits there and stare at the clowns and see what they do. [TN: 006]*
- *We have a little pause thinking about sickness and this hospital life. It is a little break. It is good. [TN: 010]*
- *Staying here (hospital) is monotony I guess of days blending it into days and going on the same routine every day. So any kind of break in that routine I think it is pretty much always welcome whether it is a pizza day or the clowns coming or whatever. [TN: 013]*
- *Time spent quickly when she (child) was there and they (clowns) coming here. [TN:002]*

Creates cheerful and relax atmosphere

Participants felt that clown care creates new cheerful, relax and brighter atmosphere. Some of the participants on the other hand consider the encounter with clown care as a beautiful and special moment.

- *I felt there is a lot of negative issues when you are sick or when your child is sick and many other things so that they will bring some different kind of atmosphere for the children and also the parents... But in Finland you are a bit more different kind of melancholic. It is better someone comes and shows you something silly. [TN: 001]*
- *But for me the clowns can make some beautiful moment [TN:004]*
- *It has helped to relax the atmosphere when something frightening come or is happening for the child. [TN:012]*
- *They can get a new day to her, a brighter day that can put the bad thoughts behind. [TN: 008]*

Transforms hospital image

Participants felt that the clown care transforms hospital departments to a different creative and imaginative image.

- *They feel that they don't feel the hospital as frightening place when they see clowns in there. [TN: 012]*

Barriers to clown care

Parents described that barriers to clown care include: psychological & emotional state, severity of medical condition, developmental level, timing & context (Table 6). The table 6 shows the theme, categories, subcategories barriers identified to clown care as the theme that was derived from the different codes, subcategories and categories about the barriers of clown care services. The theme was derived from four categories, eight subcategories and fifteen codes form the inductive content analysis of the interview transcript. The categories illustrated the various barriers of the family about clown care.

Table 6: Theme, categories, subcategories barriers identified to clown care.

Theme:	Barriers to clown care			
Categories	I) Psychological & Emotional state	II) Severity of medical condition	III) Developmental Level	IV) Timing & Context
Subcategories	Fears and anxiety	Heavy medicated child	Developmental Aspect	Timing & Context
	Pain			
	Receptiveness	Severely ill condition		
	Fatigue			

Category I: Psychological & Emotional state

This category presents one of the barriers to clown care which was the psychological & emotional state of the parents and the child. This was derived from four subcategories namely: fears and anxiety, pain, receptiveness and fatigue.

Fears and Anxiety

Participants felt that the initial contact of hospital clowns with the children elicit fear and anxiety on the child. However, in the later phase children get accustomed and liked the

hospital clowns. Fear and anxiety on the part of the children was seen as a barrier to clown care according to the participants.

- *It can fail when the child is maybe afraid of the clowns at the beginning. [TN: 001]*

Pain

One participant suggested that the various pain experience brought about by different invasive procedures done in the hospital was associated with clowns, thereby, making it barriers to effective clown care on the child.

- *She doesn't (child), because I think because she is afraid of clowns, because she connected pain, hospital, to clowns... So she is afraid them and doesn't want to see them because when she was a baby. She was in the hospital a lot. So there are so much bad memories about illnesses and the pain and things like that... she connected them. .. When we are for example in a circus she likes clowns but in here in hospital she doesn't likes them. There is a big... big difference. I hope she would like someday to like them. But she all the time say "No". She turns her face off... It is so strong connection... [TN: 003]*
- *Clowns show up in actually not a good moment. For example nurses are taking blood sample and the child is crying. It does not feel so good and right. So I have found it annoying at a time. [TN: 004]*

Receptiveness

Openness and involvement was seen as an important factor in the effectiveness of the clown care on the parents and children. When the parents and child is not open to clown care or does not recognize the possible health benefit of this services. This can become barriers to clown care.

- *I think they could help but she doesn't want that help, but I think it could help her and could give her good spirit if she wants to see them and but I can't force... I can't force her. [TN: 003]*

Fatigue

Fatigue on the part of the parent or the child is seen as one of the barrier to effective clown care according to the participants.

- *Sometimes when the parents are very tired or the child is very sick sometimes it is not so good. [TN: 010]*

Category II: Severity of medical condition

This category presents one of the barriers to clown care which is the severity of the medical condition of the child. This was derived from two subcategories namely: heavy medicated child and severely ill condition of the child.

Heavy medicated child

Participants believed that clowning was not effective when the child is on a heavy medication and when a child was under post anesthesia care condition.

- *When the child is in like in a heavy medications or something like that. [TN: 007]*
- *There was an injection in her ankle. She was asleep off course then it was the recovery room and then the clowns came. I think when she saw it first, she was a little bit sleepy and that was she thinks about afraid of them. [TN: 012]*

Severely ill condition of the child

Participants felt that clowning is not effective when the child is severely ill.

- *When the clowns see that the patient is like really ill that isn't really not at all in the mood for any funny things [TN: 007]*
- *When the child is very sick sometimes it is not so good [TN: 010]*

Category III: Developmental level

This category presents one of the barriers to clown care which is developmental level of the child. This was derived from one subcategory namely developmental aspect.

Developmental aspect

Some of the participants have the belief that clowning was not appropriate for younger children and only appreciated on older children who can understand.

- *Like 6 months old they don't know what the clown is. They don't care at them at all. Or they just are scared at them... Our daughter is so young... I think that it*

is more important with the older children... And for older people, I mean older children I guess it is very good... I think they are good for the children if they are old enough. [TN: 004]

- *Sarah was young at the age. She was a little bit afraid at those times. But after that, it was fine. [TN: 009]*
- *Our child is a little young, but getting there. It is difficult to say but probably from 2 years and up to, I do not know 7, 8, 10 years something like that. I think the kids love it. [TN: 012]*

Category IV: Timing & Context

This category presents one of the barriers to clown care which is timing and context of the child. This is derived from one subcategory namely timing and context.

Timing and context

Timing and situation was essential to the success of clowning process not only for the child but towards the parents as well according to some of the participants.

- *I think it depends on what kind of situation is here in hospital with the child. If things are going wrong, it is not so much likely that they come here and be very happy... we had have this moments that haven't work that they come in wrong time.. I guess it is these that when the nurse is taking blood. And then here is the child is crying aloud... And the moment become chaotic and they come with guitar. And then two clowns come here and one is trying to stop playing guitar without asking if it is alright that they come or should they come later or yeah it does not work. That was very bad... And they don't realize it that nobody even looks at them and I was just watching here and be angry [TN: 004]*

6.4 Impact this clown care program has on them and their children.

This section explores the impact of clown care towards the family and the child.

Impact of clown care on parents

Analyses concluded that clown care has a marked influence on parent's memories and feelings. The theme was derived from two categories, six subcategories and seven

codes form the inductive content analysis of the interview transcript. The categories illustrated how clown care had an impact on the parents.

Table 7: Theme, categories, subcategories impact of clown care on parents.

Theme:	Impact of clown care on parents	
Categories	I) Memories	II) Feelings
Subcategories	Recalling Experiences	Reciprocity of feelings
	Good memories	Being cared for
	Being remembered	Emotional well being

Category I: Clown care has marked influence on parent's memories

This category examined the marked influence of clown care on parent's memories. This was derived from three subcategories namely: recalling experiences, good memories, and being remembered

Recalling Experiences

The participants appreciated the encounter and would like to capture the moments so they can recall and remember their experience.

- *I took a picture and movie clips from them so that I can show and we can look at and then remember what the jokes were and what are the songs and so forth. [TN: 001]*
- *On this one moment I only have this one (photo) but there are a lot of pictures from other phone. [TN: 007]*

Good memories

The participants have good and pleasant memories with the clowns.

- *This is a tough question because I love clowns... I have only good memories about them but she doesn't. [TN: 003]*

Being remembered

Some of the participants felt that by having this clown services in the hospital they feel like they were being remembered and they felt people knew their difficult situation.

- *I think it is a good sign of people on the outside also caring and remembering that there are difficult situation like this and that even a little bit of input can emigrate to the child especially. [TN: 012]*

Category II: Clown care has marked influence on parent's feelings

This category examined the marked influence of clown care on parent's feelings. This was derived from three subcategories namely: reciprocity of feelings, being cared for and emotional well-being.

Reciprocity of feelings

The clowns have a marked influence on the feelings of the parents example when the child gets happy because of the intervention the parents will mostly be happy as well.

- *I get happy when I see him (child) to get happy. Off course it helps me because he forgets everything of the bad things what happened and get some other things... good things to talk about. Off course, I can hop in... we saw the clowns first time today giggling. I did not know what the funny part was but she laughs. It was a very good feeling for me to see her laughing with the clowns. [TN: 006]*

Being cared for

Some of the participants felt that by having this clown services in the hospital they feel like they were being remembered and they felt people knew their difficult situation. And by being remembered it was a sign that people cared for them.

- *I think it is a good sign of people on the outside also caring and remembering that there are difficult situation like this and that even a little bit of input can emigrate to the child especially. [TN: 012]*

Emotional well-being

Participants felt that clown care has an impact on their emotional well-being whether partially or wholly.

- *I think the impact of clown care is more emotional. . [TN: 006]*

Impact of clown care on children

Clown care has a marked effect on the overall hospitalization experience of the child. The table 8 consists of themes, categories, subcategories impact of clown care on children. The theme was derived from one category, two subcategories and five codes from the inductive content analysis of the interview transcript. The categories illustrated how clown care had an impact on the children.

Table 8: Theme, categories, subcategories impact of clown care on children.

Theme:	Impact of clown care on children
Categories	Overall Hospital experiences
Subcategories	Forgetting negative hospital experience
	Remembering positive clown care experience

Category I: Clown care has a marked influenced on the overall hospital experience of the children.

This category examined the marked influence of clown care on the overall hospital experience of the children. This was derived from two subcategories namely: forgetting negative hospital experience and remembering positive clown care experience.

Forgetting negative hospital experience

Participants felt that clowns can help them forget about the negative experience from the hospital as implied in the transcript below.

- *it might be that they help them to get over some negative experiences like being with stuck needles just a moment ago, or just like think about something else than the hospital things for a while. [TN: 007]*

Aside from the acute experience, participants felt that long term hospital experiences has a marked influence as well, children forget their sickness when clowns are present.

- *And all the kids they forgot their disease or whatever they have. [TN: 006]*

Furthermore, some believed that the impact was related to how this can benefit the child such as a form of distraction. Clowning was welcomed as a form of distraction when performing invasive procedures with the children. It diverts the focus of attention.

- *I think the impact is tied up to the situation the child see the clowns At that moment she forgets the illness or forgets the procedure she is having at the moment... and then also... for example, when the nurse is putting intravenous injections or liquids to the vein. The child just forgets when the clown comes. I think these are the situation in which the clowns are most welcome. The clown can throw the focus of the child to other issues and the nurse can do her work in peace. And then she... the child focuses on the clowns and she doesn't even notice the procedure is being done. [TN: 012]*

Remembering positive clown care experience

Some participants believed that clown care had a marked influence on their children because children often recalled the clowns that they met before and talks about them to their parents.

- *Yeah few days afterwards. And when the kids get the clowns brochure where all the clowns are included and pictures and then still they watch it. And then they say "Hey! Mom can you remember this and this and this?" and every time when they are seeing the clowns here in corridors. They say "I see that clowns before". That kind of things but there must be more out of this. [TN: 006]*
- *I believe at some level. Because, I have two older kids, 7 and 5 years now, and they met those clowns also and they are talking about those clowns. [TN: 001]*

6.5 Parents' suggestion and recommendation on clown care program to improve the services of clown care in the hospital.

This section explored the various recommendations and suggestions identified by the parents to improve the clown care services in the hospital. Recommendations for improvement in the clown care services in the hospital were directed towards clown care practice and clown care management (Table 9).

The table 9 presents themes, categories, subcategories recommendations on clown care program. The theme was derived from two categories, nine subcategories and twenty two codes from the inductive content analysis of the interview transcript obtained from the respondents. The categories illustrated the various recommendations to clown care.

Table 9: Themes, categories, subcategories recommendations on clown care program.

Theme:	Recommendations on clown care	
Categories	I) Clown care practice	II) Clown care management
Subcategories	Nurse- Hospital Clown hand over process	Availability of clown care facilities
	Developmentally appropriate improvisation	Availability of clown care services
		Time & Schedule
		Clown care staffing
	Sensitivity	Access to clown care information
Clown care funding		

Category I: Recommendations on clown care practice

This category examined the recommendations identified by the participants on clown care practice. This was derived from three subcategories namely: nurse-hospital clown hand over process, developmentally appropriate improvisation, and sensitivity.

Nurse-hospital clown hand over process

Hand over between nurses and the clowns in terms of information were essentially recommended to gather pertinent information about history, medical condition and latest patient status. Participants believe as well that hand over process promotes continuity of care on the patient.

- *I think they should talk with the nurses before they get to the patient's rooms to find out that if there are some rooms that they can't get in or something like that. It is well organize... they would really get to know better their patients at least the regular's, little better because they do some background research before they come to the patients' room... then they would remember the things they were taught before or something like that. [TN: 007]*

Developmentally appropriate improvisation

Participants strongly suggested that improvisation must be based on the age and the child's developmental stage to facilitate effective clown care.

- *I think that the program they do was a little bit for the smaller child than for my child nowadays (Age 14 y.o.). The variation and the different kind of things for the different age of child that would be nice a one. [TN: 009]*
- *For smaller child, they sort to rotate to the singing and all the easy stuff and probably with the bigger kids they get to play more serious jokes sort of and more interaction rather than just performing [013]*

Sensitivity

Participants felt that clown care professional must be embodying sensitivity throughout the clowning process for the parents and the child.

- *I think the profession of hospital clowns needs very much sensitivity. They need to sense when they are welcome and when they are not. [TN: 012]*

Category II: Recommendations on clown care management

This category examined the recommendations identified by the participants on clown care management. This was derived from six subcategories namely: availability of clown care facilities, availability of clown care services, time and schedule, clown care staffing, access to clown care information and clown care funding.

Availability of clown care facilities

The participants would like to recommend coming up with an area or room to conduct clown care activities where they can visit if they would like to aside from the regular rooming in visit in the wards.

- *I am not sure is there is a possibility to meet those clowns in any other days in some place. [TN: 001]*

Availability of clown care services

Another recommendation mentioned by participants is the concept of an outpatient department consultation services with the clowns and a system where they can request clown care intervention.

- *I am not sure is there is a possibility to meet those clowns in any other days in some place. If there could be some possibility to kind of order them for consul-*

tation... yes like... we are in a pretty hard situation here and we need some cheering here would it be possible for example [TN: 001]

Time and schedule

The time and schedule preference of the participants on clowning was contrasting. Some participants preferred an increase in visiting time duration and increase in the frequency of visit in the week and other participants had the opposite one because of the concern that frequent and long contact with the clowns can induce boredom on the part of the children and parents as well.

- *Maybe more time here because it is a quite a short time when they are visiting here. [TN: 003]*
- *It would be nice to have them more often around. [TN: 007]*
- *I think so that once a week is enough, if it gets more often so they might get a little bit fed up. Oh... they are coming again. [TN: 006]*
- *The good thing is that it is not too often so they would get boring. It is rare enough to be sort of something to be expecting to or to look forward to. [TN: 009]*
- *I think the schedule is pretty good. It is not too often to become sort of boring and the child is seeing the same routine too often. It is rare enough to look forward to like I said. [TN: 013]*

Clown care staffing

The participants raised an issue as well on the number of clowning staff in a session. Most of the participants preferred that two clowns were enough. Some of the participants were concerned about the equal gender distribution between man and woman clowns were essential.

- *And I think for her (child) she meets enough people every day... too many people (clowns) all the time I don't think so. Two more people she wouldn't need to meet... Coz, She is so small and we should be whole together just as three. [TN: 004]*
- *I think both man and woman are important. It is quite usual to have woman in all kinds with stuff related with kids. But among clowns there must be almost equal number of men and women clowns. It is good to have them equal so that boy patients would not think that this is some girly thing only.[TN: 007]*

Access to clown care information

In this subcategory participants recommended the use of wall information board and use of social media for them to access information about clown care services.

- *They are also in facebook and I am in a facebook so sometimes I get to come and see them [TN: 006]*
- *A wall for information paper where they say clown care on this ward on that day and on that time would be nice. [TN: 009]*

Clown care funding

Funding is very important for an organization to exist and execute work properly. Participants felt that clown care must be supported both either from governmental funds or private partnership funds.

- *I think this is an issue the Finnish ministry of social and health care should support. They should have financial support from the ministry because this system has produced a lot of joy and relief for both parents and the nursing staff and especially for the children. [TN: 012]*

7 Discussion

A recapitulation about the aim, the study seeks to explore the parents' experiences with children in clown care program in the hospital. This chapter presents the discussion of the results presented in the previous chapter. Each section will be presented accordingly based on the research questions of the study. Section one will tackle about the parent's perceptions and experiences about clown care program. Section two will deal with the benefits and barriers of clown care. Section three will discuss about the different impacts of clown care on the parents and children. And lastly, suggestions and recommendations identified by the parents to improve the clown care services. Findings will be compared and contrasted to the previous literatures.

7.1 Parents perception and experience of the clown care program

The parents perceived clown care as an art and science, a mix of humour and health, a psychosocial support to family and child and deems a professional competence and expertise. Perception relies on the use of the five senses to describe a phenomenon. Participants identified that clown care is a form of art and science primarily because it exhibits the following characteristics namely: a form of art which is supported by Spitzer (2006) and Olsson and et al (2002) who believes that clowning is an art because it offers play, interaction and laughter; Sheldon (1995) and Facente (2006) agree on the part that clowning is a form of communication, because it can convey verbal and non-verbal information not only to the child but also to the parents; Most of the participants prominently reported the use of improvisation by the hospital clowns. Improvisation is the creative use of dancing, acting, singing, jokes, use of magic, playing instruments, creating artworks such as use of bubbles. Spitzer (2006) believes that improvisation enables children to deal with various kinds of negative emotions encountered during hospitalization; Participants see that clown care exhibits compassion because it has a deep awareness of the suffering of others with the intention to relieve it, this can only be done thru caring interventions. Åstedt-Kurki and Liukkonen (1994) have similar finding in the expression of care in humour; Furthermore, participants believe that clowning should be based on the age and developmental level of the child, which seems logical to the principles of cognitive (Piaget, 1952) and humour developmental theories (McGhee, 1979). Lastly, participants perceive that it is a science because it follows a structure of methodologies which can be seen thru the well organizational structure

such as source of funding, work plan, schedule and operations; and a systematic process in how they deliver the care, which starts from identification of problem, planning, intervention, evaluating effectiveness and to recording. Interestingly, no literatures have reported this kind or similar findings. In most literatures, clowning as a form of art predominates the theme.

Participants believe that it is a mix of humour and health. According to participants, it embodies humour. Humour description by the participants share the definition of Oxford dictionary (2013) which is the “quality and being amused and the ability to make other people laugh”. Likewise, Spitzer (2006) on the works typical day of clown doctors has similar report with the participants, that the clown features such as strange clothes or the use of doctor’s attire, red noses and etc. provide essence of blending between comedy and the real world which is the hospital setting. Alternatively on health as an aspect, clown care was seen as a new conceptual representation of health. This follows the same phenomenon described by Mallet (1995), McDonald (2004), and Sheldon (2005). This representation came after the shift of biomedical model to holistic model of patient care. The word “new concept” can somehow be challenged by the literatures because historical findings shows that use of clowns in health started in the 17th century. But not merely recognized until the last decade (Warren, 2010) when it was popularized by Patch Adams in 1970 and succeeded by Michael Christensen in 1986. Furthermore, Association for Applied and Therapeutic Humour (2004), and Lima, Azevedo, Nascimento and Rocha (2008) share the same results that clown care as a form of applied humour is an expanding complementary treatment to illness which facilitates healing or coping, whether physical, emotional, cognitive, social, cultural or spiritual.

Sheldon (1996), Martin (2000) , Association for Applied and Therapeutic Humour (2004), & Dean and Mahor (2007) several authors agree that humour in the form of clown care is a form of psychological and social support to the hospital experience to both family and the child. Åstedt-Kurki and Liukkonen (1994) proposed psychological benefits of humour which includes relief of anxiety, tensions, hatred, fears and uncertainty by providing a safe and acceptable environment to channel negative emotions.

In the literatures professionalism has been well documented, Wooten (1992) suggested development of competency. Olsson and et al (2002) highlight the importance of therapeutic environment engagement, McCreadie and Wiggins (2008) discussed about pro-

professional intimacy and interpersonal trust, Koller and Gryski (2007) believes it is professional support to the child and family, Spitzer (2006) as well highlight that clown doctors are professional artist who has the appropriate training to work in the hospital and use therapeutic improvisation techniques for the patient, family and hospital staff. The participants have similar findings with the previous literature and clowns must have knowledge, a deep understanding about the needs of the child, family and the work dynamics. Furthermore, Oppenheim, Simonds and Hartmann (1997) highlighted the importance of professionalism, training to hospital work, experience and a code of ethics since clowning has the potential of destabilising emotion of the children.

Clown care is associated with positive and negative experience. There is a wide report among several authors of the positive experience that clown care can bring to the child and the family. But in recent years negative experiences as well have been investigated. In this section, both the positive and negative experience will be explored. Olsson and et al. (2002) agree that clown care brings positivity, shift of atmosphere in to happiness and laughter as important dimension in creating a positive experience. Spitzer (2006) also supports that the shift of atmosphere from melancholy to fun and laughter can help children forget about the illness and the stress for a moment. On the other hand, McCreddie and Wiggins (2007) also believes that familiarity between the hospital clowns and the patient is very important criteria in creating a therapeutic environment of positivity. Lastly, Spitzer (2006), Lima and et al (2008); Vagnoli and et al (2005) have similar findings with the participants that clowning can relieve fear, anxiety, boredom and pain.

Some of the participants reported negative experiences such anger and confusion. Sheldon (1995) and Martin (2006) have identified confusion, anger and lowered self-esteem as negative consequences when clowning as a form of humour is inappropriately used. One of the reasons outlined for the cause of anger and confusion is the failure of hospital clowns to ask permission towards the parents. Spitzer (2006) has highlighted in his works the importance of seeking permission before entering patient's space to prevent such negative experiences. Interestingly, there were times when participants felt an ambivalence of feeling when they were in a situation that they feel clowning was not appropriate for their situation but it was a need on that situation most. Again this is a gray issue that requires further research. Works of Sheldon (1995), Olsson and et al (2002), Facente (2006), Wooten (1992), McDonalds (2004), McCreddie

and Wiggins, (2008) all authors have tried to develop the pre-requisites and exclusion zone that tries to answer the question “when is the right time for humour?”

7.2 On benefits and barriers of clown care

Historical review of literatures shows us how numerous authors try to link the benefits of humour in health. The most popular development is the humour health hypothesis by Lefcourt (2004). Pre-requisite and exclusion zones have been recognized in recent studies. In this section discussion about the benefits and barrier of clown care as a form of humour will be presented.

Clown care creates positive emotional state, promotes interaction between parents & child, and foster affirmative environmental condition. Participants conveyed that clown care creates a positive emotional state on their part, this in terms of providing joy, meaningfulness in life, happiness, laughter and amusement, studies of Olsson and et al (2002) and Spitzer (2006) well supports this claim. In the literatures of Åstedt-Kurki and Liukkonen (1994) and Mallet (1995) enhancing self-esteem and well-being was reported as one of the benefits of clown care especially for depressed people with negative reference to themselves. In a randomized controlled trial study conducted by Vagnoli and et al (2005) they measured parental anxiety level pre and post clown care intervention. The study shows that clowning was an effective intervention to manage children’s and parental anxiety. However, to date there was no study to support that clown care can reduce stress and fatigue. There are many instruments to measure stress and fatigue level and it may be worthwhile to conduct an interventional study measuring stress and fatigue level pre and post clown intervention. In general, the assertion that it creates a positive emotional state was supported on the study of Linge (2012) which states that clowning can create an emotional experience of boundary transcending opportunities.

In the works of Dean and Major (2007), they have reported that humour is universal in human interactions. It is not likely that the parents perceived that promotion of interaction was one of the benefits identified. Sheldon (1996), Dean and Major (2007), and Mallet (1995) have related findings that humour in the form of clowning can promote communication both verbal and non-verbal form to the family and the child. Furthermore, communication was seen as a form of coping mechanism. With regards to teaching and learning experience, Sheldon (1996) suggested that humour can be used in child and parent health education. Mallet (1995) has similar claims as well that hu-

mour can facilitate patient teaching and improve recall. Lastly, Sheldon (1995), and Dean and Major (2007) stated that humour foster relationship, togetherness and closeness, and maintain human connections.

Olsson and et al (2002), Spitzer (2006) acknowledge the benefit that clown care can do in shifting melancholy, boredom, routine atmosphere to a cheerful and relax atmosphere. McCreddie and Wiggins (2007) believes that therapeutic environment is essential to clown care. Lastly, Linge (2012) support the findings that it transform hospital image. In her work, she reported the experience of magic relation with hospital clowns and she found out that hospital clowns were perceived as a magical safe area in between fantasy and reality.

Barriers to clown care include psychological & emotional state, severity of medical condition, developmental level, timing & context. Some participants felt that fear, anxiety and pain were seen as barriers to clown care which is contrary to the general belief and assumptions that clown care alleviates such negative emotions. Åstedt-Kurki and Liukkonen (1994), McDonalds (2004), Martin (2006) confer that there are empirical evidences that support the use of humour in alleviating pain. Also, studies of Åstedt-Kurki and Liukkonen (1994) proposed psychological benefits of humour which includes relief of anxiety, tensions, hatred, fears and uncertainty. McDonalds (2004) suggested that the reductions in stress and anxiety, improves mood and self-esteem, and coping skills. Further interventional studies are deemed required to enlighten us about this disparagement or conflicting ideas. With regards to receptiveness or the openness, willingness or involvement is seen as an important component to the barriers. It is very logical given the assumption that if one is willing to participate or cooperate there is a likely to have the full benefits of an intervention such as clown care. If resistance is encountered then the success rate is also decreased. Sheldon (1995) has clearly reported that patient must be receptive and share the values and perception of the humour to be effective.

Logically when a child is in a severe ill medical condition the likelihood to appreciate clown care diminishes. However, there is no literature that claims to support this finding. Leiber (1986) and Hunt (1993) have reported that patients in the midst of crisis must be excluded in this humour intervention. But in this crisis they mean psychological crisis, but not specifically referring on the medical condition of the patient.

Most of the participants have the belief that clown care is only appropriate and appreciated by older children. They are not appreciated by young children and adolescence. However, this belief is not supported by literatures. McGhee's (1979) cited in Daga-briele and Walsh (2010) one of the proponent of humour development among children and adolescence suggested that there are four stages in which humour develops among children and adolescence. This humour development is also based in the cognitive theory development of Jean Piaget (1952). Linge (2012) on her study about the theoretical understanding of seven different-age children's experiences of magic relation with hospital clowns in the context of medical care, and to do so using psychological theory and a child perspective – a phenomenological approach. The results showed that age was important to consider in better understanding how the children experienced the relation with the hospital clowns, how they described the magical aspects of the encounter and how they viewed the importance of clown encounters to their own well-being.

Participants felt that timing and situation is essential to the success of clowning process. This result was supported by McDonalds (2004) who stated that timing, content and cultural context are paramount consideration that must be taken into account. These are requisites that will build professional intimacy and interpersonal trust.

7.3 On the impact this clown care program has on the family and children

Clown care has a marked influence on parent's memories and feelings and in the overall hospital experience of the children.

Mallet (1995) has reported that humour can improve recall. This was the only literature to date that supports participant's claim both positive and negative experiences are well remembered and cherished. On the other hand participants felt that clown care makes them feel that they are being remembered by other people and those people empathize on the situation they are in and the difficulties they have. This partly can be explained by Sheldon (1995) who contends that humour not only promotes hopefulness but also conveys caring and humanness.

Clown care embodies caring and humanness (Sheldon, 1995). This will likely explain the feelings of being cared for by the parents with the presence of clown care. Parents felt that clowning produce a sense of emotional well-being for which several authors

agreed on this finding. (Koller and Gryski, 2007; Martin, 2000; Association for Applied and Therapeutic Humour, 2004)

Participants felt that clown care most likely have an impact on children by forgetting negative hospital experience such as being stuck by needles or other invasive procedures, and fears and/or anxiety of the hospital environment. Similar finding can be found on Spitzer (2006) account that stated clown doctors imitate the hospital routine to help children adapt to their surroundings; they also distract from and demystify painful or frightening procedures. Clown care gave children a positive experience and a safe area where they can become children again. Vagnoli and et al (2005) supported this finding that clown care can be a form of distraction to children; in their study they found a significant reduction of children's anxiety after the clown care intervention. Lima and et al (2008) also suggested that clown care opens a space for fantasy, laughter, happiness and the adoption of the hospital routines. Oppenheim, Simonds and Hartmann (1997) suggest that clown care helps children transform the department into a scene where imagination has free realm. Finally, Linge (2012) on the discussion about magical attachment states that clown care creates a boundary transcending emotional experience for the children. All this suggest that clown care has an impact on the overall experience of the children during hospitalization.

7.4 On parents' suggestion and recommendation on clown care program to improve the services of clown care in the hospital

Recommendations for improvement are directed towards clown care practice and clown care management. Participants identified areas for improvement in terms of clown care practice namely: hand over process between the nurse and the hospital clowns. This is an interesting finding that emerges during the interview that was not expected, which is the role of nursing in clown care as experienced by parents. Although it was not explicitly asked in the interview, parents felt the importance of hospital clowns to talk with the nurses and get pertinent information about their children. In this hospital setting the clown care and nurses practice this hand over report for the children. Appropriate communication between professionals is indeed valued. Developing appropriate improvisation technique based on the age of the children was recommended. Improvisation must be logically based on the cognitive development of the child in line with the McGhee (1974) theory of humour development. Sensitivity received the most number of concerns for the respondent as a recommendation. Sensitivity means by being aware of the scenario and assessing the needs and risks of giving the inter-

vention given to the client situation. This is also supported by Facente (2006) that listening and validation skills to sensitively determine the patient's preference of humour are necessary.

Participants would like to recommend the availability of clown care facilities where they can get consultation and a space where they can visit when they feel down. Implementation in the hospital setting is still challenging because of the organizational changes and limitations. This recommendation might be considered in drafting the future new children hospital. Time and schedule is quite variable in the responses of the parents. Some parents felt that once a week and 5-10 minutes of contact with the patient is enough. However, some would like to increase the frequency from the current time and schedule. This issue will be decided by the organizational director who oversee the operation and work plan to have a win-win solution. Parents felt that it is necessary to have two clowns during the clown care with each sex being represented. This is contrary to Koller and Gryski (2007) who proposed the use of single clown in the clown care will not put pressure on a child. Access to clown care information by the use of social network is already in the organizational system. Furthermore, improvement on the information dissemination about the availability of services probably could be done. Lastly, parents strongly supports that clown care organization must be funded whether by government or private sector since it has benefitted a lot joys among families, hospital staff and children.

7.5 Ethical considerations

Ethical approval from the institutional ethical committee review board of the HUCS/HYKS was sought see Appendix 1 and all participating parents were given participant information and informed consent form see Appendix 2 prior to inclusion in the study. Participation in the study was voluntary and all information obtained from the study was treated confidentially. All audio files taped of the interview recorded were destroyed by deleting the soft copy files and physical hard devices (CD) used to store the files were destroyed. Only student researcher and supervisors had access to the information. Permission to conduct the study was obtained as well from the hospital director and nursing director of the hospital. Hospital permit is attached in the appendix 3 section. For ethical reasons, families who are in situational crisis and physically, emotionally and psychologically unstable was not included in the study. The researcher met the hospital clowns and clowns organizational leader to explain the purpose of the study. The researcher sought their help in the programs in further understanding how

the clown organization works. The results of the study will be disseminated to the concerned such as the respondents, clown care staff, hospital staff, and hospital administration, national and international organization whichever can benefit on this study.

7.6 Trustworthiness

There were four techniques employed in this study to establish trustworthiness. A pilot study was the first initial validation that was conducted to practice interview technique of the researcher who is novice on this technique. This gave time to the researcher to develop the interview skills needed. The pilot study served as a technique to assess the formulated semi-structured guided questions to confirm if it can elicit answers to the research questions prepared. No major revision was done during the pilot study. The questions were sufficient enough to elicit information needed to meet the objectives of the study. However, probing or follow-up questions by the interviewer was identified as an area that needs improvement. Information package and informed consent was translated as well into the native language of the respondents which is Finnish to ensure participants understanding of the study.

The second method to establish trustworthiness was to check for the researcher's effects that can alter behavior leading to invalid measures. The researcher was initially unfamiliar with the clown care setting. To ensure enough knowledge and familiarity the researcher organized a series of hospital visit for two months with the goal of familiarizing and seeking information of the clown care structures and operation in Finland. The researcher went to meet with the clown care executive director that oversees all the clown care activities in Finland. The purpose of the meeting was to inform the said organization about the research for ethical purposes and be familiar with the organizations history, organizational goal such as mission, vision and objectives, strategies and work plan and daily operation. The researcher also met with the hospital clowns to inform them about the study and get insights to their work thru interview and observations of how their day to day activities in the hospital was being done. Film showing and review of photographs was also done in the clown care headquarter in Helsinki together with the clown care director. These steps helped the researcher gained sufficient knowledge about the study.

The third technique employed to establish trustworthiness was performed during the content analysis. The researcher after transcribing the meaning units and condensed meaning units into codes, the codes submitted them to a three review panel. Two of

which are the research supervisor and one nursing colleague who is familiar with the process of content analysis to give feedback and comments about the codes. The researcher emphasized to the nursing colleague reviewer the goal of the review is to check whether codes are representative of the meaning units and to check for the redundancy or double meaning. During the drafting of the themes and results, on-going consultation was done with the two research supervisors. The supervisors even tapped consultation with another PhD professor who was well verse with qualitative data.

In enhancing the trustworthiness of the findings, the fourth means of credibility will be established. Credibility is a term that refers to establishment of truth inherent in the data (Streubert & Carpenter, 2011). To enhance data credibility, confirmation and member-checking of the themes was established with the participants. The results of the data analysis were returned back to the participant for confirmation and accuracy of the content or findings. The participants are considered as the experts in accurately describing and interpreting their data (Leech & Onwuegbuzie, 2007). The participants replied giving confirmation to the results and considered some minor comments provided.

8 Conclusion

The study explores the clown care experience of the family with a child or children in a clown care program. The findings showed that clown care is perceived as an art & science, a mix of humour and health, a psychosocial support to family & child and deems professional competence and expertise. Clown care creates positive emotional state, promotes interaction between parents & child, and fosters affirmative environmental condition. It has a significant influence on parent's memories and feelings; and the overall hospitalization experience of the child. Furthermore, clown care can be associated with positive and negative experience. Thus recognizing barrier such as psychological & emotional state, severity of medical condition, developmental level, timing & context is important to avoid negative experiences. This identified barrier is helpful for the improvement of clown care practice and clown care management.

8.1 Limitations

There were two main limitations identified by the researcher in the study namely: explications of the role of nursing and communication barrier. First, the role of nursing was not clearly explicated. Along the process, the researcher identified important themes which could have been added in the research topic such as the role of nurses in clown care as perceived by the parents. However, due to the time constraints of this study, the researcher opted not to probe more on the topic and to stick to the original research objectives. However, the researchers have included this theme in the recommendations for further research ideas. Lastly, communication barrier was one of the limitations encountered in the study. There were about four participants who refused for the interview because they were not confident and comfortable using English as the main language used for the studies. During the interview process, there were times in which participants were having problems articulating their thoughts, finding the right word, sometimes there were no equivalent English translation of the word in their native tongue.

8.2 Recommendations

There were three identified areas for recommendations based on the results and limitations identified namely: nursing practice, hospital clown practice, and ideas for further research.

Nurses as identified by the participants have an important role especially in the hand over process before clowning. Communication between these two professionals should be collaborative and supportive. With the knowledge presented by this study the nurses can appreciate the value and impact of clowning and have an awareness of both positive and negative consequence of clowning. Awareness of this can help nurses' foster Family and Child Centered care in their practice.

Results showed that professionalism was highly valued by the participants. At an organizational level, clown care organization can develop competency curriculum for hospital clowns training and education with emphasis on the themes identified by participant for improvement in clown care practice and clown care management.

It is strongly recommended to disseminate the result of the finding to the scientific community interested in the works of hospital clowns such as the HUCS staff and administrator, Sairaalaklovnit Finland, and International agencies like European Federation of Hospital Clowns and American Association for Applied Therapeutic Humour who holds annual conferences and scientific meetings. This can help policy making in both education & training and best practices in the hospital.

Clown care as a research area is interesting and has a lot of possibilities and/or opportunities, since there is still a dearth of information. Ideas for further research identified by this study includes: (1) research on the role of nurses in clown care, (2) research on the nurses and medical staff on the perspective and experience of clown care, (3) development of instruments to assess and measure perception, experience, barriers, benefits, enabling factors for clown care, (4) and most importantly after developing the instruments, there is a need to validate the qualitative results of the studies with the use of quantitative research for generalizability, (5) lastly, interventional study about effect of clown care in reducing pain, stress, fatigue are some of the concerns. All this studies can pave way to developing evidence based practice in clown care.

References

Books

BURNS, N. & GROVE, S. (2009) The Practice of Nursing Research: An appraisal, synthesis, and generation of evidence. St. Louis, Missouri: Saunders, Elsevier.

STREUBERT, H. & CARPENTER, D. (2011) Qualitative Research in Nursing: Advancing the Humanistic Imperative 5th edition. Philadelphia: Lippincott Williams & Wilkins, 2011.

Journal Article (online/electronic journal article)

ÅSTEDT-KURKI, P. & LIUKKONEN, A. (1994) Humour in nursing care. Journal of Advanced Nursing. [Online] 20 (1), p.183-188. Available from: DOI: 10.1046/j.1365-2648.1994.20010183.x [Accessed: 10 April 2013]

ÅKERLIND, G. (2005) Variation and commonality in phenomenographic research methods. Higher Education Research & Development. [Online] 24(4), p. 321-334. Available from: http://thresholdvariation.edu.au/content/phenomenographic_action_research. [Accessed: 10 April 2013]

CHRISTIE, W. and MOORE C. (2004) The impact of Humour on Patients with Cancer. Clinical Journal of Oncology Nursing. [Online] 9(2), p. 211-118. Available from: DOI: 10.1188/05.CJON.211-218 [Accessed: 10 April 2013]

DEAN, R. & MAJOR, J. (2008) From Critical care to comfort care: the sustaining value of humour. Journal of Clinical Nursing. [Online] 17(8), p.1088-95. Available from: DOI: 10.1111/j.1365-2702.2007.02090.x. [Accessed: 10 April 2013]

DEGABRIELE, J. & WALSH, I. (2010) Humour appreciation and comprehension in children with intellectual disability. Journal of Intellectual Disability Research. [Online] 54 (6) p. 525–537. Available from: DOI: 10.1111/j.1365-2788.2010.01277.x [Accessed: 10 April 2013]

FACENTE, A. (2006) Humour in health care: Irreverent or invaluable? Learn how laughter can improve your patient's outlook and possibly his outcome. Nursing 2013. [Online] 36 (4) p. 64hn6 - 64hn7. Available from: http://www.nursingcenter.com/Inc/JournalArticle?Article_ID=638076&Journal_ID=54016&Issue_ID=637999. [Accessed: 10 April 2013]

GRYSKI, C. & KOLLER, D. (2007) The Life Threatened Child and the Life Enhancing Clown: Towards a Model of Therapeutic Clowning. Electronic Complementary Alternative Medicine. [Online] 5(1) p.17–25. Available from: DOI:10.1093/ecam/nem033 [Accessed: 10 April 2013]

HALPERN, E. (1983) Auditing Naturalistic Inquiries: The Development and Application of a Model. Unpublished Doctoral Dissertation, Indiana University. Available from: <http://www.qualres.org/HomeAudi-3700.html> [Accessed: 15 April 2013]

LEECH N, ONWUEGBUZIE A. (2007) An array of qualitative data analysis tools: a call for data analysis triangulation. School Psychology Quarterly. [Online] 22(4) p. 557–584. Available from: DOI.apa.org/journals/spq/22/4/557 [Accessed: 10 April 2013]

LINGE, L (2012) Magical attachment: Children in magical relations with hospital clowns. International Journal Qualitative Study Health Well-being. [Online] 7(1) p.11862. Available from: DOI: 10.3402/qhw.v7i0.11862 [Accessed: 10 April 2013]

LIMA, R., AZEVEDO, E., NASCIMENTO L., & ROCHA, S. (2009) The art of Clown theatre in care for hospitalized children. Rev Esc Enferm USP. [Online] 43(1) p.178-85. Available from: www.ee.usp.br/reeusp/ [Accessed: 10 April 2013]

MALLET, J. (1995) Humour and Laughter therapy; Complementary Therapies in Nursing & Midwifery. British Journal of Nursing. [Online] 2(3):172–175 Available from: <http://www.sciencedirect.com/science/article/pii/S1353611705800800> [Accessed: 10 April 2013]

MARTIN, R. (2006). Sense of humour and physical health: Theoretical issues, recent findings, and future directions. Humor. [Online] 17(1/2) p.1–19 Available from: http://www.msumcounselored.org/files/TheUseBenefitsofHumorinHealth/article_2.pdf. [Accessed: 10 April 2013]

McCREADDIE M. & WIGGINS S. (2008) the purpose and function of humour in health, health care and nursing: a narrative review. Journal of Advanced Nursing. [Online] 61(6), p. 584–595. Available from: DOI: 10.1111/j.1365-2648.2007.04548.x [Accessed: 10 April 2013]

McCREADDIE, M. (2010) Harsh humour: a therapeutic discourse. Health and Social Care in the Community. [Online] 18(6), p. 633–642. Available from: DOI: 10.1111/j.1365-2524.2010.00936.x [Accessed: 10 April 2013]

McDONALD C. (2004) A chuckle a Day Keeps the Doctor Away: Therapeutic Humour & Laughter. Journal of Psychosocial Nursing. [Online] 42(3). Available from: <http://archive.is/Oo7g7> [Accessed: 10 April 2013]

OLSSON, H., BACKE, H., SORENSEN, S., & KOCK, M. (2002) The essence of humour and its effects and functions: a qualitative study. Journal of Nursing Management. [Online] 10(1) p. 21-26 Available from: DOI: 10.1046/j.0966-0429.2001.00272.x [Accessed: 10 April 2013]

OPPENHEIM, D. SIMONDS, C. & HARTMANN, O. (1997) Clowning on children's wards. Lancet. [Online] 350(9094) p. 1838-40. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/9428266> [Accessed: 10 April 2013]

PHIPPS, S. (2002) Reduction of distress associated with paediatric bone marrow transplant: complementary health promotion interventions. Pediatric Rehabilitation. [Online] 5(4) p. 223-34. Available from: DOI: 10.1080/1363849021000064553 [Accessed: 10 April 2013]

SHELDON, L. (1996) An analysis of the concept of humour and its application to one aspect of children's nursing. Journal of Advanced Nursing. [Online] 24(6) p.1175-83. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/8953353> [Accessed: 10 April 2013]

SHIELDS, L. (2001) A review of the literature from developed and developing countries relating to the effects of hospitalization on children and parents. International Council of Nurses, International Nursing Review. [Online] 48(1) p. 29-37. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11316274> [Accessed: 10 April 2013]

SPITZER, P. (2006) Essay Hospital clowns – modern – day court jesters at work. Lancet. [Online] 368 (1) p. S34–S35. Available from: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2806%2969919-4/fulltext> [Accessed: 10 April 2013]

SPITZER, P. (2012) Clown Doctors. The Humour Foundation, Churchill Fellow. Available from: <http://www.e-bility.com/articles/clowndoctors.php>. [Accessed: 10 April 2013]

VAGNOLI, L., CAPRILI, S. & MESSERI, A. (2010) Parental presence, clowns or sedative premedication to treat preoperative anxiety in children: what could be the most promising option? Pediatric Anesthesia. [Online] 20(1) p. 937–943 Available from: doi:10.1111/j.1460-9592.2010.03403.x [Accessed: 10 April 2013]

WEDDLE, K. and BOHG R. (1988) Resiliency and Hospitalization of Children. Child Health Care. [Online] 16(4) p. 255-60. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/10286752> Publishing [Accessed: 10 April 2013]

The Oxford Reference Dictionary. (2013) [On-line] Available from: http://oxforddictionaries.com/us/definition/american_english/clown [Accessed: 10 April 2013]

Participant Information Sheet & Informed Consent**EXPERIENCE OF PARENTS WITH CHILDREN UNDER CLOWN CARE
PROGRAM*****PARTICIPANT INFORMATION SHEET AND CONSENT FORM*****PARTICIPANT INFORMATION SHEET AND CONSENT FORM**

You are invited to take part in a research study that seeks to explore the various experiences you with children in the clown care program. The study is based in the philosophy of the use of humour such as clown in health and as an intervention among children. The purpose of the study is to contribute to the growing scientific knowledge of humour and clowning as intervention and to improve the clown care service of the hospital. The result of the study will help National Clown care organization to further develop their guidelines and training standards and the European Federation of Hospital Clowns in developing Policies and Guidelines. This study is being conducted by **Amil Kusain Tan Jr. (BSN, RN)** an Erasmus Mundus Master student. This research is being conducted to meet the requirements of the Erasmus Mundus Master in Emergency & Critical Care Nursing and is conducted under the supervision of **Prof. Eija Metsala and Prof. Leena Hannula**, both PhD principal lecturers in Metropolia University of School and Applied Science, Helsinki, Finland.

Participation in this study is entirely voluntary. You are not obliged to participate, if you refuse or interrupt to take part the study it does not have any impact on the care of your child. And --- if you do participate --- you can withdraw at any time without penalty or prejudice. If you agree to participate in this study, you will be asked to have a one on one interview with the student about your experience in general about clown care program. The interview may last 30 minutes to 1 hour depending on the information you give and all conversation will be recorded in an audio-recorder of which will then be transcribed verbatim. The interview will be conducted in English.

All information you give will be treated as confidential. All records will be kept in secured files. Only Amil Kusain Tan Jr and his supervisor will have access to any personally identifying information. You will not be identified in any publications or presentations that result from this work. All audio files taped of the interview recorded

will be destroyed by deleting the soft copy files and physically destroying hard devices (CD) used to store the files.

When you have read this information, Amil Kusain Tan Jr. will discuss with you in English and answer any questions you may have. If you have questions at any time, please feel free to contact him at +358 44 960 2265 in Pohjoinen Rautatiekatu A29 438, Helsinki, Finland. You may also contact his supervisor to discuss about this study in Finnish Language.

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This information sheet is for you to keep.

CONSENT TO PARTICIPATE IN STUDY

I have read and understand the Participant Information Statement, and any questions I have asked have been answered to my satisfaction. I understand that my participation is voluntary and I agree to participate in this research, knowing that I may withdraw at any time. I understand that my personal information will remain confidential in any publication of research. I understand that I am to contact Amil Kusain Tan Jr. or his supervisor, Prof. Eija Metsala and Prof. Leena Hannula to answer additional questions. I understand I will not be paid or compensated for my participation in the research study. I have been given a copy of this Participant Information Statement and Consent Form to Keep.

Participant's Name:

Participant's Signature:Date:

Researcher obtaining consent

I verify that I have given the information sheet to the patient.

Researchers

Name:

Researcher's Signature: Date:

Tutkittavan tiedote ja suostumus
VANHEMPIEN KOKEMUKSIA SAIRAALAKLOVNITOIMINNASTA
TUTKITTAVAN TIEDOTE JA SUOSTUMUS
TUTKITTAVAN TIEDOTE JA SUOSTUMUS

Tällä lomakkeella teitä pyydetään osallistumaan tutkimukseen, jonka tavoitteena on tutkia ja edistää huumorin ja sairaalaklovnitoiminnan käyttöä sairaalassa. Tutkimuksen tarkoituksena on kuvata vanhempien kokemuksia sairaalaklovnitoiminnasta, millaisia etuja ja esteitä on sairaalaklovnitoiminnalla, millainen vaikutus sairaalaklovnitoiminnalla on vanhemmille ja lapsille sekä miten vanhemmat haluaisivat sairaalaklovnitoimintaa kehitettävän. Sen tuloksia voidaan hyödyntää rakennettaessa ohjeita ja suosituksia sairaalaklovnitoiminnalle sekä siihen liittyvälle koulutukselle kansallisesti ja kansainvälisesti. Tutkimuksen tekijä on **Amil Kusain Tan Jr. (BSN, RN)**, joka opiskelee kansainvälisessä ensihoidon ja tehohoidon maisteriohjelmassa (EMECC, Erasmus Mundus Master in Emergency & Critical Care Nursing). Tutkimus on ko. maisteriohjelman liittyvä opinnäytetyö. Tutkimusta ohjaavat Metropolia ammattikorkeakoulun terveys -ja hoitoalan yliopettajat, TtT Eija Metsälä ja TtT Leena Hannula.

Tutkimukseen osallistuminen on täysin vapaaehtoista. Teillä on myös oikeus perua osallistumisenne tutkimukseen missä vaiheessa tahansa. Tutkimuksesta kieltäytyminen tai sen keskeyttäminen ei vaikuta mitenkään muuhun lapsenne saamaan hoitoon. Tutkimus suoritetaan henkilökohtaisena haastatteluna englannin kielellä ja sen aikana keskustellaanäkemykstänne ja kokemuksistanne sairaalaklovnitoiminnasta. Haastattelu kestää puolesta tunnista tuntiin ja se nauhoitetaan.

Tutkimusaineisto käsitellään luottamuksellisesti ja aineisto on vain tutkijan sekä ohjaajien käytettävissä. Tutkimuksen tuloksista ja raportista ei voida tunnistaa yksittäistä vastaajaa. Kaikki äänitiedostot teipattu ja nauhoitettiin tuhotaan poistamalla pehmeä kopioida tiedostoja ja fyysisesti tuhota kova laitteet (CD) käytetään tallentaa tiedostoja.

Luettuanne tämän tiedotteen, opinnäytetyön suorittaja Amil Kusain Tan Jr. keskustelelee teidän kanssanne ja vastaa mahdollisiin kysymyksiinne. Opinnäytetyön tekijä puhuu ainoastaan englantia. Voitte tiedustella ja kysyä tutkimuksesta missä vaiheessa tahansa ottamalla yhteyttä opinnäytetyön tekijään, Amil Kusain Tan Jr.,

puhelinnumero +358 44 960 2265, osoite Pohjoinen Rautatiekatu A29 438, Helsinki.
Voitte olla yhteydessä myös tutkimuksen ohjaajiin erityisesti mikäli haluatte keskustella tutkimuksesta suomenkielellä .

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Tutkittavan tiedote on teille.

TUTKITTAVAN SUOSTUMUS

Olen lukenut tutkittavan tiedotteen ja olen saanut vastaukset tutkimukseen osallistumiseen liittyviin kysymyksiini. Osallistumiseni tutkimukseen on vapaaehtoista ja minulla on oikeus vetäytyä tutkimuksesta missä vaiheessa tahansa. Tutkimusaineisto käsitellään luottamuksellisesti ja tiedän, kehen voin olla yhteydessä tutkimukseen liittyvissä kysymyksissä. Tutkimukseen osallistumista ei korvata ja tästä ei aiheudu kuluja. Olen saanut kopion Tutkittavan tiedotteesta ja Tutkittavan suostumus lomakkeesta.

Osallistujan nimi:

Osallistujan

allekirjoitus:Päivämäärä:

Tutkijan vahvistus

Vahvistan, että olen antanut tarvittavat tiedot tutkimukseen osallistuvalla.

Tutkijan

nimi:

Tutkijan allekirjoitus:

Päivämäärä:

HUCS Hospital Permit

HYKS-sairaanhoitoalue
HELSINGIN JA UUDENMAAN SAIRAANHOITOPIIRI

Naisten- ja lastentautien tulosyksikkö
Tutkimuspalvelut, Lastentaudit

29.8.2013

Tutkimuslupa**Lomakepäätös 29/2013**

Professori Mikael Knip on myöntänyt opinnäytetyön tutkimusluvan lomakepäätöksensä **29/2013** syventävien opintojen tutkielman tekoa varten.

Experience of Parents with Children under Clown Care Program

Hakija	Amil Kusain Tan Jr
HUS:n vastuhenkilö	Osastonhoitaja Annika von Schantz
Aika	2.9.2013-31.12.2014
Oppilaitos	Metropolia Ammattikorkeakoulu
Tutkinto	Maisterin tutkinto

Tutkimusluvan päättymisestä ilmoitetaan tutkimusrekisterin hoitajalle. Jos tutkimus tarvitsee jatkoajan, sitä anotaan vapaamuotoisella hakemuksella.

Piirjo Riihimäki
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Interview guide question

In English

Guide questions

1. Can you describe how you perceive and experience the clown care program in this hospital?
2. Do you think that clown care program have helped you and your child in any way, if so why? If not what are the barriers you feel about this service?
3. What kind of impact this clown care program has on you and your child or children?
4. What can you suggest and recommend on clown care services in the hospital in order to improve the services of clown care in the hospital
5. Is there anything more you would like to add?

In Finnish

Haastattelurunko

1. Kuvaile näkemyksiäsi ja kokemuksiasi sairaalaklovnitoiminnasta tässä sairaalassa.
2. Millä tavoin sairaalaklovnitoiminta auttanut teitä tai lastanne? Mitkä ovat mielestäsi sairaalaklovnitoiminnan esteitä tai haasteita?
3. Millainen vaikutus sairaalaklovnitoiminnalla on ollut teihin ja lapseenne?
4. Miten kehittäisitte sairaalaklovnitoimintaa tässä sairaalassa?
5. Onko jotain, josta haluaisitte vielä kertoa lisää?

Interview Summary Form**Interview Summary Form (For Researcher's use only)**

A. Interview details

Date of interview:

Time of interview:

Duration of interview:

Place:

Interviewee:

B. Demographic information

Name:

Social Security Number:

Nationality:

Mother Tongue:

Age of Parents:

Sex:

Relationship to the patient:

Educational Background:

Age of child:

Diagnosis of Child:

Hospitalization Duration:

Contact information such as Email address or mobile:

C. Questions

1. Where did the interview place? Was the venue suitable? Does anything need to be changed for future interviews?
2. How easy was it to establish rapport? Were there any problems and how can this be improved for next time?
3. Did the interview schedule work well? Does it need to be altered or improved?
4. What were the main themes which arose in the interview? Did any issue arise which need to be added to the interview schedule for next time
5. Is the interviewee willing to be contacted again? Have I promised to send any information or supply them with the results or a copy of the transcript?

Taustatiedot

A. Haastattelutiedot

Päivämäärä:

Kellonaika:

Haastattelun kesto:

Paikka:

Haastateltava:

B. Haastateltavan taustatiedot

Nimi:

Sosiaaliturvatunnus

Vanhemman ikä:

Sukupuoli:

Sukulaisuus suhde Lastenlinikalla hoidossa olleeseen potilaaseen:

Koulutus:

Lastenlinikalla hoidossa olleen potilaan ikä:

Lapsen diagnoosi:

Sairaalahakson kesto:

Yhteystiedot (email osoite tai puhelinnumero):

C. Kysymykset

1. Missä haastattelu tapahtui? Olikom paikka sopiva? Onko jotakin jota tulisi kehitettää ajatellen tulevia vastaavia haastatteluita?
2. Kuinka helppoa oli muodostaa haastattelusuhde? Oliko siinä ongelmia ja kuinka ne voitaisiin välttää seuraavissa haastatteluissa?
3. Pitikö haastattelun aikataulu paikkansa? Millaisia muutoksia siihen tulisi tehdä?
4. Mitkä pääteemat nousivat esiin haastattelussa? Nousiko esiin joitakin sellaisia asioita jotka tulisi huomioida tulevissa haastatteluissa?
5. Halusiko haastateltava että häneen otetaan uudelleen yhteyttä? Olenko luvannut lähettää hänelle lisäinformaatiota tai littereoidun haastattelutekstint?

Tables of meaning units, condensed meaning, codes, subcategories, categories

Table 1 meaning units, condensed meaning, codes, subcategory and category on perception

No.	Meaning Units	Condensed meaning units	Codes	Sub-category	Category
1	The operation is very good. [008]	The parents see that the present operation has a good system.	Good operation	Has a well organizational structure and systematic process	Clown care is an art and science
2	I think they are really doing good job in here [006]	Parents think that clowns are doing good job performance	Good job performance	Has a well organizational structure and systematic process	Clown care is an art and science
3	they ask nurses if there is some room they should not go on some day and I guess it is a very good system. [004] And they ask nurses and parents if it is ok to come. [010]	Parents see that nurses as the source of information is a good system for the clowns.	Nurse-Clown information system	Has a well organizational structure and systematic process	Clown care is an art and science
4	they are... very friendly [002]	The parents perceived the friendliness of the hospital clowns	Friendly	Exhibits compassion and care	Clown care is an art and science
5	Yes, off course our child is a bit shy. But in anyway so they need to come in a gentle way. [001]	Parents perceived that clowns are gentle when approaching the child.	Gentle	Exhibits compassion and care	Clown care is an art and science
6	they are quite sentimental [001]	Parents perceived that clowns are sentimental	Sentimental	Exhibits compassion and care	Clown care is an art and science
7	They are sensitive on how they approach the child[001] clowns are sensitive enough when dealing with the child [003] I think the profession of hospital clowns needs very much sensitivity. They need to sense when they are welcome and when they are not. [012]	The parents felt the sensitivity of clowns when approaching the child.	Sensitive	Exhibits compassion and care	Clown care is an art and science

	They must know if it is right time to come to the room. If there are some bad things, very hard treatment, sometimes it is not good the clowns are coming. [010]				
8	And there was me and her grandma my mother and we had this very bad day after doctors say we have serious problems with her. And then the nurse came and said "I guess you don't want the clowns to come here". And I said "yeah totally not, because this is so bad moment" But then I was on the door when the clowns were sneaking around and they look like this (sneaking in the door) and asking "Is it alright if we come anyway?" And then I said "ok go ahead come on in." And it was very nice moment they understood our situation and they were just singing beautiful songs and blowing the bubbles [004]	Hospital clowns have the ability to understand the feelings of parents and the situation.	Empathy	Exhibits compassion and care	Clown care is an art and science
9	But also I think this is very important that they know the situation what is going when they come if it is not happy moment they need to be very careful because otherwise there would be too big (Resterita)... [004] They mostly are very careful [004]	The parents perceived that clowns are very careful in their approach.	Careful	Exhibits compassion and care	Clown care is an art and science
10	Magic [002] They did some magic tricks [006]	The parent associate the word magic to the hospital clowns	Magic	Use of various improvisation	Clown care is an art and science
11	it is very nice they are singing and ... [004]	The parents describe clowns as capable of singing.	Singing	Use of various improvisation	Clown care is an art and science

	so mostly they are singing and... [004] They sing very well [008]				
12	playing guitar. [004] they know how to play instruments [007]	The parents describe clowns as capable of playing instruments.	Playing Instrument	Use of various improvisation	Clown care is an art and science
13	making bubbles [004] blowing the bubbles [004]	Creating bubbles as a form of artwork has been appreciated by parents and children.	Creating bubbles	Use of various improvisation	Clown care is an art and science
14	I would say the music is very important part of them because there is no music in the hospital just ugly annoying voices such as "Pip Pip Pip..." [004] that they are usually quite musical [007]	Parents see that hospital clowns are characterized by musicality.	Musicality	Use of various improvisation	Clown care is an art and science
15	They joke with the parents. [004]	Jokes are some techniques used by clowns to the parents	Jokes	Use of various improvisation	Clown care is an art and science
16	How their face looks outside [007] They have very good outlooks. [008]	The parents associate clowns with the make-up and outlook of the clowns.	Make-up	Use of various improvisation	Clown care is an art and science
17	He was really annoyed before because nobody speak Swedish with him. So then when the clowns came and they could speak Swedish. So totally it was fantastic! That is so happy. [006]	Good knowledge of the native languages spoken by the children is highly appreciated.	Language proficiency	An effective form of communication	Clown care is an art and science
18	They speak very well [008]	Parents sees that clowns speak very well	Speak well	An effective form of communication	Clown care is an art and science
19	Like 6 months old they don't know what the clown is. They don't care at them at all. Or they just are scared at	Parents perceived that clowning is not appropriate for young children.	Inappropriate for young children	Characterize by various child developmental stages	Clown care is an art and science

	them. [004] our daughter is so young [004]				
20	I think that it is more important with the older children[004] And for older people, I mean older children I guess it is very good. [004] I think they are good for the children if they are old enough. [004]	Parents perceived that clowning is appropriate for older children.	Appropriate for older children	Characterize by various child developmental stages	Clown care is an art and science
21	So there comes a tiny piece of art also. [007] it was so nice to have one piece of art in her day [004]	Parents perceived that clowning is a form of art.	A Form of Art	A form of Art	Clown care is an art and science
22	They are funny [002] it was funny. [007] they are very funny. [008] I think they are funny [009]	The respondents perceived that hospital clowns were funny	Humorous	Embodies Humour	Clown care is a mix of humour and health
23	They laugh very well. [008]	Laughter was another characteristics parents noticed	Laughter	Embodies Humour	Clown care is a mix of humour and health
24	Amos was looking like what are these, strange clothes something like that. But it is nice to have them the doctor's jacket or what are they usually wear. [007]	Strange clothes and attire of the clowns imitating the doctor captured their attention both child and parents.	Doctor- like costume	A mix of comedy and hospital setting	Clown care is a mix of humour and health
25	Yeah. And off course the red nose and [004]	Clown features remembered by parents includes the red nose	Red nose	A mix of comedy and hospital setting	Clown care is a mix of humour and health
26	they mostly they have been the same two clowns, the lady and Mr. Clowns so now I remember those special persons. [004]	Clowns are mostly in tandem with male and female clowns.	In- Tandem/Tandem	A mix of comedy and hospital setting	Clown care is a mix of humour and health
27	like something totally different than needles, and treatments, and nurses [007]	A shift from the conventional hospital setting	A contemporary idea	A new conceptual representation of health	Clown care is a mix of humour and health
28	I think it is very clever idea [009]	Parents see clowns as a clever	Clever idea	A new conceptual	Clown care is a mix of

		idea		representation of health	humour and health
29	I think it is a great idea actually. [013]	Parents see clowns a great idea	Great idea	A new conceptual representation of health	Clown care is a mix of humour and health
30	the joy that is one kind of treatment which is very helpful in sickness. To get better you must have the good feeling to get better. [007]	Joy was perceived as adjunct to the medical treatment.	Adjunct to medical treatment	Complementary treatment to illness	Clown care is a mix of humour and health
31	mental issue is almost half of that whole recovery process[001]	The parents perceived that clowns helps in the recovery process of the child.	Helps in recovery process	Complementary treatment to illness	Clown care is a mix of humour and health
32	I think it could help her (child) and... [003] I think it helps (referring to child). [008] they are helping children [009]	The parents viewed hospital clowns as a support system to the hospitalization experience of the children.	Support system to the children	Psychosocial support to the family and child	Psychosocial support to the family and child
33	we are in a pretty hard situation here and we need some cheering here would it be possible for example[001] this clown shows has been mostly for us [004] I personally think it is also more even for the parents. [001] it is not only just for the patient, I think they are also for the parents. [007] Sometimes it is better than the mother. [008]	The parents viewed hospital clowns as a support system to the family.	Support system to the family	Psychosocial support to the family and child	Psychosocial support to the family and child
34	I believe when you are thinking about the mental issues also[001]	The parents perceived that hospital clowns offer mental or psychological support.	Psychosocial Support	Psychosocial support to the family and child	Psychosocial support to the family and child

	I am very positive guy personally, so that if I don't see any positive things in my life. I am going down, down, down[001]				
35	I think the program is very beneficial. [012]	The clown care program is seen as a beneficial program	beneficial program	Psychosocial support to the family and child	Psychosocial support to the family and child
36	if there could be like also a mental care and these clowns would be a part of that [001]	The parents viewed the hospital clowns as support services offered by the hospital.	Hospital support services	Psychosocial support to the family and child	Psychosocial support to the family and child
37	it can get quite boring at the hospital at least for other patients or other ones that are stuck in bed. So, it is nice to have visitors and clowns as a visitors, well can there be someone better visitors other than the clowns, at least off course after mother and father. 007]	Clowns are perceived as a welcomed visitor aside from the immediate family.	Welcomed visitors	Psychosocial support to the family and child	Psychosocial support to the family and child
38	they are professionals so that is also very good points[001] . I hope so that they are very professional. [001] they are also professional enough to handle the children [003] I think the profession of hospital clowns needs very much sensitivity. [012]	Parents felt that hospital clowns are not ordinary clowns but they are qualified professionals who receive proper training and education.	Professional	Professionals who exerts great competence and expertise	Clown care deems professional competence and expertise
39	they have good skills to the children [003] They are very skilful. [008]	Parents sees the clowns have good skills.	Skilful	Professionals who exerts great competence and expertise	Clown care deems professional competence and expertise
40	I felt that they take a lot of time to... I am not sure how much they rehearse but or do rehearsals. [001]	Parents perceived that clowns do take time to do training	Training	Professionals who exerts great competence and expertise	Clown care deems professional competence and expertise

41	They have good experience [008]	The parents see that clowns have competent experience for the job.	Competent experience	Professionals who exerts great competence and expertise	Clown care deems professional competence and expertise
42	they are more likely facing those patients...[001]	Parents deemed that confidence is crucial in the clowning process.	Confident	Professionals who exerts great competence and expertise	Clown care deems professional competence and expertise
43	they get the background information[001]	Clowns have prior knowledge about the child's background information	Knows the background	An individual who is knowledgeable and understands family, child and work dynamics	Clown care deems professional competence and expertise
44	they do understand about, They knew the name and so forth. [001]	Clowns know the children names.	Knows the name of the children	An individual who is knowledgeable and understands family, child and work dynamics	Clown care deems professional competence and expertise
45	And they know what they are doing and [001] But I think they know very well. [010]	Parents are confident of the knowledge of the clowns in their work	Knows their job	An individual who is knowledgeable and understands family, child and work dynamics	Clown care deems professional competence and expertise

Table 2 meaning units, condensed meaning, codes, subcategory and category on experience

No.	Meaning Units	Condensed meaning units	Codes	Subcategory	Category
1	It is very positive thing[001] When there is normal way of doing and very positive[001] I see it as a very positive thing[001] ... It is very positive at least here in Finland. [001] They bring positive [007] I think so it is a very positive thing [006]	Hospital clowns are positive experience	Positivity	Feelings of positivity	Positive Experience

	I think it is very positive things that the clowns visited the children. You can see on the children's eyes how they like the clowns. [008]				
2	It is totally transferring atmosphere to a very positive side and [001]	There was a transferring atmosphere experienced by parents after encounter with the clowns to a positive side.	Shift of atmosphere to positive side	Shift of atmosphere	Positive Experience
3	It is totally opposite than the normal routines and normal life at home. [001]	Clowns provide a new experience for the parents and children apart from the regular hospital setting.	Shift of atmosphere from normal routines	Shift of atmosphere	Positive Experience
4	This is a tough question because I love clowns[003] It is a good thing[001] It is very good. [002] I think they are really nice to have here [007]	The respondent perceived that their encounter with hospital clown is a pleasant experience.	A pleasant experience	Pleasant and something to look forward to	Positive Experience
5	there in the hospital when getting to have some lunch or something they always have laughter on them and jokes on them, even there, although it is like their break or something like that. They bring good feeling around them. [007]	Parents felt that clowns bring good feeling all around with them even on their off hours.	Good feeling are always present at all times	Pleasant and something to look forward to	Positive Experience
6	Usually it is something to wait for. [007]	Parents and children felt that clowns are something to look forward into in the hospital.	Something to look forward	Pleasant and something to look forward to	Positive Experience
7	it is very excited and they like it. [001]	The parents perceived a sense of excitement with the hospital clown to them and the children.	Sense of Excitement	Fun, excitement & surprises	Positive Experience
8	The funny times here [002]	The parents were characterized by funny moment.	Funny times	Fun, excitement & surprises	Positive Experience

	It has been fun. [007]				
9	It was a surprising [009]	Parents felt they experience surprises with the clowns.	Surprising	Fun, excitement & surprises	Positive Experience
10	They understand how close they can come and how they should act and so forth. [001]	The parents felt that hospital clowns understand the boundary of the situation and acts accordingly	Respects limits & boundary	Maintains personal & professional Space	Positive Experience
11	I really like when they come very carefully just first watching through the window and then opening the door just a little and asking if it is alright to come because this is our home now and you never go to somebody's home and say I am here! Tat da da... Let us sing and dance. [004]	The parents felt the clowns respects privacy and space of the family.	Respect privacy	Maintains personal & professional Space	Positive Experience
12	They visit only briefly. They don't like push over and try to try and try and try to make them laugh. "Their like yeah ok really again" ... and usually we have other patients in the same room they feel like how is the mood and then they make jokes on the ones that are open for it. [007] I have not experience that they would force the laughter to anyone. You know what I mean [007]	Parents felt that clowns do not push in situation and never force people to laugh.	No imposition	Maintains personal & professional Space	Positive Experience
13	the clowns came but usually they go to the nurse's room and checked which children there are which ages are they so they can call them their real names when they go to the rooms and like they would know them and "Oh it is Amos!" like they would have seen him just yesterday	Parents appreciate that clowns take essential background with the children to establish a feeling of familiarity for the children.	Familiarity	Feelings of familiarity	Positive Experience

	<p>or something like that like he was someone they knew already. [007]</p> <p>there is a very good memory because there is we have now seen what a clown was in Sainakipikos because they have their own name doctor scratch who visited today was visiting in Sainaki too. It was happiness... "Oh I see the clowns it is very good clowns." It is good thing sometimes when the clown is the same in various times when he visited the child so that the child can remember also. [008]</p>				
14	It is very relieving when they visit us. [008]	Parents felt that clowning for them was relieving for both the child and parents	Relieving experience	Relieving	Positive Experience
15	I think they are afraid of the situation and also the parents too. And then clown came and Who! Ho! In a short moment it was not so afraid the situation. [009]	Parents felt that they feel that their fear of the situation is relieved when clowns appear to them.	Relieves fear	Relieving	Positive Experience
16	<p>be angry and they did not realize it that it was really nice to go away. [004]</p> <p>So I have found it annoying at a time. [004]</p>	There was time parents felt anger towards the hospital clowns for becoming insensitive to the situation.	Anger	Anger & confusion	Negative Experience
17	and they don't understand it [004]	Parents experienced some confusion instances with the clowns.	Confusion	Anger & confusion	Negative Experience
18	<p>And I guess many of us would say "No" Although it is nice to get them here[004]</p> <p>But there is a risk. Coz I guess, I would mostly say that please don't</p>	There were times when parents felt an ambivalence of feeling in which they were in a situation that they feel clowning was not appropriate for their situation but it was a need on that situation	Feeling of Ambivalence	Feelings of Ambivalence	Negative Experience

	<p>come this is not a good time and then anyway I enjoyed it. [004]</p> <p>and that also makes them they need to be very sensitive but they need to understand that “Now! we just go inside...” although they say “No... maybe this is not a good time”. [004]</p> <p>She is a little suspicious of what they are and what they’re doing and little maybe afraid if this guys are doctors or what, but once they started singing and all that. They pretty much face away but once they are going away, she is like come back, come back. That was the experience we had so far.[013]</p>	most.			
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Table 3 meaning units, condensed meaning, codes, subcategory and category on benefits

No.	Meaning Units	Condensed meaning units	Codes	Subcategory	Category
1	... Even more there is a positive and different kind of ways to make this worth of being here in the hospital[001]	The respondent describes that their hospital stay is worthwhile because of the presence of hospital clowns.	Provide meaningfulness	Provide joy and meaningfulness in life	Creates positive emotional state
2	<p>So there are some issue which can give you some side of the joy of the life. [001]</p> <p>We think that it is getting us some joy as well [010]</p>	The encounter of the hospital clowns brought about joyfulness on their life	Joy of life	Provide joy and meaningfulness in life	Creates positive emotional state
3	a little bit of color in otherwise maybe gray days to put it [013]	Parents see that clown’s gives color to life.	Brings color in life	Provide joy and meaningfulness in life	Creates positive emotional state
4	I think that they give also to parents	The encounter with the clowns	Good spirit	Provide joy and	Creates positive emo-

	good laugh, good spirit and things like that [003] could give her good spirit if she wants to see them[003]	brings good spirit to the parents.		meaningfulness in life	tional state
5	I see the clowns bring happiness and joy. [008] I think that the most important thing I feel about this clown care program is in generally it bringing some gladness and positivity to the hospital. [012]	Clowns bring happiness toward parents and children	Happiness	Provide happiness, laughter and amusement	Creates positive emotional state
6	The child can get laugh and so when the child sees the clown. [008]	Clowns can bring about laughter of the children	Laughter	Provide happiness, laughter and amusement	Creates positive emotional state
7	amusement to the child. [010]	Parents see that clowning brings amusement to their children.	Provide Amusement	Provide happiness, laughter and amusement	Creates positive emotional state
8	And it can help me to boost my feelings sometimes... [004]	Clowning boost self-esteem of the mother	Boost self-esteem	Enhance self-esteem	Creates positive emotional state
9	They try to lift the mood of the parents also. [007]	Clowns lift the mood of the parents	Lift the mood	Uplift mood	Creates positive emotional state
10	. It can be quite tiring and stressful to be at the hospital for quite a long time[007]	Clowning relieves tiredness brought about by long hospital duration.	Relieves tiredness	Relieves fatigue and stress	Creates positive emotional state
11	It can be quite tiring and stressful to be at the hospital for quite a long time[007]	Clowning relieves stressful feeling brought about by long hospital duration.	Relieves Stress	Relieves fatigue and stress	Creates positive emotional state
12	When the children are ill, it is a little bit stressing situation and the clowns will lower it down at the moment [009]	When the child is in stress clowning can help deescalates level of stress on children	Lowers Stress	Relieves fatigue and stress	Creates positive emotional state
13	Then it is great that sort of somebody else comes along does something different so I don't have to be sort of coming up with activities all the time. [013]	Parents perceived that clowns can serve as a temporary replacement for various activities done by the parents.	Temporary replacement	Relieves fatigue and stress	Creates positive emotional state

14	somehow help me to entertain her again because I get some ways. So I think it is alright anyway [004]	Parents can learn and get idea on how to entertain their children.	Foster learning experience	Promote teaching & learning experience	Promotes interaction between the parents and the child
15	I took pictures once again and I will show when we are home[001] The story begins so that or continues in a way and at home also. [001] it last. [001]	Clowning experience creates a bonding moment with the parents and their child.	Bonding moment parent-child	Promote good relationship	Promotes interaction between the parents and the child
16	And me and my mom were crying and taking pictures because it was so nice to have one piece of art in her day anyway. And after that I have been crying every time they come because it is so touchy. [004]	Clowning experience creates a bonding moment with between family members.	Bonding moment between family members.	Promote good relationship	Promotes interaction between the parents and the child
17	we talk much with my daughter when they have visited us. What they did? What they say? What was funny? When she was funny when I was funny, she asked me "why did you mother laugh? When the clown was singing to you but the clowns was singing me like an opera". And then he stares at me. I can't but laugh. And my daughter asked "Why did you laugh?" I answered "because his eyes they were so curious". [006]	The experience of clowning enhances communication between the parent and the child.	Enhance communication between the parent and child	Promote communication	Promotes interaction between the parents and the child
18	I also have a break. I have been hospital for some time ago when we were in hospital two months. And then when we saw the clowns it was very relieving for me also. Sits there and stare at the clowns and see what they do. [006]	It gives a break for the parents who have been in long time in the hospital	Break	Creates pass time and break time	Foster affirmative environmental condition

	<p>we have a little pause thinking about sickness and this hospital life. It is a little break. It is good. [010]</p> <p>Staying here is monotony I guess of days blending it into days and going on the same routine every day. So any kind of break in that routine I think it is pretty much always welcome whether it is a pizza day or the clowns coming or whatever. [013]</p>				
19	Time spent quickly when she was there and they coming here. [002]	The respondents felt that time flew fast in the presence of the hospital clowns	Time flew fast	Creates pass time and break time	Foster affirmative environmental condition
20	I felt there is a lot of negative issues when you are sick or when your child is sick and many other things so that they will bring some different kind of atmosphere for the children and also the parents. [001]	The encounter of the hospital brought a new atmosphere for parents and children.	New atmosphere	Creates cheerful and relax atmosphere	Foster affirmative environmental condition
21	But in Finland you are a bit more different kind of melancholic. It is better someone comes and shows you something silly. [001]	Brings melancholic atmosphere to a cheerful atmosphere	Cheerful atmosphere	Creates cheerful and relax atmosphere	Foster affirmative environmental condition
22	it has helped to relax the atmosphere when something frightening come or is happening for the child.	Parents felt that it helps relax the frightening atmosphere of the hospital.	Relax atmosphere	Creates cheerful and relax atmosphere	Foster affirmative environmental condition
23	They can get a new day to her, a brighter day that can put the bad thoughts behind. [008]	Clowns bring a brighter day and set out bad thoughts.	Brighter day	Creates cheerful and relax atmosphere	Foster affirmative environmental condition
24	But for me the clowns can make some beautiful moment and [004]	Clowns create a beautiful moment	Beautiful moment	Creates cheerful and relax atmosphere	Foster affirmative environmental condition
25	they feel that they don't feel the hospital as frightening place when they see clowns in there. [012]	Children are less likely afraid of the hospital setting because of the presence of clowns.	Change hospital image	Transforms hospital image	Foster affirmative environmental condition

Table 4 meaning units, condensed meaning, codes, subcategory and category on barriers

No.	Meaning Units	Condensed meaning units	Codes	Subcategory	Category
1	It can fail when the child is maybe afraid of the clowns at the beginning. [001]	Parents felt that fear among children during the initial encounter can be a barrier to clown care.	Fears in children	Fears and anxiety	Psychological & emotional state
2	Clowns show up in actually not a good moment. For example nurses are taking blood sample and the child is crying. It does not feel so good and right. [004]	A parent felt that clowning when performing extraction of blood samples can be a barrier.	Performing invasive procedure	Pain	Psychological & emotional state
3	<p>she doesn't (child) because I think because she is afraid of clowns, because she connected pain, hospital, to clowns.</p> <p>So she afraid them and doesn't want to see them because when she was a baby she was in the hospital a lot. So there are so much bad memories about illnesses and the pain and things like that. [003]</p> <p>she connected them. [003]</p> <p>When we are for example in a circus she likes clowns but in here in hospital she doesn't likes them. There is a big... big difference. [003]</p> <p>I hope she would like someday also... also like them. And I... in every time I success it that we can bring them here... but she all the time say "No" [003]</p> <p>She turns her face off... It is so</p>	The child associated the clowns with his pain and hospital experience.	Clowns connected to pain and hospital	Pain	Psychological & emotional state

	strong connection... [003]				
4	I think they could help but she doesn't want that help[003]	The children openness to such kind of services affects the outcome of clowning.	Openness	Receptiveness	Psychological & emotional state
5	but I can't force... I can't force her. [003] Although there have been times that Amos has not been in the move but then he just looks at the clowns, and maybe smiles a little. [007]	Voluntary involvement of the children was seen essential	Involvement	Receptiveness	Psychological & emotional state
6	I guess it is these that when the nurse is taking blood. And then here is the child is crying aloud... And the moment become chaotic And they come with guitar. And then two clowns come here and one is trying to stop playing guitar. without asking if it is alright that they come or should they come later or yeah it does not work. That was very bad... And they don't realize it that nobody even looks at them and I was just watching here and [004]	The parents experienced that there were times where clowns was not able to recognize the needs of the family for a space during a chaotic situation.	Failure to recognize the need for space	Receptiveness	Psychological & emotional state
7	when the parents are very tired [010]	When the parents are very tired it was perceived as barriers to clowning.	Tired Parents	Fatigue	Psychological & emotional state
8	there was an injection in her ankle. She was asleep off course then it was the recovery room and then the clowns came. I think when she saw it first, she was a little bit sleepy and that was she thinks about afraid of them. [012]	Clowning was not effective when children was under post anesthesia care condition.	Child under post-anesthesia	Heavy medicated child	Severity of medical condition
9	and is like in a heavy medications or something like that. [007]	Clowning is not effective when the child is given with heavy medica-	Heavy medicated children	Heavy medicated child	Severity of medical condition

	the child is very sick sometimes it is not so good [010]	tions.			
10	when the clowns see that the patient is like really ill that isn't really not at all in the mood for any funny things [007]	Clowning is not effective when the child is severely ill	Severely ill condition	Severe ill condition	Severity of medical condition
11	they were sometimes situation when my child was very ill and also very stress. And the clowns asked whether they can enter the room. We were in separation because of the blood transplantation. And, we said "No" the child is now too stressed and too ill. [012]	Clowning has seen to be not effective when done with a child who is very stressed.	Very stress child	Severe ill condition	Severity of medical condition
12	Like 6 months old they don't know what the clown is. They don't care at them at all. Or they just are scared at them. [004] our daughter is so young [004] Sarah was young at the age. She was a little bit afraid at those times. But after that it was fine. [009]	Parents perceived that clowning is not appropriate for young children.	Inappropriate for young children	Developmental aspect	Developmental level
13	I think that it is more important with the older children[004] And for older people, I mean older children I guess it is very good. [004] I think they are good for the children if they are old enough. [004] Our child is a little young but getting there. It is difficult to say but probably from 2 years and up to I do not know 7, 8, 10 years something like	Parents perceived that clowning is appropriate for older children.	Appropriate for older children	Developmental aspect	Developmental level

	that. I think the kids love it.[013]				
14	we had have this moments that haven't work that they come in wrong time [004]	There were time when clowns came at a wrong time and the clowning did not work.	Wrong timing	Timing & context	Timing & Context
15	I think it depends on what kind of situation is here in hospital with the child. If things are going wrong, it is not so much likely that they come here and be very happy. [004]	Clowning is not likely welcomed by parents when they feel that things and the child situation are not right.	Situation is not right	Timing & context	Timing & Context

Table 5 meaning units, condensed meaning, codes, subcategory and category on impact on parents

No.	Meaning Units	Condensed meaning units	Codes	Subcategory	Category
1	I took a picture and movie clips from them so that I can show and we can look at and then remember what the jokes were and what are the songs and so forth. [001] On this one moment I only have this one (photo) but there are a lot of pictures from other. [007]	The parents appreciate the encounter and would like to capture the moments so they can recall and remember their experience.	Recalling experiences	Recalling experiences	Memories
2	I have only good memories about them but she doesn't [003]	The parents have good memories with the clowns.	Good memories (Parents)	Good memories	Memories
3	and remembering that there are difficult situation like this and that even a little bit of input can emigrate to the child especially.[010]	Parents felt that they were remembered and cared for by other people.	Being remembered	Being remembered	Memories
4	I get happy when I see him to get happy. Off course it helps me because he forgets everything of the bad things what happened and get something other things... good things to talk about. Off course, I can hop in. [006]	The clowns have an influence on the feelings of the parents such as when the child is happy conversely the parents get happy as well.	Reciprocity of feelings	Reciprocity of feelings	Feelings

	we saw the clowns first time today giggling. I did not know what the funny part was but she laughs. It was a very good feeling for me to see her laughing with the clowns. [006]				
5	I think it is a good sign of people on the outside also caring [013]	Parents felt that they were remembered and cared for by other people.	Being cared for	Being cared for	Feelings
6	I think it is more emotional. . [006]	Parents felt that clown care has an impact on their emotional well being	Emotional well being	Emotional well being	Feelings
7	Maybe partially emotional, we talk much with my daughter when they have visited us. What they did? What they say? What was funny? When she was funny when I was funny, she asked me “why did you mother laugh? When the clown was singing to you but the clowns was singing me like an opera”. And then he stares at me. I can’t but laugh. And my daughter asked “Why did you laugh?” I answered “because his eyes they were so curious”. [006]	Parents felt that it has a partial emotional impact to them.	Partial emotional impact	Emotional well being	Feelings

Table 6 meaning units, condensed meaning, codes, subcategory and category on impact on children

No.	Meaning Units	Condensed meaning units	Codes	Subcategory	Category
1	it might be that they help them to get over some negative experiences like being with stuck needles just a moment ago, or just like think about something else than the hospital things for a while. [007]	Parents felt that clowns can help them forget about the negative experience from the hospital.	Forget negative hospital experiences	Forgetting negative hospital experience	Overall Hospital experience
2	think the impact is tide up to the	Clowning is welcomed as a form	Distracts the child	Forgetting negative	Overall Hospital experience

	situation the child see the clowns At that moment the she forgets the illness or forgets the procedure she is having at the moment... and then also... for example, when the nurse is putting intravenous injections or liquids to the vein. The child just forgets when the clown comes. I think these are the situation in which the clowns are most welcome. The clown can throw the focus of the child to other issues and the nurse can do her work in peace. And then she... the child focuses on the clowns and she doesn't even notice the procedure is being done. [012]	of distraction when performing invasive procedures with the children. It diverts the focus.	from painful procedures	hospital experience	rience
3	And all the kids they forgot their disease or whatever they have. [006]	Children forget their sickness when clowns are present.	Forget their sickness	Forgetting negative hospital experience	Overall Hospital experience
4	Yeah afterwards... yeah few days afterwards. And when the kids get the clowns brochure where all the clowns are included and pictures and then still they watch it. And then they say "Hey! Mom can you remember this and this and this?" and every time when they are seeing the clowns here in corridors. They say "I see that clowns before". That kind of things but there must be more out of this. [006]	Children often recall the clowns that they have met before.	Remembers the clown and encounter	Remembering positive clown care experience	Overall Hospital experience
5	I believe at some level. Because, I have two older kids, 7 and 5 years now, and they met those clowns also and they are talking about those clowns. [001]	The parents perceived that children in the long run remember their experiences well with the clowns.	Influence long term memories	Remembering positive clown care experience	Overall Hospital experience

Table 7 meaning units, condensed meaning, codes, subcategory and category on impact on recommendation to clown care

No.	Meaning Units	Condensed meaning units	Codes	Subcategory	Category
1	I am not sure is there is a possibility to meet those clowns in any other days in some place. [001]	The parents would like to suggest a clown care area in which they can go there with their children.	Clown care area	Availability of clown care facilities	Clown care management
2	Otherwise I think that the services should be supported and especially at the long term departments. [012]	It is recommended for department that has a long term admission and care.	Long term care department	Availability of clown care facilities	Clown care management
3	like consultation, yes like...[001]	Parents would like to have a concept of outpatient department consultation services with the clowns	Consultation services	Availability of clown care services	Clown care management
4	If there could be some possibility to kind of order them. [001]	The parents would like to suggest if there would be a system to request them when they need.	Requesting clown services when needed system	Availability of clown care services	Clown care management
5	maybe more time here because it is a quite a short time when they are visiting here. [003] , it would be nice to have them more often around. . [007]	Parents would like to increase the time duration of clown rounds.	More visit time duration	Time & Schedule	Clown care management
6	The good thing is that it is not too often so they would get boring. It is rare enough to be sort of something to be expecting to or to look forward to. [009] I think the schedule is pretty good. It is not too often to become sort of boring and the child is seeing the same routine too often. It is rare enough to look forward to like I said. [013]	Parents felt that not too often meeting is helpful to make them look forward to.	Not too often to get bored	Time & Schedule	Clown care management
7	I think so that once a week is enough. If it gets more often so they might get a little bit fed up. Oh... they are coming again. [006]	More contact will make the child easily bored.	More contact creates boredom	Time & Schedule	Clown care management
8	I think coming once a week there is	Once a week is enough for the	Once a week	Time & Schedule	Clown care management

	something to wait for[006]	contact with the child.	contact		ment
9	Both man and woman. I think it is important. It is quite usual to have woman in all kinds with stuff related with kids. But among clowns there almost equal number of men and women as clowns. It is good to have so that boy patients would not think that this is some girly thing only.[007]	Equal gender distribution among the clowns during tandem is recommended.	Equal gender distribution	Clown care staffing	Clown care management
10	I think two is enough otherwise it would be crowd and probability with the infection and the susceptibility to infections that the kids have. I think it would probably be a problem for more clowns. Plus if the kids are mostly small, and I think smaller children will be a little bit more afraid if there were more clowns. Two clowns is great coz then they get more clowning done between them as well if there will be more it might be an over bearing crowd. [013]	Parents believed that the number of clown must be limited for two.	Two clowns	Clown care staffing	Clown care management
11	that could be fine if you have different clowns... other clowns. [006]	A variety of clown is highly welcomed by the parents.	Variation among clowns	Clown care staffing	Clown care management
12	they are also in facebook and I am in a facebook so sometimes I get to come and see them [006]	Parents recommended the presence of clown care organization in social network sites.	Presence in social network site	Access to clown care information	Clown care management
13	a wall for information paper where they say on this ward on that day and on that time. [009]	A wall of information where they can see the schedule for the day and time is warranted.	A wall of information	Access to clown care information	Clown care management
14	I think it is positive because they can gather money there also for fund. I think it is really important to have clowns in here. I think every children hospital should have	Parents recommended the importance of funding the clown care organization	Funding clown care organization.	Clown care funding	Clown care management

	clowns.[006]				
15	I think this is an issue the Finnish ministry of social and health care should support. They should have ministry financeziation because this system has produced a lot of joy and relief for both parents and the nursing staff and especially for the children. [012]	Financial support from the ministry of health care and social welfare is recommended.	Financial support from the ministry.	Clown care funding	Clown care management
16	then they would remember the things they were taught before or something like that. [007]	Parents would like to recommends that clown care should be continuous from the previous contact to the present contact.	Continuity of care	Nurse-Clown hand over process	Clown care practice
17	I think so, they talk with the nurses before they get to the patients rooms and I guess they find out that if there are some rooms that they can't get in or something like that. It is well organizes. [007]	Hand over between nurses and the clowns in terms of information were essentially recommended.	Nurse – clown professionals hand over	Nurse-Clown hand over process	Clown care practice
18	they would really get to know better their patients at least the regular's little better. [007] they does some background research before they come to the patients' room [007]	Parents would like to suggest that clowns get to know more the patients background.	Know more better patient background	Nurse-Clown hand over process	Clown care practice
19	I think that the program they do was a little bit smaller child than my child nowadays. The variation and the different kind of things for the different age of child that would be nice a one. [009]	Parents suggest that different kind of things must be adapted to the different children age.	Variations of techniques for different child age group	Developmentally appropriate improvisation	Clown care practice
20	I am not sure because with their ages they started to get a little bit old for those clowns also. They still love them. [006]	Clown care must be done to suite the child's age and developmental level.	Developmentally appropriate	Developmentally appropriate improvisation	Clown care practice

	smaller child they sort of rotate to the singing and all the easy stuff and probably with the bigger kids they get to play more serious jokes sort of and more interaction rather than just performing [013]				
21	Balloons	Provision of balloons was suggested	Balloons	Developmentally appropriate improvisation	Clown care practice
22	it demands a lot of sensitivity from the clowns view point. That... They sense that when they are welcome or not. [012] I think the profession of hospital clowns needs very much sensitivity. They need to sense when they are welcome and when they are not. [012]	Clown care professional must be sensitive	Sensitivity	Sensitivity	Clown care practice

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