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A Theoretical Perspective on Laughter Therapy for Empty Nest Syndrome: Insights from Weidenbach's Clinical Nursing Framework

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ABSTRACT

Empty Nest Syndrome is a psychological disorder that causes loneliness, despair, and anxiety in older people whose children have left home. Wiedenbach's Helping Art of Clinical Nursing Theory provides a strong framework for assessing therapeutic interventions such as laughing therapy. It emphasises the nurse's role in recognising and fulfilling patients' individual needs. This review summarises current research on laughter therapy, explores at how it helps with empty nest syndrome, and evaluates how it integrates within Wiedenbach's theoretical framework to improve mental health in older people.

Keywords: Laughter therapy, Empty Nest Syndrome, Weidenbach Theory, Elderly, Nursing Theory

INTRODUCTION

When the children move away, older people experience empty nest syndrome, which exacerbates emotions of loss and loneliness. This emotional disturbance frequently emerges as anxiety, depression, and a decline in quality of life. The increased occurrence of empty nest syndrome highlights the necessity of effective therapeutic measures. Using humour to improve emotional and psychological well-being, laughter therapy has promising results. With its emphasis on individualised care, Wiedenbach's Helping Art of Clinical Nursing Theory offers

a useful framework for assessing the efficacy of laughter therapy in treating empty nest syndrome. The present article examines Wiedenbach's theory in relation to laughter therapy and provides insights into how it may enhance the mental well-being and quality of life of elderly.

Wiedenbach's "Helping Art of Clinical Nursing" Theory emphasizes nursing art, which is a process that includes recognizing a patient's needs, choosing the best plan of action, and implementing that plan of action to suit the patient's requirements. The theory's foundation is the idea that nursing is an art form that is shaped by an individual nurse's philosophy, objectives, and practical judgment. There are three main parts to it: the central purpose, the prescription, and the realities.¹

- **Central Purpose:** The nurse's primary purpose in providing care is to help the patient overcome barriers that prevent them from meeting their needs.
- **The Prescription:** a personalised course of action aimed to meet the unique requirements of the patient and advance health and wellbeing.
- **The Realities:** Nursing activities are influenced by various factors, such as the care environment, nurse abilities, and patient situations.

According to Wiedenbach's philosophy, nursing care must be personalised so that interventions can adapt to the patient's unique needs and circumstances.²

APPLICATION OF WIEDENBACH'S THEORY TO LAUGHTER THERAPY FOR EMPTY NEST SYNDROME

Elderly people with empty nest syndrome can benefit from laughter therapy when Wiedenbach's framework is used. The following are the ways in which each theoretical element is compatible with the use of laughter therapy:

Central Purpose

The main goal of nursing care in the context of empty nest syndrome is to enhance the psychological health and quality of life of elderly people by reducing their feelings of isolation, hopelessness, and anxiety. Laughter therapy contributes to this objective by offering an engaging and constructive means of improving mental health and promoting happiness and a sense of togetherness.

The Prescription

According to Wiedenbach's concept, the treatment involves developing a systematic strategy of action that corresponds to the individual requirements of the patient. Regular laughter therapy sessions, humor-based talks, laughter yoga, and group activities that promote shared laughter, are the activities that are effective for older adults with empty nest syndrome. The goal is to establish a nurturing atmosphere where individuals can obtain mental wellness through the healing power of laughing.

The Realities

Understanding the special circumstances of elderly people, including their physical health, cognitive ability, social support networks, and their social environment, is essential for implementing laughing therapy for empty nest syndrome into practice. In order to make laughter therapy accessible, pleasurable, and beneficial for every patient, nurses must take these aspects into account when planning and implementing the intervention. Positive results depend heavily on the nurse's ability to modify the therapy to meet the patient's specific needs.

EVALUATING THE EFFECTIVENESS OF LAUGHTER THERAPY THROUGH WIEDENBACH'S FRAMEWORK

A methodical framework for evaluating the efficacy of laughing therapy in treating empty nest syndrome is provided by Wiedenbach's theory:

Psychological Comfort and Well-being

It has been demonstrated that laughter therapy enhances psychological comfort by alleviating feelings of loneliness, anxiety, and sadness. Research suggests that consistent participation in laughter therapy might result in substantial enhancements in emotional state, heightened interpersonal communication, and an optimistic perspective on life.³ These results are consistent with the main goal of Wiedenbach's theory, which is to improve the patient's capacity for comfort and wellbeing.

Social Engagement and Support

Individuals with empty nest syndrome benefit most from the social element of laughter therapy since it fosters interpersonal relationships and the growth of a network of support. Laughter

therapy assists with confronting the sociocultural realities of empty nest syndrome by creating a feeling of community and belonging, providing senior citizens the social support they require to adjust to their changing conditions.

TRANSLATING RESEARCH INTO PRACTICE: IMPLEMENTING EVIDENCE-BASED LAUGHTER THERAPY

Evidence-based strategies designed specifically for elderly population with empty nest syndrome are needed to implement Wiedenbach's theory in clinical practice. Studies reveal that therapies that elicit laughter have a good effect on a range of health outcomes, such as mental and physical health.⁴ It might be very beneficial to include simulated laughter techniques into conventional healthcare settings. However, proper application necessitates substantial training and competence, just like other medical interventions. Gaining an extensive understanding and hands-on experience with these techniques is necessary for their efficient utilisation.⁵ Laughter therapy integration techniques include:

Developing Laughter Therapy Protocols

Developing defined protocols for laughter therapy, including specific activities, sessions, frequency, and methods for measuring patient outcomes, is vital for ensuring intervention effectiveness. The guidelines should be prepared based on a person's preferences, socioeconomic situation, and health status.⁶

Training for Healthcare Professionals

Successful integration of laughing therapy into clinical practice requires training nurses and other healthcare professionals with the fundamental principles of Wiedenbach's theory and its application. The value of providing individualized care and the application of humour as a therapeutic tool need to be emphasized in this training. It should also cover methods for analysing the effects of laughing therapy on patient outcomes and integrating it into a variety of clinical settings.

Evaluating Outcomes and Adjusting Interventions

The efficacy of laughter therapy must be determined by routinely assessing patient outcomes, including mood, social interaction, and quality of life assessments. Continuous improvement

in care can be ensured by adjusting interventions based on these evaluations that better meet the needs of the patient.⁷

DISCUSSION

Empirical evidence supports the integration of laughing therapy with Wiedenbach's Clinical Nursing Framework for elderly individuals experiencing empty nest syndrome. Yoshikawa et al. (2019), for instance, showed the physiological and psychological benefits of laughter therapy, such as lowered blood pressure, heart rate, and stress markers, elevated serotonin levels, and enhanced sociability.⁸ In the same way, a study conducted in Shiraz, Iran, discovered that laughter therapy significantly improved overall health by resolving anxiety, insomnia, and physical symptoms.⁹

According to Irfan and Rahul (2023), there has been a significant decline in the mean stress scores of elderly residents in assisted living facilities.¹⁰ A study conducted in 2022 with one hundred volunteers indicated that laughter therapy was a highly effective way to reduce stress and promote general well-being.¹¹ Furthermore, studies on elderly persons in Turkey have demonstrated that laughter yoga improves psychological resilience, quality of life, and reduces loneliness.¹²

A meta-analysis conducted in 2019 verified that laughter therapy is an effective way to reduce depression and anxiety while enhancing sleep quality. Depression was particularly well-relieved by long-term therapies, which emphasises the need for greater quality research.¹³ This was confirmed by an Iranian study (2018) on retired women, which showed that laughter yoga significantly decreased anxiety and depression ($p < .001$).¹⁴

Although people aged 60 and above generally benefit from laughter therapies, certain studies highlight the challenges in determining precise cause-and-effect relationships. These constraints include inadequate laughter measurement and confounding variables. Future studies should aim to quantify and monitor laughing more precisely for accurate results.¹⁵

CONCLUSION

Wiedenbach's Helping Art of Clinical Nursing Theory offers an essential framework for evaluating and implementing laughing therapy as a therapeutic intervention for elderly population with empty nest syndrome. Nurses can employ laughter therapy to effectively

improve mental health and overall well-being by resolving practical realities, modifying medications, and focussing on boosting comfort. Wiedenbach's concept should be further investigated in future studies in various therapeutic settings to advance patient-centered, holistic treatment approaches.

Conflict of interest: All authors report no conflicts of interest.

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