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RESEARCH ARTICLE

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'Our role is to listen more than entertain': A qualitative study of techniques used by Laughter Care Specialists with people who have dementia in long-term care

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Abstract

Objectives: This study aimed to describe the techniques that Laughter Care Specialists (LCSs) use to promote engagement of people living with dementia in long-term care.

Methods: Semi-structured interviews were conducted with LCSs ($n = 8$) and analysed inductively using thematic analysis.

Results: The overarching theme was that techniques used to promote engagement reflected ways of valuing personhood. Sub-themes reflect the distillation of techniques according to ways LCSs approach and connect with people and ways that they then engage. When willingness to interact is indicated, LCSs assess environments to individualise their approach. Ways of engaging include creating opportunities to contribute, identity appreciation, reminiscence, enacting generational norms, presence and play. Engagement techniques were described as supporting identity and personhood through techniques that are individualised, supportive, empathetic and gentle.

Conclusions: Techniques reflect person-centred, strengths-based approaches that attempt to meet psychosocial needs of persons living with dementia and highlight ways of valuing people living in long-term care.

KEYWORDS

dementia, long-term care, MesH terms, psychosocial intervention

1 | INTRODUCTION

Dementia is the leading cause of disease burden among Australians (aged greater than 65 years), and rates are expected to double over the next 30 years. Of people residing in long-term care, more than half live with dementia.[1] Findings from the Royal Commission into Aged Care Quality and Safety revealed numerous examples of substandard care that 'depersonalises older people' contributing to suffering. Factors including understaffing, high

turnover and insufficient training can result in long-term care staff not meeting the complex needs of residents with dementia.[2] Needs include meaningful activity, stimulation that alleviates boredom, social interaction and support to combat loneliness, and feeling comfortable.[3] When such needs are not adequately met, residents may display responsive behaviours such as depression, agitation, anxiety and aggression.[4,5] The term 'responsive behaviour' rather than 'behavioural and psychological symptoms of dementia' (BPSD) is increasingly being used to highlight these as the result of unmet needs that should be met.[4] It is recommended that responsive behaviours are treated with non-pharmacological interventions initially,[6] as these have few adverse effects and can target underlying causes in the form of unmet needs.[3]

Humour therapy is a type of non-pharmacological intervention used with residents in long-term care to improve social engagement and quality of life.[7] In international literature, humour therapy has been defined as person-centred, non-pharmacological approaches to promoting health and wellness 'by stimulating a playful discovery, expression, appreciation of the absurdity or incongruity of life's situations which may enhance health or be used as complementary treatment to facilitate healing/coping, whether physical, emotional, cognitive, social, spiritual'.[8] Therapeutic clowning is one type of humour therapy delivered by a professional performer trained to work with a particular population.[9] Such programs initially involved paediatric populations[10] and have since been adapted to older adult populations by various international organisations. Depending on geographic region and provider, terms used to describe the performer are elder clown (Australia, Canada), relational or therapeutic clown (Canada) and medical clown (Israel). Internationally, these performers who are working with older people wear a red-nose, no theatrical make-up and 1940–1950s-era costuming[9] that is intentionally understated to match the softer and subtler performances in this population compared to a traditional clown. In Australia, Laughter Care™ is delivered by The Humour Foundation's Laughter Care Specialists (LCSs), previously referred to as elder clowns, who are formally trained professional performers who have training in working with people with dementia.[11]

Evidence for efficacy of elder clowns in improving outcomes for people living with dementia in long-term care is growing yet limited. The Sydney Multisite Intervention of Laughter Boss and Elder Clown (SMILE) study was a multi-site, cluster, randomised control trial of an elder clown program in 398 participants across 35 Sydney residential aged care facilities (RACFs). It found statistically significant reductions in agitation yet did not improve depression, the main outcome of interest.[12] Other non-randomised studies have shown statistically significant reductions in responsive behaviours, improvements in quality-of-life[13] and decreased use of psychotropic medications.[14] Other research has commented on the potential of elder clowning to support outcomes such as increased socialisation, sense-of-self and creativity.[15] Variation in study designs and outcomes have challenged understanding of which elder clown techniques are most effective. Delineating these techniques may provide a first step towards understanding heterogeneity among results. Furthermore, there has been no study of elder clown techniques reflecting Australian approaches. This study aimed to qualitatively explore the techniques that elder clowns use to promote engagement of people living with dementia in Australian long-term care. Hereafter, we refer to these practitioners as Laughter Care Specialists (LCSs).

Practice impact

This paper demonstrates alignment between Laughter Care and Australia's Strengthened Aged Care Quality Standard 1 ('the person'), due to come into effect with the new Aged Care Act. Our study reveals engagement techniques useful for valuing the personhood of residents with dementia even at advanced stages of cognitive decline.

2 | METHODS

2.1 | Study design

This qualitative design was underpinned by social constructionism, wherein meaning is created through interaction between the participant and interviewer.[16] Interpretive description was used to explore meanings and explanations that may yield implication for practice.[17] Participants were LCSs who deliver this program at metropolitan and regional long-term care homes (with 61–100 places) in New South Wales and Victoria, Australia. Participants were sampled purposively[18] whereby invitations to participate were distributed to all 16 elder clowns via The Humour Foundation email listserv. Two subsequent email reminders sought additional participation over the study period after which refusal was assumed.

2.2 | Ethics

Ethics approval for this study was granted by the University of Technology Sydney Human Research Ethics Committee (ETH21-6698). Written informed consent was obtained from participants prior to interviews.

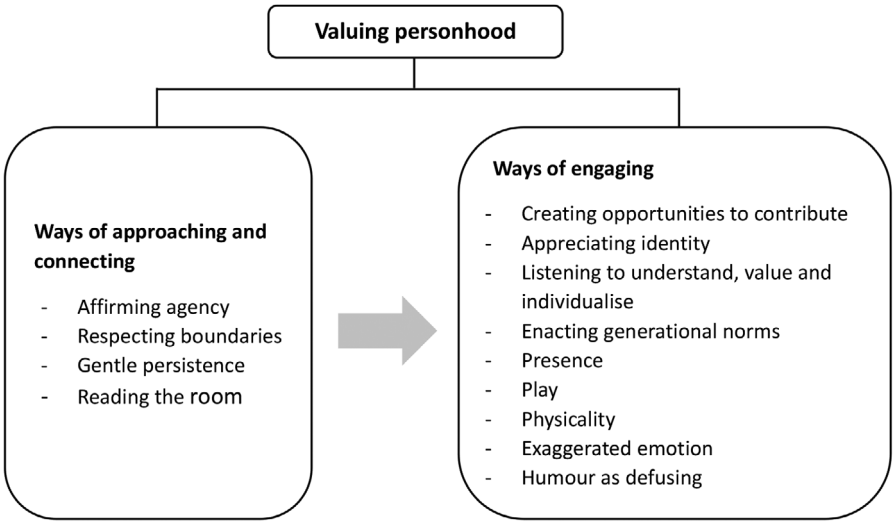

FIGURE 1 Themes describing techniques used by LCSs to engage with persons living with dementia in long-term care.

2.3 | Data collection

Participants completed 1-hour, in-depth, semi-structured interviews using videoconferencing between June and September 2022. Interviews were recorded for transcription purposes and used to elicit the experiences of LCSs as practising experts in their field. The interviewer was an experienced female qualitative researcher with a background in psychology and no prior relationship with participants. Interview questions were pilot-tested prior to study commencement and centred on perceptions of elder clowning principles, techniques, goals for interactions and ways interactions are shaped by long-term care residents with dementia. Participants were also asked to outline their role, how they prepare for a visit and about their perceptions of resident responses. Concurrent data collection and analysis enabled awareness of the information-rich quality of transcripts. Upon slowed recruitment after reaching a 50% response rate ($n = 8$), in-depth analysis signalled that sufficient 'information power' had been reached given the narrow aims of the study, richness of data and sample specificity. Information power indicates that the more relevant information a sample provides for a study, the fewer participants it requires.[19]

2.4 | Data analysis

Participants' names were replaced with pseudonyms, and transcripts were analysed using inductive thematic analysis.[20] An inductive approach was undertaken due to lack of frameworks and the diverse disciplines that describe clowning techniques. Two analysts read transcripts and began coding independently using NVivo 12.[21] They double-coded a subset of data to generate initial descriptive codes and clarified any discrepancies in interpretation. These codes formed an initial framework of categories and sub-categories. One researcher then coded the remaining interviews. Categories and subcategories were discussed and clarified. Both analysts developed potential themes that were continually refined through iterative analysis. The larger multidisciplinary team provided an additional round of review and discussion of themes to mitigate potential bias. Analytical summaries were sent to participants for member checking.[22] Two participants responded affirming the summary but did not request changes.

3 | RESULTS

Eight interviews were conducted with five women and three men who had worked as LCSs for an average of 7 years (range 5–10 years). Participants were White Australians who ranged from 40 to 50 years of age. Five participants had prior experience with therapeutic clowning in paediatrics before training to work with older people. LCSs were typically contracted to attend a long-term care home once per week for 2–3 h in duration. They commonly visited the same long-term care home over years so had developed familiarity with sites, residents and staff. Although some long-term care homes sometimes asked LCSs to visit groups of residents in communal areas, their core activity was visiting residents individually in their rooms for an average of 10–12 min each week. LCSs visited residents in response to staff request (e.g. people with few visitors or perceived to be withdrawn or depressed) or based on previous visits.

TABLE 1 Supporting quotes.

Themes and *sub-themes*	Quotes
Ways of approaching and connecting	"I usually sit down next to them so I'm quite close... and I might talk to them about a photo that they've got in their room. Or, I quite often look out the window and I'll talk about the weather and the garden. Just sort of gentle, really gentle, really slow, and I kind of wait to see if anything gets a little flash of recognition." (Jackie 5 years' experience)
	"Because I'm amplifying the expressive range and the attention, my eye contact is really good. I'm slowing things down. I'm really connected. I'm really relaxed in my own presence." (Joe 10 years' experience)
Affirming agency, respecting boundaries, and gentle persistence	"I remember I went past this French man and [staff had] went, oh, 'he can be a bit – we don't have much success' and I've gone, 'I'll try.' I've gone to his door and gone, 'Bonjour Monsieur,' and he told me in French to stick it up my arse. I've gone, 'Not a problem Monsieur.' And I thought, you know what, I'll keep coming back and if you keep coming back little by little, you can win them over, you can win them over if they see what you do with other people...So, you take the satellite approach. You get a little, but I only had one visit with him, but it was beautiful, and you have to respect that, he has the power and you go, yes, you have the power." (Frank 5 years' experience)
	"And sometimes they don't talk, they're non-verbal, so it's just a feeling that you get. I always give them lots of space because they might sort of have a feeling about me because they recognise me with the red nose or something about me." (Nancy 6 years' experience)
	"There's another bloke who particularly didn't want to have much to do – 'I'm fine, thanks.' 'Okay.'... he would never talk to me... And over a period of time and he's into rugby...I say to him, 'We were robbed.' Now he would talk to me a bit about rugby and then it's getting more and more." (Tyler 5 years' experience)
Reading the room: just see where people are at	"You can over-prepare sometimes because you've got to play the cards as they lay, because every visit is very different. You can play an outcome up in your head and it's not going to be the same... You have to pivot, you can't go in going, I'm going to do this, because it's not going to happen." (Frank 5 years' experience)
	"I have to make sure all the time that I'm looking, because it's all about the looking, it's all about how they're responding. So, it changes you in that you are the craft of this clowning. You have to be responsive to what's happening so, changing all the time, you're like a vessel." (Nancy 6 years' experience)
	"I would just improvise with whatever the person's doing, for instance. So, if they're looking at paper, I'll just go in and read what it says, and I'll ask them something in relation to the heading or I'll presume their relationship to that heading. So, the principle of actually going with whatever they're already engaged in, not trying to necessarily distract them." (Shane 6 years' experience)
Ways of engaging *Creating opportunities to contribute*	"I go, 'what are those plants outside, I know those plants but I can't remember. Mum had these and she grew a lot of them,' and he went, 'They're geraniums, mate.' 'Geraniums, you're right, mate, thank you.' He's given me information and I've thanked him, then he feels a bit better about himself, and then we discussed – I said, 'Well, because what I've got at my house, I've got a pole, you can get, I want to train the geraniums up the pole and I'm not sure whether I should use' – and I'm just fishing...and I'm gazing out at the problem like two blokes sort of look at a problem and go, 'I don't know how we're going to fix this damn thing', and of course, in the end he went, 'oh, maybe you should use some sort of mesh'. I went, 'good idea, chicken wire, great, alright', and so we solved the problem together." (Frank 5 years' experience)
Appreciating identity	"She's really interested in or he's really interested in potatoes... Maybe there's some information we can look up together about potato farming or maybe there's something on the person's file where we can find out a little bit more about background. So all that sort of stuff. And again, with the pre-briefing sometimes I'll come in when we did do that, I'll say, oh look, there's these weird potatoes. We should get pictures of potatoes and put them together for this guy and ask his opinion about them or we do something, plan something that relates to that specific person that we could have fun with. It's a bit more on the fly at the moment." (Robyn 7 years' experience)
	"One bloke will be a gun shearer, like he won the shearing, the world championship shearing contest, beat the New Zealanders. And it's like, 'You beat the Kiwis?' Because they've been winning it hands down all the time. And he had an Australian jacket on the wall mounted. He was a farmer, shearer and stuff like that. And he's so wonderful, every time I see him in Sydney, he's just a beautiful welcome. It's like he lights up smiles. 'Oh, it's great to see you, oh, it's great to see you.' And I go in and visit him." (Tyler 5 years' experience)

TABLE 1 (Continued)

Themes and *sub-themes*	Quotes
Listening to understand, value, and individualise	"Well, this week he sat and talked to me about his life, and it has taken probably 6 weeks to get to that level. And he must have talked to me for at least 10, 15 min. And I just listen to him... it was a really lovely moment for me, I'm just going, wow, it has taken him that long to get to this point. So, the thing is for me is not to rush things, to take my time...And that's what they need, they need people to listen...And I think that's our role is to listen more than entertain." (Tyler 5 years' experience) "I have a 101-year-old lady who wants to die. She's just been wanting to die for ages. And I just go in and she tells me things that she can't tell the staff. She's just falling, she's just crumbling, she's so fragile. And she just moans. And I just listen to her and tell her how beautiful she is. And that you can't make a booking. They're not taking any more reservations because there's so many people wanting to die. We just talk about death in a way that probably a lot of people don't talk to her." (Jackie 5 years' experience)
Enacting generational norms	"I still had an amazing thing happen where this gentleman who when I come in, he would look at me and walk out straight away the first time. The second time he looks at me and stands for a bit longer and then walks out... and he starts to go, 'All right, good day, I'm not interested.'... Now I do a lot of the old-time music that they all sing along to, but those two songs are Australian songs and they're iconic...he would listen to those songs." (Tyler 5 years' experience)
Presence	"You can see from your audience by looking at people's eyes what's going on. And if I've got someone who's just can't even talk, can't even move, I can see in their eyes they're hearing. And there's a lady that I actually held her hand because I know she's hearing, she's so frustrated that she's stuck in this shell. But I just try to make just some sort of contact. And if that's just eye contact....sometimes I just go and sing to them because maybe they can hear, you don't know. And I just sing 'Goodnight Irene' or whatever." (Tyler 5 years' experience)
Play	"It's amorphous really because we're not really doing or achieving anything, but we're talking or connecting... we reach the end of them telling a story or if we're being more playful it's once we're all laughing and we've had a jolly good time and we'll take that breath, 'Well, that was fun.'" (Robyn 7 years' experience)
Physicality or exaggerated emotion	"I had a woman who – she went from tub chair into the bed and she just laid there and every week I'd walk in and she'd go, 'Buddy, how naughty have you been this week?' I went, 'You have no idea.' Then I'd tell this story about how I'm trying to be good, but I mucked up and now there's paint all over the house and she'd go, 'I'm going to ring your mum,' and, 'Please don't ring my mum, please don't.' She goes, 'No, I'm going to ring her, I'm going to tell her,' and she bought into this little game." (Frank 5 years' experience)

TABLE 2 Elder Clown tools that meet sensory stimulation needs.

Character	Each elder clown has a backstory, character traits and unique appearance that reflect skills and style of performer; universal traits are friendliness, approachability, being easy to be around, and making others feel good. They present as very low status, they have no power, they are open, curious, empathetic, some say desperate for friends, in need of help and advice
Costume	Core components of elder clown's identity, gives entrée to long-term care; includes red nose, colourful or vintage outfits, sometimes with hat. Apparel signifies elder clown is different from care staff and gives 'licence to play';
Music and dance	Some elder clowns play musical instruments or sing or dance. The elder clown will assess the situation and decide whether the song will be humorous or gentle and soothing
Language	Some elder clowns are multilingual which enables them to communicate with residents whose primary or other language is not English; enacting language etiquette of the 1940s has been well-received
Props	Props can include toys, puppets, balloons, pictures, other objects, some chosen to facilitate sensory stimulation (e.g. soft puppets). Choice of props is usually consequent of past success or new approach

The overarching theme is that techniques used to promote engagement of people living with dementia in Australian long-term care reflected ways of valuing personhood. Our sub-themes reflect the distillation of techniques into (1) ways of approaching and connecting; and (2) ways of engaging (Figure 1). Quotes, in addition to those presented in-text, that reflect themes and subthemes appear in Table 1. Table 2 depicts strategies

used to create the character that facilitates sensory stimulation.

3.1 | Ways of approaching and connecting

While a commonly reported goal of LCS visits is to elevate the mood of a resident, a significant amount of attention was paid to the manner in which they approached these interactions. When making initial contact, LCSs use indirect and non-confronting approaches. Participants described conveying friendliness, openness, empathy, gentleness and warmth, rather than overwhelming the resident with too much energy:

> Making sure that you're very open and neutral so that you are inviting them in ... without having too much going on. Because it just gets too confusing for them... I just have to be gentle in my face, relax my face quite a lot and relax my body...but also present looking like, 'I'm here and it's lovely to see you'.
>
> (Nancy 6 years' experience)

Approaches were also informed by verbal capacity of the resident, which was ascertained by speaking gently and slowly. Ensuring eye contact, facial expression and slowed pace enabled connection.

3.1.1 | Affirming agency, respecting boundaries and gentle persistence

Participants emphasised the need to attempt to support residents' agency regarding their visits. This might involve asking permission to enter a resident's room and waiting for an answer, which gives the resident the choice to accept or decline the LCS's presence:

> I ask, 'I can come in?' I knock, if they've got their name on the door which is really good. And if they're a bit confused or they're not quite sure, I'll just stay at the door until I feel like they're ready or they've said come in, often they say, "Come in, dear, I can't see you, I can't hear you. Who are you?"
>
> (Nancy 6 years)

When a resident refuses, the LCS shows respect for their boundaries and choice. On subsequent weekly visits, the LCS may ask again to visit.

LCSs recognise the importance of engaging with individuals perceived by staff as withdrawn or difficult. People whose primary language is not English may be particularly isolated. The LCS respects the resident's decision-making power. Participants emphasised the importance of giving residents with advanced dementia space when attempting to engage as they may take time to recognise or accept the LCS. Space implies that there are no attempts to hasten or impose interactions, but rather, over time, periodic gentle attempts are made.

3.1.2 | Reading the room: 'Just see where people are at'

A common technique used by LCSs is 'reading the room' or using their perceptive skills to understand the mood of the environment and individuals to calibrate their interaction. Rather than preparing agendas for visits, they perceive what may be appropriate based on the individual and present situation, particularly with residents with advanced dementia, whose cognitive abilities can change over time. Reading the room was used consistently as each visit might require different engagement techniques based on daily needs:

> I just go in and I really just see where people are at. It's completely up to them. I read where they are... I guess when someone laughs when they see you...they're responding to my physicality. And then if they don't want to talk, I'll play music, or I might play something on the phone and I'll dance, really badly.
>
> (Jackie 5 years)

LCSs observe and adapt to resident cues throughout the interaction (e.g. laughter, silence), altering methods as needed, remaining aware and responsive to the unfolding situation. A key facet to 'reading the room' is understanding when to join activities that are already in progress. 'Joining where they are at' was described as a principle of participation when interacting with residents with dementia. If the resident is engaged with an activity upon arrival, rather than distract or interrupt, the LCS may seek to align with the current activity.

3.2 | Ways of engaging

When a resident signals openness to engage with the LCS, a wide repertoire of techniques is drawn upon to tailor to

individual needs and preferences. Participants described this as acknowledging each individual for their identity, past and present, creating opportunities for residents to contribute and be valued. Creating opportunities for residents to contribute was perceived to build their sense of value and personhood.

3.2.1 | Creating opportunities to contribute

LCSs create opportunities for residents to contribute by seeking advice on how to resolve a problem (reflecting a knowledge or skill deficit), such as not knowing how to get a plant to grow up a pole (Table 1). The LCS assumes the role of knowledge-seeker and promotes the resident to knowledge-holder. These interactions aimed to reinforce the resident as someone who has valuable knowledge to contribute, thus acknowledging strengths that may foster self-esteem.

3.2.2 | Appreciating identity

LCSs value personhood by showing respect for a resident's past occupation, role or interests. This may involve focusing on a topic or activity that the person is known to be experienced or interested in. Centring on a role that held prestige, for example, conveys recognition and admiration for that individual, contributing to increased self-esteem:

> We used to have this one chap...he could be very difficult, very cantankerous. But he'd been a doctor all his life and very busy, very successful, but now...He was very helpless, very angry and the staff would get very impatient with him because he could be like nonstop... and often he would be in his workplace in his mind...telling people what to do. So, I started calling him 'Dr Ben' rather than just 'Ben' ... and giving him that position back, that place of respect. And very gradually, everyone in the facility started calling him Dr Ben. And just that recognition of who he been all his life, rather than this person wanting help or upset, it just gave him that little extra "that's who I am" and that people recognise that.
>
> (Kim 7 years)

This technique aims to not only recognise and respect the resident's identity but also meet him where he is in his mind, rather than force him into the current reality of dependence.

3.2.3 | Listening to understand, value and individualise

Participants aimed to impart a sense of value by showing interest in who they are:

> It's really about getting them to feel like they're very special, that I'm visiting them... they're a special person and I'm very interested in getting to know them... I'm a really good friend of theirs that comes regularly to see them and we have fun ...I'm not there to feed them... I'm not there to clean them... we're there to talk, to sing, to muck around, to be silly.
>
> (Kim 7 years)

Participants discussed that listening was a key engagement technique. Many residents wanted someone to talk to, yet willingness may develop over time. Listening was described as an essential part of the LCS role that may help meet residents' needs for social interaction. Genuine curiosity, willingness to listen and patience gave residents space to discuss topics they valued. Through repeated visits, friendships between residents and LCSs can develop wherein the LCS may support residents through physical or cognitive decline and can be a person in which they can confide. Listening to stories of their past is another way LCSs elicit engagement. The LCS may have the resident choose a preferred topic or the LCS will ask direct questions about the past, sometimes inspired by objects in the resident's room, often prompting reminiscing:

> I went around the room 'Oh, there's a picture of you, you're meeting the Queen. How did you meet the Queen?' 'Oh, well, she came out to where I was living, I did a lot of stuff for the community, and they asked if I would get a chair for her'.
>
> (Tyler 5 years)

3.2.4 | Enacting generational norms

LCSs integrate generational etiquette, language and dress into their interactions, as appropriate:

> There's sort of an etiquette with Laughter Care work because they're a different generation and there's lots of 'please' and 'thank you' and there's a lot of 'that's a lovely dress, dear', and all that sort of complimenting is

> really important. And it's really important to be respectful and I curtsy a lot, I say, 'It's delightful to meet you'. I say it very genuinely because they respond really well to that.
>
> (Nancy 6 years)

By adopting such mannerisms and speech, they signal a familiarity that reflects social norms of the era of residents' upbringing. Songs and music from the residents' era were also used to facilitate remembrance, reminiscence and engagement.

3.2.5 | Presence

LCSs reported that being present, without speaking or entertaining, can be an effective engagement technique. Sometimes, LCS will sit with residents, engage in eye contact (if resident is non-verbal), gently touch or hold their hands (with permission) or softly sing.

3.2.6 | Play

Beyond developing rapport and engagement, LCSs described ways of achieving play and laughter during visits, if appropriate, as well as the role of laughter. LCSs perceived themselves as facilitators of play using diverse types of humour such as physicality, acting foolish, surreal humour or through conversation. Creative thinking and humorous conversation can provide opportunities for residents to engage their imaginations in ways that everyday conversation does not always allow.

3.2.7 | Physicality or exaggerated emotion

Strategies to create play were described as dependent on the resident's personality, sense of humour and receptiveness to diverse approaches. Some LCSs attempt to engage residents with physicality or exaggerated emotion:

> Sometimes I will be grumpy, deliberately grumpy about something, and they tend to like that... [I say gruffly,] 'what's that doing there?' So, I get upset about things and they tend to like just a change of scenery.
>
> (Jackie 5 years)

While using unexpected or unconventional mannerisms may help alleviate boredom, some LCSs depict themselves as excessive or dramatic.

3.2.8 | Humour as defusing

LCSs described their role as a way to divert attention from the mundane, seriousness or routine of daily life and to defuse negative emotion or behaviour. The following is an example of how an LCS defused a potentially confronting situation with humour:

> He could get really stroppy, and I was in the middle of a conversation, and one of the care workers walked past and he just screamed at her, "BRENDA MAKE MY BED!" mid-conversation and I absolutely roared with laughter, and I said 'Jerry, that's outrageous, you can't do that!', and then it became a running gag. Every time I would see Brenda, we would scream, 'BRENDA MAKE MY BED!' and it became this kind of thing that then turned it into something funny. And he laughs, he realises it was just a really outrageous thing to do, but it defuses the situation, and it makes her acknowledge that 'alright, I'm being supported here as well.' And we can build a relationship and make it friendlier, not the servitude kind of thing.
>
> (Kim 7 years)

This exemplifies how LCSs aim to use humour to address aggressive behaviour while supporting staff.

4 | DISCUSSION

In seeking to describe techniques that LCSs use with people living with dementia in long-term care homes in Australia, we found a range of engagement techniques that are underpinned by valuing personhood. Personhood is a term that describes the core attributes of a person and reflects status that implies recognition, respect and trust.[23] Person-centred approaches to care have been shown to reduce agitation[24] and neuropsychiatric conditions, and improve quality of life for people with dementia in long-term care.[25]

Persons living with dementia in long-term care define good quality care as that which supports their personhood. They define this as receiving care that appreciates that they are an individual with different preferences who wants to choose meaningful activities in a given day rather than be grouped together in a one-size-fits-all approach. They further define care as that which provides opportunities to contribute and feel useful and valued. It respects their personal space and their control over it. These

psychological and social aspects of care were considered as important as physical or health-related apsects.[26] In the current study, LCSs intend to promote personhood through creating opportunities for people with dementia to contribute knowledge and offer advice, showing respect for their residents' decisions and boundaries, engaging in meaningful conversations and appreciating individuality. These are techniques that exemplify the Strengthened Aged Care Quality Standard 1, which underpins treatment of older people, recognising that each is unique and requiring person-centred care.[27]

People living in long-term care have little agency over their daily lives[28]; therefore, LCSs approach in ways that allow residents to refuse by asking permission and respecting declines. 'Ways of engaging' also reflected techniques that highlight gentle, quiet and sensitive techniques appropriate for people with advanced dementia apart from the humorous and playful interactions.[29] During gentle conversations, the LCS served as a person who could listen to thoughts about death, highlighting the potential of LCSs to support persons nearing end-of-life.

A strength-based approach in dementia care recognises the abilities and strengths that people with dementia still possess and use[30] rather than focusing on what has been lost. A technique described in the current study reflected reminiscence, a strength-based approach that draws on early memories that are often intact for people with dementia.[31] Reminiscence involves the discussion of a person's past, which can be facilitated through prompts, including photographs, objects and music.[32] It has been found to improve mood, life satisfaction, social interaction, cognition, depression, anxiety and stress.[33] A recent review[34] identified components that comprise reminiscence therapy, which include songs, memory triggers and memory boxes filled with personal items. While some of these activities were used by LCSs in the current study, a novel finding was their appealing to generational norms through language and social etiquette. In using language and etiquette to embody the generational norms of residents, it may have created a sense of familiarity and facilitated memories.

Several of the techniques exemplify approaches to dealing with responsive behaviours that are espoused by dementia support organisations.[35] For example, rather than correcting the reality of the person with dementia and potentially causing distress, someone should join the person where they are in their mind,[36] elsewhere described as 'surrender to the participant's reality'.[15]

4.1 | Limitations

Interviews were only conducted with LCSs; therefore, data are limited to self-report. These participants were all White Australians, which limited culturally diverse perspectives. Although interviewing only eight participants, the narrow aim, sample specificity and in-depth analysis signalled that sufficient information power was reached.[19] Participants reflected on their experiences to describe techniques in-depth. Future research should include perspectives of the recipients of elder clowning. The few Australian providers of this program limit generalisability, yet this study will enable comparisons between Australia and other countries' approaches to programs involving therapeutic clowning with people living in long-term care.

4.2 | Conclusions

Although the name elder clown or Laughter Care may conjure images of entertainment, techniques reflect person-centred, strength-based approaches that attempt to meet psychosocial needs of persons living with dementia in long-term care. The descriptions and examples of techniques ascertained provide insights into this complex intervention that will contribute to future study design and highlight ways of valuing older people living in long-term care.

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CONFLICT OF INTEREST STATEMENT

Michelle DiGiacomo, Sara-Jane Roberts, Tim Luckett, Georgia Ellis, Slavica Kochovska, Deborah Parker, David C. Currow and Meera R. Agar have no competing interests related to this work. David Symons, Tony Warner and Karey Payne are employees of The Humour Foundation.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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