

# A visualisation of the Cliniclowns clic: A pilot study about the assessment of psychological effects of the performance of hospital clowns on sick children

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON34120

### Source

ToetsingOnline

### Brief title

The assessment of the effects of hospital clowning on sick children

### Condition

- Other condition

### Synonym

(not applicable)

### Health condition

allerlei stoornissen, het gaat om zieke kinderen zonder nadere specificatie van de ziekte

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Universiteit Utrecht

**Source(s) of monetary or material Support:** Stichting Cliniclowns (funding in natura)

## Intervention

**Keyword:** Assessment, Hospital clowns, Sick children, Video analysis

## Outcome measures

### Primary outcome

An evaluation of the validity of measures used in this study.

### Secondary outcome

Behavioural and experiential data about thirty performances and clown-child interactions will be collected.

## Study description

### Background summary

Hospital clowns aim to divert sick children from their illness and the hospital environment. In The Netherlands, many hospital clowns sharing these aims work at the Cliniclowns Association (Stichting Cliniclowns). These hospital clowns perform in a children's hospital setting, usually at the child's hospital bed. A lot of anecdotal material has been gathered about the positive effect of hospital clowns on children's well-being. However, empirical evidence about these effects is rare. One line of research has shown that hospital clowns may reduce anxiety in children ahead of an operation. Another line of evidence comes from descriptions of opinions about hospital clowning from the perspective of children, hospital clowns, parents and hospital staff. These studies have shown that although a number of parents and hospital staff dislike clowns, the general opinion of hospital clowning is positive. However, emotional and behavioural data on responses of the children are unavailable so far. Basic requirements for hospital clown pairs have been investigated in Sweden. These are empathic readiness and a balance between verbal and non-verbal behaviors in clowns<sup>6</sup>. To be able to draw conclusions about possible effects, it is important to develop measures that could give us a valid

impression of these effects. It will be interesting to see how the children's responses can be effectively measured, how hospital clowns operate and how basic elements in their performances may possibly affect the psychological states of children referred to a children's hospital.

## **Study objective**

The primary objective of this pilot study is to find out how the effects of hospital clowning on children's emotions and behaviours may be measured in a valid way. A secondary objective of this study is to get a first impression of behavioural interventions hospital clowns use and how the child responds behaviourally and emotionally to these interventions.

## **Study design**

Because there are so few studies focusing on the actual child-clown interaction, we decided to use a qualitative design focused on behavioral observations of hospital clowns and children. The state of the art in this research domain does not allow for randomized controlled trials yet. This study will contain 5-10 minute performances by the hospital clowns, videotaping and questioning the child, their parent(s), the hospital clowns and pedagogical assistants. This procedure, triangulation, will increase the validity of the study. The setting of the study will be the children's hospital. The procedure is aimed at capturing a number of psychological variables around thirty performances of clown pairs for sick children in a children's hospital. The first step in the procedure is to inform the children and their parent about the aims and procedures of the study. It will be explained to them that questionnaires will be administered and that video recordings of the child will be made. After informed consent the parent will be asked to read and sign the informed consent form. After consent, demographic data (age, gender, type of illness) will be collected. The parent will be asked to be supportive of the child during the performance.

In this study questionnaires and video recordings will be used. The questionnaires are aimed at measuring the child's mood, illness experience and impact of the performance. Children, their parent, hospital clowns and pedagogical assistants are involved in questionnaire administration. This is done to ensure triangulation, a procedure aimed at optimizing validation in qualitative studies. Six time points are used in the study. At breakfast (t0), lunch (t4) and dinner time (t5) the child's mood will be assessed by the pedagogical assistant. Self-reported mood and illness experience will be measured right before (t1) and right after (t2) the performance. These measurements will be repeated one week after the performance.

(t6). Impact of the performance is measured by asking the children right after the performance (t2) how they experienced it. Also, they will be asked what the clowns did and which parts of the performance the child appreciated best or worse. This measurement will be repeated one week later. To measure the child's distraction a colored card will be clipped onto one of the cameras that is in sight of the child. One week after the performance the child will be asked whether it noticed the card and whether it memorized the color of the card. To crossvalidate the child's questionnaire responses, the parent present at the performance is asked to assess the child's mood and illness experience at t2 and t3 and also to describe the impact of the performance on the child at t3. The clown pair will be asked what impact they thought the performance had, what responses they saw in the child and how these responses affected them. Also, they will be asked about the techniques they used and their appreciation of the performance.

To describe the interaction between clown pairs and children fully, performances will be videotaped with three cameras. One camera is directed at the child to record his or her responses; a second camera is directed at the clowns to record their performance and a third camera is used to record the overall scene, including the child and the clown pair. The cameras will be synchronized. Afterwards, a split-image recording will be created allowing simultaneous viewing of the recordings made by three cameras. To further analyze the impact of the performance on the child, the videos will then be analyzed with regard to the emotional responses (facial expression, movement) of the child, the eye contact they made with the clowns and the physical distance between clown and child. Eye contact is a good indicator of emotional involvement. Speaking during eye contact is an indicator of active emotional involvement, whereas listening during eye contact and avoiding eye contact show average and low involvement, respectively. Eye contact can be measured systematically using specific observation software (Observer by Noldus). Variation in physical distance between clowns and child could indicate how clowns adapt their behaviors in response to the child.

### **Study burden and risks**

Since performances of hospital clowns are aimed at pleasure and diversion, it is expected that the study will have no specific burdens or risks for the child involved. Children may be nervous because of the realization that they are videotaped, but test trials have shown that when well prepared, the child gets used to the cameras and feels at ease with them.

## **Contacts**

**Public**

Universiteit Utrecht

Heidelberglaan 1

3584 CS Utrecht

NL

**Scientific**

Universiteit Utrecht

Heidelberglaan 1

3584 CS Utrecht

NL

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

**Age**

Children (2-11 years)

### Inclusion criteria

Children referred to a children's hospital who will be amused by hospital clowns

### Exclusion criteria

Children who are too ill to be visited by hospital clowns, children younger than 4 and older than 11

## Study design

## Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 15-09-2010

Enrollment: 68

Type: Actual

## Ethics review

Approved WMO

Date: 13-09-2010

Application type: First submission

Review commission: METC NedMec

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
Other	ABR32876

**Register**

CCMO

**ID**

NL32876.041.10