



Erasmus Mundus Master Course in Emergency and Critical Care Nursing (EMMECC NURSING)

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

Amil Kusain Tan Jr. BSN, RN

10/02/2014

Master Thesis





Education and Culture DG

ERASMUS MUNDUS



Erasmus Mundus Master Course in
Emergency and Critical Care Nursing



UNIVERSIDAD
OVIEDO



UNIVERSIDADE DO ALGARVE



UNIVERSIDADE DE COIMBRA



Metropolia



ERASMUS MUNDUS



Education and Culture DG



Erasmus Mundus Master Course in
Emergency and Critical Care Nursing

Erasmus Mundus Master Course in Emergency and Critical Care Nursing (EMMECC NURSING)

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

Master Thesis

Amil Kusain Tan Jr. RN, BSN

Eija Metsälä, RT, PhD

Leena Hannula, RM, PhD



Acknowledgement

I would like to give my sincere thanks and appreciation to my thesis supervisors Eija Metsälä, RT, PhD, Principal Lecturer and Leena Hannula, RM, PhD, Principal Lecturer for their guidance, support, expertise, and encouragement throughout the entire thesis process. I would also like to express my gratitude to my clinical research supervisor and head nurse of the K3 ward in HUCS Ms. Annika Von Schantz RN, for helping me during my data collection in recruiting, selecting and convincing participants, and Ms. Aino Viertola, director of clown care organization for orientation about the clown care. I am especially grateful to the parents, children, hospital clowns, and pediatric nurses in HUCS who were willing fully spend time to participate voluntarily in the study despite their busy schedules. You are all my inspiration in conducting the study. Their support was appreciated very much.

Most of all I want to thank my family and friends for all their love, patience, and understanding these past two years. I deeply appreciate the support they have given me along this journey. Thank you to Lionel Pusing, my best friend, for helping me, encouraging me, and standing by me in good and bad times throughout the graduate school and thesis process.

I would like to thank the European Commission through Erasmus Mundus program Emergency and Critical Care Nursing for giving me a chance to fulfill my dream. This experience is one of the best I ever had in my life.

And most importantly to our Father Almighty for all the blessings and guidance He have endowed to me. I owe this accomplishment to all of you. Thank very much.

Amil Kusain Perez Tan Jr. RN, BSN

February 10, 2014

Index

1. Introduction	1
2. Purpose Aims and Objectives	4
3. Materials and Methodology	5
3.1 Research Design	5
3.2 Research Setting	5
3.3 Participants	6
3.4 Role of hospital staff	6
3.5 Sampling	7
3.6 Data collection	7
3.7 Analysis	8
4. Results	11
4.1 Participants Characteristics	11
4.2 Parents' perception and experiences of the clown care program	13
4.3 The benefits and barriers of clown care program	26
4.4 Impact this clown care program on parents and children	36
4.5 Parents' suggestion and recommendation on clown care program to improve the services of clown care in the hospital	41
5. Discussion	47
5.1 Parents perception and experience of the clown care program	47
5.2 On benefits and barriers of clown care	51
5.3 On the impact this clown care program on parents and children	54
5.4 On parents' suggestion and recommendation on clown care program to improve the services of clown care in the hospital	55
5.5 Ethical considerations	57
5.6 Trustworthiness	58
6. Conclusion	60
6.1 Limitations	60
6.2 Recommendations	61

7. References

Appendices

- Appendix A Ethical Review Board Permit
- Appendix B Information Sheet and Informed Consent
- Appendix C HUCS Hospital Permit
- Appendix D Interview guide question
- Appendix E Interview Summary Form

Abstract

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.

Aim: To describe perceptions, experiences, benefits, barriers and impact of clown care program on parents and children.

Methodology: A phenomenographical study using a semi-structured in-depth interview of twelve parents in a University Children's hospital in Finland.

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.

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.

1. Introduction

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 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 labeling 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 Gryski, 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 program. 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 purposes 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 specifically to 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.

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.

There is a need for nurses, particularly pediatric nurses to be aware of the positive value and impact of 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 with children on clown care program.

2. 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.

3. Materials and Methodology

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

3.1 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.

3.2 Research Setting

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)

3.3 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 session 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.

3.4 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 responsible 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 are disturbed in any means because of a critical situation or event were not included.

3.5 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.

3.6 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 is 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.

3.7 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 overarching 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.

4. Results

This chapter analyses, interprets, and presents 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.

4.1 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 1 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.

Table 1 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

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 have 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.

4.2 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 2).

The table 2 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 2 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.

This category I is 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 is 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 is 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 four identified sub categories namely: a new conceptual representation of health, a complementary treatment to illness, a mix of comedy & hospitals setting, and lastly 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.

- *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 3).

Table 3 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	

Table 3 showed the 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. This is 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 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 is 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 is 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 feeling not only by 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 illustrates how participants describe their negative experience towards the clown care in the hospital. This is 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 need 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]*

4.3 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 4 shows theme, categories, and subcategories on benefits of clown care. The theme is 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.

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]*

Table 4 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 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 is derived from three subcategories described namely: promote teaching and learning experience, promote good relationship, and promote communication.

Promote teaching and learning experience.

Participants felt that clown care activities promote 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, as well as, 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: Creates 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 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 are (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 5). It 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 formed during the inductive content analysis of the interview transcript. The categories illustrated the various barriers of the family about clown care.

Table 5 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 is 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 is 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 experienced 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 and hospital to clowns... So she is afraid of 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 believe 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 which is developmental aspect.

Developmental aspect.

Some of the participants have the belief that clowning is not appropriate for younger children and is much 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 was derived from one subcategory namely timing and context.

Timing and context.

Timing and situation is 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]*

4.4 Impact of clown care program on parents and children

This section explores the impact of clown care towards the family and the child. The first section will discuss about impact of clown care to parents. And, the second part will include the impact of clown care to the child. .

Impact of clown care on parents

Analyses concluded that clown care has a marked influence on parent's memories and feelings. The table 6 shows theme, categories, subcategories impact of clown care on parents. 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 has an impact on the parents.

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

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

Table 6. 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

Recalling Experiences.

The participants appreciate 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 are being remembered and they felt people knows 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 examines the marked influence of clown care on parent's feelings. This is 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 such as when the child is happy, conversely the parents get 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 are being remembered and they felt people knows their difficult situation. And by being remembered it is 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 (Table 7).

Table 7 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

The table 7 showed 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 has an impact on the children.

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

This category examines the marked influence of clown care on the overall hospital experience of the children. This is 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 is related to how this can benefit the child such as a form of distraction. Clowning is welcomed as a form of distraction when performing invasive procedures with the children. It diverts the focus of attention.

- *I think the impact is tide 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 believe that clown care has a marked influence on their children because children often recall the clowns that they have 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]*

4.5 Parents’ suggestion and recommendation on clown care program to improve the services of clown care in the hospital

This section explores the various recommendations and suggestions identified by the parents to improve the clown care services in the hospital.

Recommendations for improvement were directed towards clown care practice and clown care management. The table 8 presents themes, categories, subcategories recommendations on clown care program. The theme was derived from two categories, nine subcategories and twenty two codes form the inductive content analysis of the interview transcript. The categories illustrated the various recommendations to clown care.

Table 8 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 examines 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 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 suggest 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 examines 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 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 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 consultation... 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 while 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 are enough. Some of the participants also are concerned about the equal gender distribution between man and woman clowns are 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]*

5. Discussion

A recapitulation about the aim, the study seeks to explore the parents experience 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 perception 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.

5.1 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 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?”

5.2 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 humour 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 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). 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.

5.3 On the impact this clown care program on parents 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.

5.4 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 intervention 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 Gyski (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.

5.5 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.

5.6 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.

6. 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 conditions. It has a significant influence on parents' memories and feelings; and the overall hospitalization experience of the child. Furthermore, clown care can be associated with positive and negative experiences. Thus recognizing barriers 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.

6.1 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.

6.2 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.

7. References

- ÅSTEDT-KURKI, P. & LIUKKONEN, A. (1994). Humour in nursing care. *Journal of Advanced Nursing*. 20 (1), p.183-188. Available from: DOI: 10.1046/j.1365-2648.1994.20010183.x
- BURNS, N. & GROVE, S. (2009). *The Practice of Nursing Research: An appraisal, synthesis, and generation of evidence*. St. Louis, Missouri: Saunders, Elsevier.
- ÅKERLIND, G. (2005). Variation and commonality in phenomenographic research methods. *Higher Education Research & Development*. 24(4), p. 321-334. Available from: http://thresholdvariation.edu.au/content/phenomenographic_action_research.
- CHRISTIE, W. and MOORE C. (2004). The impact of Humour on Patients with Cancer. *Clinical Journal of Oncology Nursing*. 9(2), p. 211-118. Available from: DOI: 10.1188/05.CJON.211-218
- DEAN, R. & MAJOR, J. (2008). From Critical care to comfort care: the sustaining value of humour. *Journal of Clinical Nursing*. 17(8), p.1088-95. Available from: DOI: 10.1111/j.1365-2702.2007.02090.x.
- DEGABRIELE, J. & WALSH, I. (2010). Humour appreciation and comprehension in children with intellectual disability. *Journal of Intellectual Disability Research*. 54 (6) p. 525–537. Available from: DOI: 10.1111/j.1365-2788.2010.01277.x
- 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*. 36 (4) p. 64hn6 - 64hn7. Available from:

http://www.nursingcenter.com/Inc/JournalArticle?Article_ID=638076&Journal_ID=54016&Issue_ID=637999.

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

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>

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

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

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

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

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

- McCREADDIE M. & WIGGINS S. (2008). the purpose and function of humour in health, health care and nursing: a narrative review. *Journal of Advanced Nursing*. 61(6), p. 584–595. Available from: DOI: 10.1111/j.1365-2648.2007.04548.x
- McCREADDIE, M. (2010). Harsh humour: a therapeutic discourse. *Health and Social Care in the Community*. 18(6), p. 633–642. Available from: DOI: 10.1111/j.1365-2524.2010.00936.x
- McDONALD C. (2004). A chuckle a Day Keeps the Doctor Away: Therapeutic Humour & Laughter. *Journal of Psychosocial Nursing*. 42(3). Available from: <http://archive.is/Oo7g7>
- 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*. 10(1) p. 21-26 Available from: DOI: 10.1046/j.0966-0429.2001.00272.x
- OPPENHEIM, D. SIMONDS, C. & HARTMANN, O. (1997). Clowning on children’s wards. *Lancet*. 350(9094) p. 1838-40. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/9428266>
- PHIPPS, S. (2002). Reduction of distress associated with paediatric bone marrow transplant: complementary health promotion interventions. *Pediatric Rehabilitation*. 5(4) p. 223-34. Available from: DOI: 10.1080/1363849021000064553
- SHELDON, L. (1996). An analysis of the concept of humour and its application to one aspect of children’s nursing. *Journal of Advanced Nursing*. 24(6) p.1175- 83. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/8953353>
- 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. 48(1) p. 29-37. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/11316274>

SPITZER, P. (2006). Essay Hospital clowns – modern – day court jesters at work. *Lancet*. 368

(1) p. S34–S35. Available from:

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2806%2969919-4/fulltext>

SPITZER, P. (2012). Clown Doctors. *The Humour Foundation, Churchill Fellow*. Available

from: <http://www.e-bility.com/articles/clowndoctors.php>.

STREUBERT, H. & CARPENTER, D. (2011). *Qualitative Research in Nursing: Advancing*

the Humanistic Imperative 5th edition. Philadelphia: Lippincott Williams & Wilkins, 2011.

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*. 20(1) p. 937–943 Available from:

doi:10.1111/j.1460-9592.2010.03403.x

WEDDLE, K. and BOHG R. (1988). Resiliency and Hospitalization of Children. *Child*

Health Care. 16(4) p. 255-60. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/10286752> Publishing

(2013). *The Oxford Reference Dictionary*. Available from:

http://oxforddictionaries.com/us/definition/american_english/clown

Appendix A

Ethical Review Board Permit

HELSINGIN JA UUDENMAAN
SAIRAANHOITOPIIRI

OTE/LAUSUNTO

1 (5)

Naisten, lasten ja psykiatrian eettinen § 108 29.05.2013
toimikunta

160/13/03/03/2013 UUSI TUTKIMUSSUUNNITELMA

160/13/03/03/2013

TMK03 § 108

Esittelijä	Erikoislääkäri Päivi Luukkainen
Julkisuus	Salassa pidettävä (Julkl 621/1999, 24 §)
Tutkimuksen nimi	QUALITATIVE PHENOGRAPHICAL STUDY OF THE EXPERIENCES OF PARENTS WITH CHILDREN IN CLOWN CARE SERVICES
Kuvaus	Toimikunnan käsiteltäväksi on toimitettu uusi tutkimussuunnitelma. Kyseessä on hoitotieteellinen haastattelu- / kyselytutkimus, jonka tavoitteena on tutkia ja edistää huumorin ja sairaalaklovnitoiminnan merkitystä sairaalassa; kuvata vanhempien kokemuksia sairaalaklovnitoiminnasta, millaisia etuja ja esteitä on sairaalaklovnitoiminnalle, millainen vaikutus sairaalaklovnitoiminnalla on vanhempiin ja lapsiin sekä miten vanhemmat haluaisivat sairaalaklovnitoimintaa kehitettävän.
Tutkimuksesta vastaava henkilö	FT Eija Metsälä, Metropolia Ammattikorkeakoulu TtT Leena Hannula, Metropolia Ammattikorkeakoulu
Tutkijat	Amil Kusain Tan Jr, Metropolia Ammattikorkeakoulu
Tutkimuksen toimeksiantaja	Tutkijalähtöinen tutkimus, tutkintoon (Masters in Emergency and Critical Care Nursing) kuuluva tutkimus
Tutkimuksen rahoitus	Ei ulkopuolista rahoitusta
Toimitetut asiakirjat	- hakemuslomake, 22.4.2013 - tutkimussuunnitelma, 2013 - tutkimussuunnitelman suomen- ja englanninkielinen tiivistelmä - tutkittavan suomen- ja englanninkielinen tiedote ja suostumusasiakirja - taustatietolomake - haastattelukysymysten runko - application for research grant - tutkimuksen aikataulu - tutkimuksen rahoitussuunnitelma - rekisteriseloste
Päätösesitys	Eettinen toimikunta päättää 1. asiasta kokouskäsitelyssä, 2. periä lausuntomaksuna 0 euroa (STM:n asetus 46/2012, 1 § 3 mom.).

Päätös	<p>Toimikunta katsoo, että tutkimussuunnitelma ja sen liiteasiakirjat noudattavat lääketieteellisestä tutkimuksesta annetun lain (488/99 myöh. muutoksineen) ja asetuksen (986/99 myöh. muutoksineen) säännöksiä, tietosuoja-säännöksiä sekä niitä lääketieteellistä tutkimusta ja tutkimuspotilaiden asemaa koskevia kansainvälisiä velvoitteita, joita ihmiseen kohdistuvalta lääketieteelliseltä tutkimukselta edellytetään.</p> <p>Eettinen toimikunta pitää tutkimussuunnitelmaa eettisesti hyväksyttävänä ja päättää</p> <p>1. antaa siitä puoltavan lausunnon. Toimikunta kuitenkin edellyttää, että asiakirjoihin tehdään seuraavat korjaukset:</p> <ul style="list-style-type: none">- lisäämään tiedotteeseen lauseen tutkimuksen vapaaehtoisuudesta "Tutkimuksesta kieltäytyminen tai sen keskeyttäminen ei vaikuta mitenkään muuhun lapsenne saamaan hoitoon."- lisäämään tiedotteeseen tutkijoiden (ohjaajien) yhteystiedot (puh.nro)- lisäämään suostumusasiakirjaan tutkittavan henkilötunnuksen- poistamaan tiedotteesta lauseen "Tutkimukseen liittyvät valitukset voitte osoittaa HUS:n eettiselle toimikunnalle."- selventämään miten nauhat hävitetään (rekisteriseloste ja tutkimussuunnitelma) <p>Päätöstä koskeviin asiasisällöllisiin kysymyksiin vastaa tarvittaessa esittelijä.</p> <p>2. periä lausuntomaksun esityksen mukaisesti.</p>
Korjausten/selvitysten toimittaminen	<p>Toimikunnan esittämiin korjauspyyntöihin tulee vastata kohta kohdalta. Tehtyjen muutosten tulee näkyä selkeästi muutetuissa asiakirjoissa. Lisäykset tekstiin tehdään tummennetulla vinotekstillä ja tekstin poistot joko yliviivaten tai harmaapohjalla. Tekstiin tehtyjä muutoksia, lisäytyä ja poistettua tekstiä, ei saa merkitä sivujen marginaaliin esimerkiksi tekstinkäsittelyohjelman "näytä korjaukset" ("track changes") -toiminnon perusasetuksia käyttäen.</p> <p>Korjaukset pyydetään toimittamaan kahden kuukauden kuluessa. Liitteenä on toimitettava kopio pöytäkirjanotteesta, johon tehty korjaus/selvitys perustuu.</p> <p>Näitä korjauksia ei tarvitse toimittaa enää toimikuntaan käsiteltäväksi vaan ainoastaan esittelijän hyväksyttäväksi osoitteeseen: Päivi Luukkainen, LNS, PL 281, 00029 HUS</p> <p>Eettisen toimikunnan antamasta lausunnosta ei voi valittaa. Jos eettisen toimikunnan lausunto on kielteinen, toimeksiantaja voi saattaa asian uudelleen eettisen toimikunnan käsiteltäväksi. Alueellisen eettisen toimikunnan on toimeksiantajan pyynnöstä hankittava asiasta ennen uuden lausuntonsa antamista valtakunnallisen lääketieteellisen tutkimuseettisen toimikunnan lausunto (Tutkimuslaki 488/1999 myöh. muutoksineen).</p> <p>Maksuvelvollinen, joka katsoo, että maksun määräämisessä on tapahtunut virhe, voi vaatia oikaisua. Oikaisuvaatimusohje on liitteenä.</p>
Lisätietoja	<p>Esittelijä Päivi Luukkainen, p. 09 471 73777, 050 427 2488 Toimikuntas sihteeri Piia Paavilainen, p. 09 471 72776, 050 427 9493</p>

OIKAISUVAATIMUS LAUSUNTOMAKSUA KOSKEVAAN PÄÄTÖKSEEN

Oikaisuvaatimusoikeus Eettisen toimikunnan tutkimussuunnitelmasta tai sen muutoksesta määräämään lausuntomaksuun voidaan hakea oikaisua. Oikaisuvaatimuksen saa tehdä se, johon päätös on kohdistettu tai jonka oikeuteen, velvollisuuteen tai etuun päätös välittömästi vaikuttaa (asianosainen). Kuntayhtymän viranomaisen päätöksestä saa tehdä oikaisuvaatimuksen myös kuntayhtymän jäsenkunta ja sen jäsen.

Oikaisuvaatimus tehdään kirjallisena.

Oikaisuvaatimuskielto Oikaisuvaatimusta ei saa tehdä päätöksestä, joka koskee päätöksen valmistelua tai täytäntöönpanoa, oikaisuvaatimuksen johdosta tehtyä päätöstä, eikä päätöksestä, johon haetaan muutosta muun lain nojalla.

Tutkijalla tai muulla asianosaisella taikka kuntayhtymän jäsenkunnalla tai sen jäsenenellä ei ole oikeutta vaatia oikaisua eettisen toimikunnan antamaan lausuntoon. Mikäli eettisen toimikunnan lausunto on kielteinen, tutkija voi kuitenkin saattaa asian uudelleen asianomaisen eettisen toimikunnan käsiteltäväksi. Eettinen toimikunta on tällöin velvollinen pyytämään asiasta valtakunnallisen lääketieteellisen tutkimuseettisen toimikunnan (TUKIJA) lausunnon.

Oikaisuvaatimusviranomainen

Eettisen toimikunnan lausuntomaksua koskevasta päätöksestä oikaisuvaatimus tehdään HUS:n hallitukselle.

Oikaisuvaatimusaika

Oikaisuvaatimus on tehtävä 14 päivän kuluessa päätöksen tiedoksisaannista. Asianosaisen katsotaan saaneen päätöksestä tiedon, jollei muuta näytetä, seitsemän päivän kuluttua kirjeen lähettämisestä, saantitodistuksen osoittamana aikana tai erilliseen tiedoksisaantitodistukseen merkittynä aikana. Kunnan jäsenen katsotaan saaneen päätöksestä tiedon, kun pöytäkirja on asetettu yleisesti nähtäväksi.

Tiedoksisaantipäivää ei lueta oikaisuvaatimusaikaan. Jos oikaisuvaatimuksen viimeinen päivä on pyhäpäivä tai muu sellainen päivä, jolloin virastossa ei työskennellä, oikaisuvaatimuksen saa toimittaa ensimmäisenä sen jälkeisenä arkipäivänä.

Oikaisuvaatimuksen sisältö

Oikaisuvaatimuksessa on ilmoitettava

- oikaisuvaatimuksen tekijän nimi ja kotikunta
- postiosoite ja muut yhteystiedot, johon asiaa koskevat ilmoitukset voidaan toimittaa
- päätös, johon haetaan oikaisua sekä
- miltä osin päätökseen haetaan oikaisua ja mitä muutoksia siihen vaaditaan tehtäväksi ja oikaisuvaatimuksen perusteet.

Oikaisuvaatimuksen hakijan tai hänen laillisen edustajansa taikka asiamiehen on omakätisesti allekirjoitettava oikaisuvaatimus. Jos oikaisuvaatimuksen hakijan puhevaltaa käyttää muu kuin muutoksenhakija itse, on oikaisuvaatimuksessa mainittava myös tämän henkilön nimi, kotikunta, postiosoite ja muut yhteystiedot, johon asiaa koskevat ilmoitukset hakijalle voidaan toimittaa.

Oikaisuvaatimuksen toimittaminen

Asianosaisen tai hänen valtuuttamansa henkilön on toimitettava HUS:n hallitukselle osoitettu oikaisuvaatimus keskuskirjaamoon.

HUS keskuskirjaamo
Osoite: PL 100, 00029 HUS
(käyntiosoite: Stenbäckinkatu 9, Helsinki)
Puhelin: (09) 4711 (vaihde)
Suora puh. 050 428 7837 tai 050 428 7838
Telekopio: (09) 471 75600
Asiointi sähköpostilla keskuskirjaamo@hus.fi
Asiakaspalveluaika arkisin klo 8.00-15.30

Oikaisuvaatimus on jätettävä niin ajoissa, että se ehtii perille oikaisuvaatimusajan viimeisenä päivänä ennen sairaanhoitopiirin kirjaamon aukioloajan päättymistä. Omalla vastuulla oikaisuvaatimuksen voi lähettää postitse, lähetin välityksellä tai faksilla taikka sähköpostilla.

Sähköpostilla saapuneen oikaisuvaatimuksen katsotaan tulleen perille määräajassa, mikäli se on viranomaisen käytettävissä tämän vastaanottolaitteessa ennen määräajan päättymistä. Tarvittaessa voidaan oikaisuvaatimuksen tekijää pyytää toimittamaan sähköpostilla saapuneesta oikaisuvaatimuksesta alkuperäinen allekirjoitettu kappale, mikäli on syytä epäillä asiakirjan aitoutta, eheyttä ja muuttumattomuutta (laki sähköisestä asiainnista viranomaistoiminnassa 13/2003).

Appendix B

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.

1. Eija Metsälä

RT, PhD, Principal Lecturer

Degree programme of radiography and radiotherapy
Helsinki Metropolia University of Applied Sciences
Mannerheimintie 172 Po Box 4033
00300 Helsinki, Finland

Mobile: +358503478177

Email: Eija.Metsala@metropolia.fi

2. Leena Hannula

Principal Lecturer, PhD

Faculty of Health Care and Nursing
Helsinki Metropolia University of Applied Sciences
PO Box 4030, FI- 00079 Metropolia, Finland

Tel +358 20 783 5637

Mobile +358 40 334 1685

Email leena.hannula@metropolia.fi

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. maisteriohjelmaan liittyvä opinnäytetyö. Tutkimusta ohjaavat Metropolia ammattikorkeakoulun terveystieteiden 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 keskustellaanäkemyksistänne ja kokemuksistänne 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 tuhoaan poistamalla pehmeä kopioida tiedostoja ja fyysisesti tuhoata kova laitteet (CD) käytetään tallentaa tiedostoja.

Luettuanne tämän tiedotteen, opinnäytetyön suorittaja Amil Kusain Tan Jr. keskustelee 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 .

1. Eija Metsälä

RT, PhD, Principal Lecturer

Degree programme of radiography and radiotherapy
Helsinki Metropolia University of Applied Sciences
Mannerheimintie 172 Po Box 4033

00300 Helsinki, Finland

Mobile: +358503478177

Email: Eija.Metsala@metropolia.fi

2. Leena Hannula

Principal Lecturer, PhD

Faculty of Health Care and Nursing
Helsinki Metropolia University of Applied Sciences
PO Box 4030, FI- 00079 Metropolia, Finland

Tel +358 20 783 5637

Mobile +358 40 334 1685

Email leena.hannula@metropolia.fi

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 osallistuvalle.

Tutkijan
nimi:

Tutkijan allekirjoitus: Päivämäärä:

Appendix C
Hospital Permit

Appendix D

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?

Appendix E

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:

Sairaalajakson 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?