



RED NOSES
CLOWNDOCTORS
International

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Final report

RED NOSES HEALTHCARE Programme Evaluation

RED NOSES Clowndoctors International

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Prepared for: RED NOSES International
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 Author: Diana Harper, MPH

ABOUT THE AUTHOR



Diana Harper is an independent consultant and a senior evaluation expert. For the past 15 years, she has collected, analysed, and communicated data to improve health and social outcomes. She has worked in close partnership with stakeholders ranging from national and global policymakers, to programme and NGO managers, to clinicians and caregivers at the local level. She is passionate about participatory and complexity-aware approaches to evaluation. Ms. Harper holds a Masters of Public Health from Johns Hopkins University and a Bachelors of Arts in Political Economy from Georgetown University.

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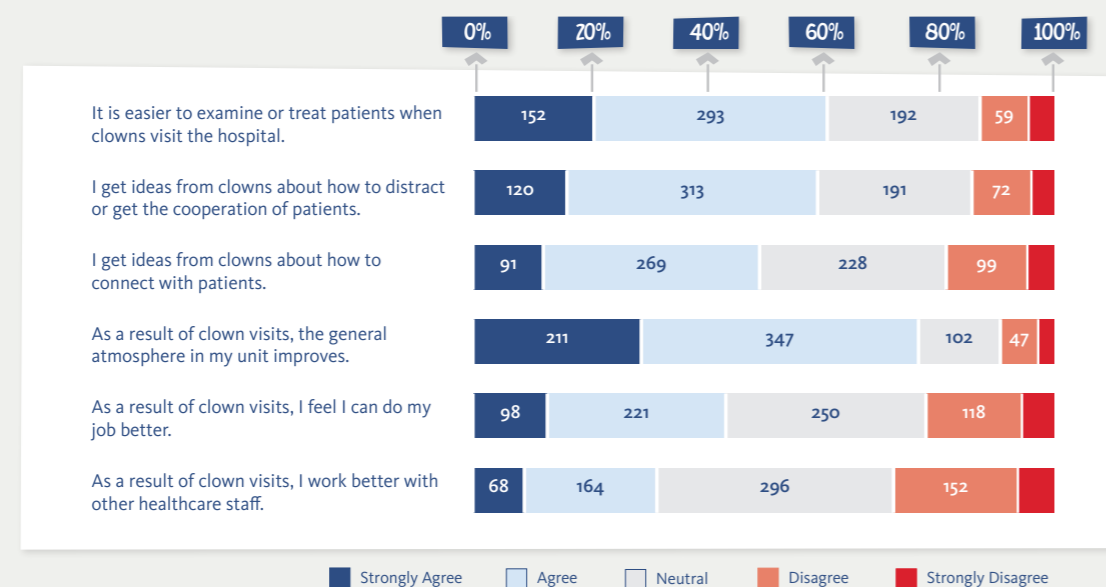
HEALTHCARE PROGRAMME EVALUATION

The RED NOSES Healthcare Programme Evaluation aimed to generate learning on how to strengthen healthcare clowning partnerships across the RED NOSES network in 11 countries in Europe and the Middle East. The evaluation examines how RED NOSES offices in different countries have developed and sustained relationships with healthcare institutions, as well as how these partnerships are perceived by hospital staff and leadership. The evaluation was conducted from June to November 2021 and included the following methods:

- ✓ A brief survey was distributed to a random sample of hospital wards where RED NOSES works. The survey examined perspectives on healthcare clowning and its benefits, the extent to which clowns are considered part of the healthcare team, and the future outlook for healthcare clowning. A total of 729 surveys were received from 10 countries.
- ✓ Two case studies were conducted through in-person interviews at hospitals in Germany and Jordan. These case studies explored the characteristics of exemplary healthcare partnerships and what factors make the partnership successful.
- ✓ A series of focus groups and key informant interviews were held with RED NOSES team members and external experts to further explore the qualitative aspects of hospital partnerships.

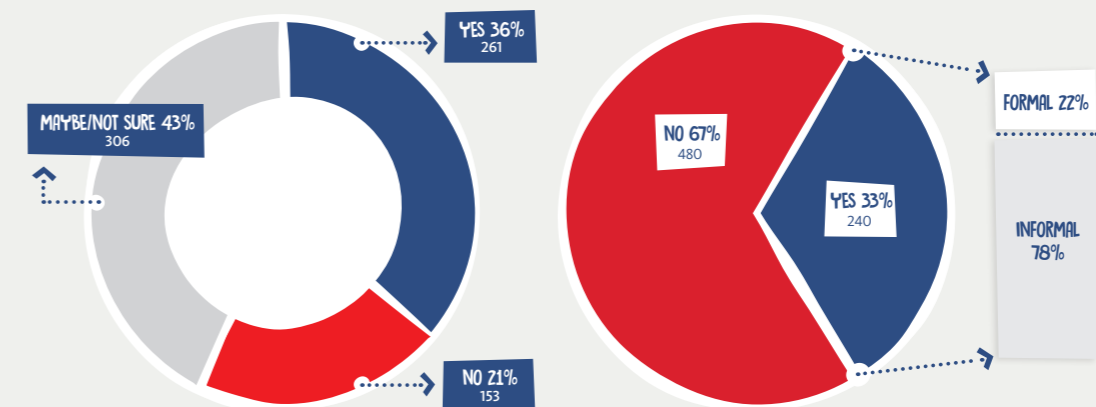
Healthcare Staff Perspectives

For the healthcare staff survey, a series of impact statements were developed based on the evaluation questions, the RED NOSES Framework of Change, and previous surveys from healthcare clowning organisations. The graphic below shows a summary of the responses.



Hospital staff showed the highest level of agreement with the statement, “As a result of clown visits, the general atmosphere in my unit improves” and the lowest level of agreement with that statement “As a result of clown visits, I work better with other healthcare staff.” In a further analysis, it was found that respondents who had been trained in humour in healthcare and respondents aged 45 and older were more likely to agree with the statements. No statistically significant difference was found according to the respondents’ profession (nurse or doctor), leadership status (team leader or frontline staff), or frequency of clown visits on their unit.

Hospital staff were also asked about the current role of clowns on the healthcare team, as well as their expectations for the role of clowning in the future. Their responses are below.



Exploring Partnerships

Based on the qualitative research conducted for this evaluation, a Partnership Compass was developed to provide a shared language and common understanding of what makes healthcare partnerships successful. The Partnership Compass includes factors that are directly influenced by RED NOSES as well as external and contextual influences. The resulting tool is intended to support programme staff in assessing and strengthening partnerships over time. The key themes explored in the Partnership Compass are:

- ✓ **Shared Goals:** A shared understanding of the clown’s role in the healthcare system, as well as support from top-level and unit leadership
- ✓ **Service Quality:** Clowns’ experience in the healthcare system, as well as how they work together and have opportunities for learning and improvement
- ✓ **Education:** Training for healthcare workers on humour in healthcare, as well as the availability and understanding of evidence on the impact of healthcare clowning
- ✓ **Feedback:** The flow of feedback informally in real-time, as well as through more structured and formal methods
- ✓ **Collaboration:** How healthcare partners prepare for the daily work of healthcare clowning, the extent to which shared workplanning occurs, and how partners participate in co-design of artistic formats
- ✓ **Contribution:** Partners’ willingness to contribute to healthcare clowning through financial and non-financial means, as well as their participation in fundraising, advocacy, and public relations activities



Background

The RED NOSES Strategic Framework 2020-2025 outlines a vision for “a future where RED NOSES is actively taking a leading role in the growing Healthcare Clowning Movement by promoting the power of humour for mental health and wellbeing.” While building relationships with hospitals and their staff has always been a priority, in many settings healthcare clowns lack a permanent and institutional role. Many healthcare partners are aware and appreciative of clowning. Yet they may not understand the full benefits of healthcare clowning, nor consider clowns an integral part of the healthcare team. Moreover, changes in hospital staff, regulations, and the local context can quickly threaten the status of healthcare clowns, even in places where they have a long working history.

A growing body of evidence supports the benefits of integrating clowning as a mental health and psychosocial intervention in the health system: from clinical measures such as reduced pain, anxiety, and blood pressure; to management benefits such as faster post-operative recovery and reduced length of stay in the hospital; to psychological benefits such as improved self-image and positive memories.

Beyond the effects on individual patients, healthcare clowning can also have positive effects on family members, healthcare staff, and the overall clinical environment. Moreover, while much of the research on healthcare clowning has focused on the needs of inpatient children, both academic and programmatic studies have shown the potential for improving the mental health and wellbeing of the elderly, people with disabilities, and refugees and internally displaced people.

The RED NOSES healthcare programme seeks to achieve impact through a variety of formats and offerings. Visiting inpatient children is a traditional foundation and entry point for healthcare clowns in hospitals. The RED NOSES healthcare programme also includes specialised formats such as Circus Patientus, which helps patients to star as circus performers, and Intensive Smile, which brings clowns to accompany children during medical procedures. In addition, RED NOSES provides training to healthcare staff and students on how to integrate humour into their work.

In order to bring the full benefits of humour and empathetic interactions to the hospital environment, as well as to meet the RED NOSES goal of deepening and integrating its work in hospitals, a strategic approach to hospital partnerships is needed. By reflecting on how to build and deepen healthcare partnerships, this evaluation seeks to advance the RED NOSES goal of establishing an integrated and indispensable role for healthcare clowns.

Evaluation Objectives, Purpose and Use

The RED NOSES Healthcare Programme Evaluation offers an important opportunity to generate learning on how to strengthen healthcare clowning partnerships across 11 countries in Europe and the Middle East. The evaluation examines how RED NOSES offices in different countries have developed and sustained relationships with healthcare institutions, as well as how these partnerships are perceived by institutional staff and leadership.

This evaluation serves as a baseline to understand the current status of institutional relationships, as well as what are the most relevant opportunities for RED NOSES to make positive, lasting change on healthcare systems. The results of the evaluation are expected to provide critical knowledge and insights for action for frontline programme staff, national and international leadership, as well as advocacy and research teams. Finally, learning from the evaluation will be used to develop a management tool for RED NOSES teams to assess and measure hospital partnerships over time.



Evaluation Design and Questions

The evaluation terms of reference and evaluation questions were developed by the RED NOSES Healthcare Programme Working Group, which includes representatives from different countries and different perspectives in the network. This evaluation uses a mixed-methods design that combines primary data collection with a review of secondary data sources, and is oriented around the following key questions:

Establishing a baseline

1. What are the most relevant challenges facing the programme's target groups (children in hospitals, their families, medical staff)?
2. What is the current role of clowns in the healthcare system? To what extent are they seen as an integrated part of the healthcare team, as opposed to an optional luxury?
3. To what extent do healthcare staff currently integrate humour into their work? To what extent is humour included in the curriculum for healthcare students?

Understanding the different kinds of partnerships

4. What are the most important differences between healthcare institutions that are relevant to our work?
5. Which of those differences support strong, collaborative partnerships between RED NOSES and healthcare institutions? Which differences weaken these partnerships?
6. Which differences are inevitable, and which do we have the power to influence?

Looking towards the future

7. Which evolving trends in healthcare systems and hospital processes will affect our work? How can we prepare to adapt to these changes?
8. What opportunities are there for RED NOSES to make a positive, lasting change on healthcare systems?

Data Collection

The evaluation used five primary data collection methods, listed below and described in more detail in the following section.

- › Healthcare Partner Staff Survey
- › Healthcare Partner Characteristics Analysis
- › Case Studies
- › Focus Groups
- › Key Informant Interviews

Healthcare Partner Staff Survey:

A brief survey was distributed to a random sample of hospital staff in hospitals where RED NOSES works. The survey was developed to provide direct input on the perspectives and level of awareness among healthcare staff about RED NOSES' work; the extent to which they integrate humour in their work; and the extent to which they see clowns as part of the healthcare team. A total of 729 surveys were received from 10 countries. The survey tool can be found in Annex A.

An initial survey of RED NOSES country staff served to develop the format and content of the healthcare staff survey, as well as to identify key points of contact in each country who would coordinate the data collection. According to this input, the survey was designed to be completed in five to ten minutes, and offered different options (paper, electronic) for data collection.

The survey featured mainly quantitative, fixed-response answers. Survey questions were developed based on the evaluation areas of interest, the RED NOSES Strategic Framework, as well as existing survey tools from the research completed by Opera o nariz vermelho in 2016 in Portugal. Responses captured the demographic characteristics of leadership status, professional type, age, and gender. The survey was developed in English and translated by the country teams into the local language.

In order to draw the survey sample, country teams provided a list of the hospitals and wards where they currently work. For each institution, country teams also noted if the institution has participated in Humour in Healthcare Seminars. Using this list, the evaluator drew a random sample to include 10 to 20% of the total number of wards in each country. The sample was then reviewed to achieve an approximately proportionate mix of institutions that have and have not been trained in humour in

healthcare; i.e., if 25% of have received seminars overall, approximately 25% of the sample came from institutions that have received seminars. In a limited number of cases, selected wards in the sample were replaced due to lack of access to the institution, competing surveys and research already underway, or lack of consent to participate.

The survey targeted all healthcare staff in the ward, seeking as high a response rate as possible. The surveys were distributed by paper forms, an electronic link on SurveyMonkey, or both according to the preferences of the individual country teams. Surveys were collected from September to October 2021, and following the end of the data collection period, paper surveys were returned to the evaluator in raw or consolidated formats. The resulting data was cleaned, consolidated, and analysed by the evaluator. Country teams estimated that in 31 hospitals, the response rate was 50% or higher, and in the remaining 11 hospitals, the response rate was less than 50%.

Healthcare Partner Characteristics Analysis:

Country teams also completed a form for each hospital participating in the survey describing their basic characteristics, RED NOSES activities, and an assessment of the partnership. The form also tracked expectations about the response rate of the survey, specifically, whether a 50% response rate was reached. The form can be found in Annex B.

Case Studies: Several countries were selected for case studies, which included primary data collection at a hospital that exemplified a strong partnership. The case study guide can be found in Annex C.

These case studies explored the characteristics of exemplary healthcare partnerships and what factors make the partnership successful. Country teams were asked to select a strong partnership that offers a useful learning opportunity to the other countries in the RED NOSES network. The case studies consisted of 4-5 key informant interviews (KIIs), seeking to include a range of perspectives such as high-level directors, unit leaders, and frontline staff. The KII tool was a semi-structured guide for 30-minute interviews. Using systems lens, the data collection explored both factors directly influenced by RED NOSES, as well as the wider conditions and context that contribute to the results.

Case studies were completed in Germany and Jordan. Country teams conducted the data collection in their own language and submitted note-taking sheets in English to the evaluator. A final review meeting was held with the evaluator to ensure their findings were properly captured and understood.

A virtual case study activity was also developed, but not used during this evaluation due to lack of time and staff capacity. This activity could be used in the future to explore institutional partnerships that have improved or degraded over time, or that feature hospitals at different stages of partnership development.

Focus Groups: Two focus groups were held among the Healthcare Programme Working Group and other relevant members of RED NOSES staff. The sessions were facilitated by the evaluator and held online, with a duration of 90 minutes each. The sessions explored the current status of healthcare clowning, characteristics of strong healthcare partnerships, strategies for strengthening partnership, as well as expectations for the future. The second focus group also included reflection and sharing on the case studies and healthcare staff survey data collection process.

Key Informant Interviews (KIIs): A strategic set of 7 KIIs were conducted with internal (4) and external (3) experts to explore the qualitative aspects of hospital partnerships and to provide feedback on the emerging ideas for the partnership assessment tool. Experts were selected purposefully based on their experience with strong partnership models and those who have conducted research in this area.

Document Review: In addition to the primary data collection, the evaluator reviewed programme documents including previous evaluations, strategy documents, performance reports, surveys, and other data collection efforts. This included the results of RED NOSES Austria's emerging study on healthcare partnerships. This secondary review largely served to provide context to the primary research, as well as to triangulate findings.

Data Analysis

Qualitative data from the key informant interviews and focus groups was analysed using WebQDA software and grounded theory method. A coding tree was developed based on the evaluation questions and emerging themes from the qualitative data. Quantitative data from the survey and hospital characteristics forms were analysed in Excel. Tests of association were conducted using statistical techniques including analysis of variance (ANOVA) and two-tailed t-tests. Graphics were generated through Excel.

Limitations

Several limitations and considerations should be noted when interpreting the results of the evaluation. First, the evaluation was conducted during the COVID pandemic, which has placed enormous burdens on healthcare staff as well as healthcare clowning organizations. Some parts of the original evaluation methodology that included in-person visits to hospitals and team meetings of RED NOSES staff were scaled back or adapted during the implementation of the evaluation in light of time and access restrictions.

For the healthcare staff survey, participation was voluntary and thus there is a risk that the respondents are not representative of the overall population. For practical reasons, surveys were only conducted at hospitals where the healthcare programme was currently active. This excluded hospitals where the programme had been suspended due to the ongoing COVID pandemic. It follows that there is a risk that the hospitals where RED NOSES is currently working have more positive views about clowns as part of the healthcare team. In addition, survey respondents tend to be more extreme in their viewpoints, either positive or negative. This potential bias was mitigated by repeated communications to ward leaders that the survey was intended for all staff on the ward. In addition, the survey tool included several statements about the potential effects and benefits of clowning, which were all posed in an affirmative way. Using positive statements was ultimately considered useful to have baseline measures across specific areas of interest; however, this type of wording can present an acquiescence bias whereby respondents are more likely to agree rather than disagree with statements.

Considerations for interpretation: While these potential biases cannot be ruled out, the analysis of results showed a range of responses, from positive to neutral to negative, including variability within an individual survey. As a result, it may be considered that the survey results could be skewed toward favourable viewpoints, but nevertheless the results should be comparable over time.

As noted previously, country teams determined whether the survey would be conducted in paper, electronic, or combined formats. In addition, due to the sampling approach, countries with more and larger hospital partners comprised a larger portion of the survey results. While efforts were made to translate the survey tool accurately, language and cultural differences in interpreting the survey questions as well as answering surveys generally. These factors may restrict the comparability of results across countries.

Considerations for interpretation: These issues were considered from the outset of the evaluation and ultimately were outweighed by the practical considerations of obtaining sufficient responses in diverse settings, as well as managing the workload of the evaluation for country teams. Moreover, background documentation and initial qualitative research reflected that many aspects of healthcare clowning and hospital partnerships are common across different contexts, providing support for the value of combining results across different settings.

Finally, in terms of the quantitative analysis, it should be noted that the statistics tests used (ANOVA and 2-tail t-tests) are intended for use in populations that are normally distributed in a Bell curve and independent of one another. Without a comprehensive body of research in this area, it is unknown whether the healthcare staff and hospitals surveyed meet these criteria.

Considerations for interpretation: Statistical findings should be considered alongside qualitative and other data sources.

Validation and Dissemination

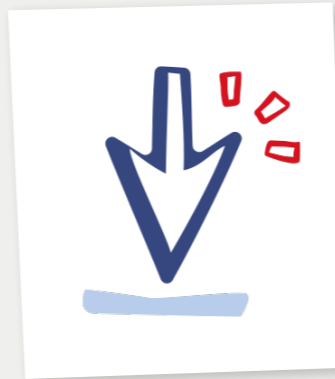
This process of validation is important for the accuracy of the evaluation results, as well as to improve the likelihood that stakeholders will use the results and recommendations. In the final phase, the evaluator facilitated a feedback and learning session.

This virtual discussion reviewed the findings with relevant stakeholders to solicit their input and feedback into the final report. In addition, a summary of the evaluation results was developed to share with hospital and other external partners who participated in the data collection.

III. Current Perspectives on Healthcare Clowning

Evaluation Questions: Establishing a Baseline

1. What are the most relevant challenges facing the programme's target groups (children in hospitals, their families, medical staff)?
2. What is the current role of clowns in the healthcare system? To what extent are they seen as an integrated part of the healthcare team, as opposed to an optional luxury?
3. To what extent do healthcare staff currently integrate humour into their work? To what extent is humour included in the curriculum for healthcare students?



Country	# of Surveys	Survey Type
Austria	68	Electronic
Croatia	223	Paper and electronic
Germany	25	Paper
Hungary	53	Electronic
Jordan	13	Electronic
Lithuania	27	Electronic
Slovakia	53	Paper
Slovenia	99	Paper and electronic
Palestine	31	Paper
Poland	137	Paper

To generate broad input on how hospital partners view healthcare clowns, a brief survey was distributed to a random sample of hospital staff across the RED NOSES network. Previous surveys have been conducted to gauge the satisfaction of healthcare partners, typically targeting the main points of contact at each institution. These surveys were reported to return extremely high ratings of satisfaction, but less useful information for shaping and improving the programme over time.

In contrast, the survey for this evaluation sought to capture feedback from as many staff as possible among the sampled wards. The survey also tested the highest levels of impact according to the RED NOSES Framework. Survey questions sought to understand the value that healthcare staff assign to healthcare clowning in different ways.

After the random sample was drawn by the evaluator, each country team translated surveys into the local language and conducted the survey in paper or electronic form.

The results were cleaned, consolidated, and analysed by the evaluator. More detailed information about the survey process can be found in the Section II: Methodology. The survey tool can be found in Annex A and the Hospital Characteristics Form completed by RED NOSES staff can be found in Annex B.

A total of 729 surveys were received from 42 hospitals in 10 countries. Surveyed hospitals ranged from university hospitals with more than 1000 beds to specialised clinics with 15 beds. Wards selected for the sample included pediatric wards as well as units for cardiology, emergency, intensive care, oncology, psychiatry, pulmonology, rehabilitation, and surgery.

The length of time that RED NOSES has been working with the surveyed hospitals also varied. Approximately half of the surveyed hospitals had more than 10 years of experience with clowns in the hospital.

In terms of the artistic formats underway at the sampled hospitals, one-quarter have Circus Pacientus, one-third have Intensive Smile, and approximately one-third have Humour in Healthcare seminars. A portion have other special formats, which were noted to include online visits, evening visits, and outdoor parades.

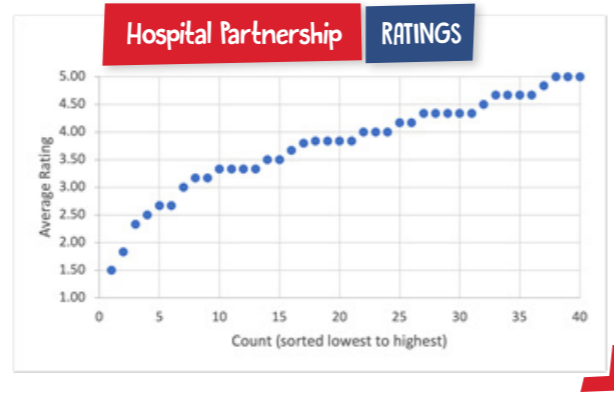
To understand the range of hospitals included in the survey, RED NOSES teams also conducted a brief and informal assessment of the partnership factors. Based on early ideas developed in this the evaluation, they rated each participating hospital on the following characteristics using a scale of 1 (poor) to 5 (excellent):

- ▶ The amount of feedback you receive
- ▶ The support you receive from top-level leadership
- ▶ The support you receive from unit/ward leadership
- ▶ Overall understanding of the goal of clowning
- ▶ Collaborate with clowns to integrate them into their healthcare work
- ▶ Openness to new ideas in healthcare

Hospital Characteristics			
Location			
Urban	32 (89%)	Rural	4 (11%)
Bed size			
Less than 50	13 (33%)	50 to 99	10 (26%)
100 to 249	4 (10%)	250 or more	12 (31%)
Year RED NOSES collaboration began			
2005 or earlier	8 (21%)	2011 to 2015	12 (31%)
2006 to 2010	11 (28%)	2016 or later	8 (21%)
<i>Total does not add to 42 as data was not available for all hospitals</i>			

Healthcare Programme Formats		
	Yes	No
Circus Pacientus	10 (25%)	30 (75%)
Intensive Smile	13 (33%)	27 (67%)
Humour in Healthcare	10 (30%)	24 (70%)
Other special formats	11 (27%)	29 (73%)
<i>Total does not add to 42 as data was not available for all hospitals</i>		

Hospital average ratings ranged from 1.5 to 5.0. The graphic on the right shows the distribution of hospital ratings, organised from lowest to highest ratings. This reflects that the survey was conducted among hospitals that differ in their partnership status and attributes.



Demographics

The majority of survey respondents (71%) indicated they are nurses or nurse assistants, and a smaller portion were doctors or doctor assistants (13%). A few responses were collected from administrators and psychologists/social workers. A portion of respondents indicated 'Other' for their profession, and several of these individuals added a comment that they are therapists. In terms of demographics, most respondents were female between the ages of 30 and 60.

Survey Respondent Professional Characteristics			
Are you a director, manager, or team leader?			
Yes	129 (19%)	No	550 (81%)
What is your profession?			
Nurse/Nurse Assistant	493 (71%)	Doctor/Doctor Assistant	89 (13%)
Psychologist/Social Worker	17 (2%)	Administrator	17 (2%)
Totals do not add to 729 as some respondents did not answer the demographic questions		Other	75 (11%)

Survey Respondent Demographics			
Age			
Under 30	30 to 45	46 to 60	Over 60
115 (18%)	241 (37%)	252 (39%)	38 (6%)
Gender			
Female	595 (88%)	Male	80 (12%)
Other/prefer not to say	7 (<1%)	Totals do not add to 729 as some respondents did not answer the demographic questions	

Experience with Clowning

The survey asked about respondents' experience with clowning. The first question in this area asked how often the respondent sees clowns in their unit. This sought to understand how familiar the respondent might be with clown activities. While RED NOSES has records of how often clowns visit individual hospitals and wards, this differentiator was included to capture individual experience with clowning. Responses to this question are found in the table on the right.

Nearly half of respondents work with clowns on their ward at least one day per week. Within most sets of survey responses from a hospital or ward, there was variation in the answers to this question. This may reflect that hospital staff schedules don't align with the visits, or the staff may not notice or recall the visits. When working to assess or strengthen hospital partnerships, this data suggests that different hospital staff may experience the same healthcare programme differently.

On average, how often do you see clown visits in your unit?		
	n	%
1 time a month or less	177	24%
2 - 3 times a month / very other week	198	27%
4 times a month / every week or more	344	47%
No response	10	1%

Next the survey asked whether the respondent has received training in humour in healthcare. Similarly to the previous question, RED NOSES has records of whether humour workshops have been held at an institution, but this does not mean that every staff member has participated, or remembers participating. It was expected that training in humour in healthcare would be associated with more positive and collaborative viewpoint. The responses are listed in the table on the right.

A minority of respondents (15%) indicated that they have received training in humour in healthcare. Of those that said that they had received training, most respondents (65%) said the training was from RED NOSES. Other potential sources of training could be pre- or in-service training, hospital-led initiatives, or other organisations promoting humour and well-being. The responses to these questions show that many healthcare staff have not received or remembered training about humour in healthcare, and that RED NOSES is the most likely source of training in this area.

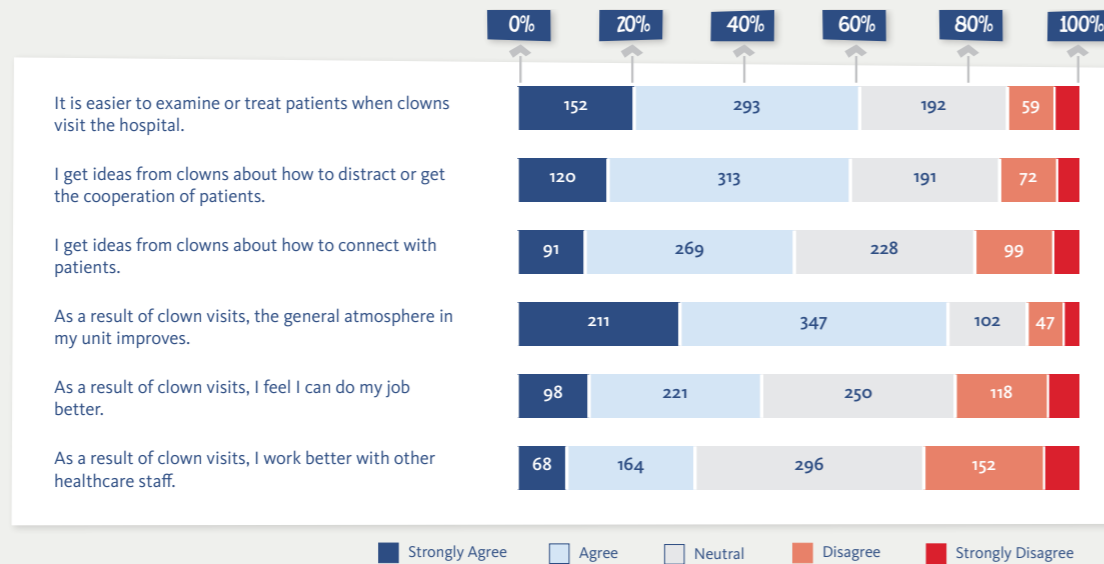
Have you ever received training about humour in healthcare?		
	n	%
Yes	107	15%
No	620	85%
No response	2	< 1%
If yes, was the training from RED NOSES		
Yes	70	65%
No	28	26%
I Don't Know	9	8%

Effects of Clown Visits

The next section of the survey sought to understand how respondents view healthcare clowning and its effects. A series of statements were developed based on the evaluation questions, the RED NOSES Framework of Change, and previous surveys from healthcare clowning organisations. Previous surveys and other data collection efforts have shown that hospitals tend to have high levels of satisfaction and appreciate the "fun" that clowns bring to the patients. To focus this survey on collecting new and actionable data, the set of statement in this survey were specifically designed to gauge perspectives on the highest levels of impact in the Framework of Change. The survey statements and their relevant impact level and goals according to the Framework of Change are listed in the table below.

Statement	Impact Level	Goal
It is easier to examine or treat patients when clowns visit the hospital.	Immediate	Improved cooperation with people in need
I get ideas from clowns about how to distract or get the cooperation of patients.	Immediate	Improved cooperation with people in need
I get ideas from clowns about how to connect with patients.	Institutional	Increased use of humour and art
As a result of clown visits, the general atmosphere in my unit improves.	Institutional	More supportive environments
As a result of clown visits, I feel I can do my job better.	Institutional	More efficiency and success in work
As a result of clown visits, I work better with other healthcare staff.	Institutional	Improved cooperation with colleagues

Respondents reviewed each statement, and indicated to extent to which they agree or disagree with the statements. **The results are featured in the graphic below.**



Overall, respondents showed a moderate level of agreement with the statements. Generally, those in strong agreement with the statements ranged from about 10 to 25% of respondents, and those in agreement ranged from 20 to 50%. A smaller but not insubstantial portion of respondents indicated that they disagree or strongly disagree with the statements, from 10 to 25%.

- The highest levels of agreement were noted for the statement: “As a result of clown visits, the general atmosphere in my unit improves.” This is in alignment with the Framework of Change and expected benefits of healthcare clowning. However, the aggregate level of agreement was less than 80%, in contrast to reports of previous hospital satisfaction surveys of near universal satisfaction.
- The lowest levels of agreement were noted for the statements: “As a result of clown visits, I feel I can do my job better” and “As a result of clown visits, I work better with other healthcare staff.” While a substantial portion did agree that healthcare clowning increases the success of their work and the collaboration with colleagues, additional examination of this area may be useful in light of the relatively lower ratings.
- With the exception of the statement about the general atmosphere, a substantial portion (approximately 30-40%) of respondents indicated they were neutral. This may indicate they have not thought about these issues before or considered them properly to form an opinion.

A further analysis of each statement by professional and demographic characteristics can be found in Annex E. By assigning a value to each statement (1=strongly disagree, 3= neutral, 5=strongly agree), analysis of the survey results showed that the average score on the statements was 3.49. This indicates that taken together, survey respondents were in slight agreement with the statements overall.

In initial consultations for the evaluation, several hypotheses were developed about factors that might influence perceptions of healthcare clowning and healthcare partnerships overall. An analysis was conducted for each of these factors to determine whether specific factors were associated with a higher perception rating. Using analysis of

variance (ANOVA) and 2-tailed t-tests, the differences in ratings were tested for statistical significance. The results of this analysis are in the table below, with the higher average rating highlighted in bold.

Characteristic	Average Rating
Received training in humour in healthcare	Yes 3.93*
	No 3.41
Age	45 and under 3.47
	Over 45 3.63*
Leadership status	Team leader 3.44
	Frontline staff 3.51
Profession	Nurses / nurse assistants 3.53
	Doctors / doctor assistants 3.59
Frequency of visits	Monthly or less 3.47
	2 -3 times per month 3.54
	Weekly or more 3.45

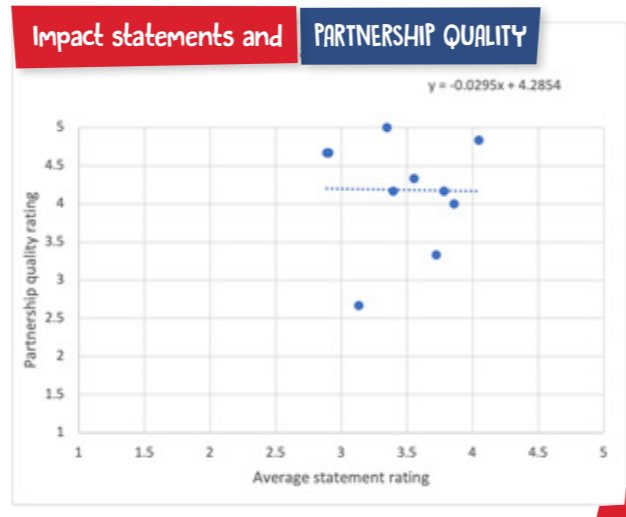
* Indicates a statistically significant difference (p<=0.05)

First, humour in healthcare training was expected to be associated with higher ratings. The analysis showed support for this idea. There are several reasons why this results might be seen: the training built support for healthcare clowning; those who are supportive of healthcare clowning are more likely to attend and remember a training; hospitals that receive training may receive greater support from RED NOSES generally; hospitals that host training may be more likely to have priorities and positive cultures for mental health and well-being; or likely some combination of these factors. Regardless of the causal mechanism, this finding indicates that knowledge about humour in healthcare is associated with greater alignment with the RED NOSES Framework for Change.

Next, there are several areas where the survey data did not support the hypotheses:

- **Professional role** was expected to affect ratings; specifically, nurses were expected to have higher ratings. The average data showed a slightly higher rating for doctors; however, the difference was not statistically significant. When looking at the differences between nurses' and doctors' responses, it is also worth keeping in mind that relatively few surveys were returned from doctors. It is possible that supportive doctors were more likely to fill out the survey, or it is also possible that there is no general difference in opinions between the two professional types.
- **Leadership status** was expected to affect ratings, though no hypothesis was articulated as to whether team leaders would be more or less supportive than frontline staff. The survey showed a slightly higher average rating among frontline staff when compared to team leaders; however, this was not statistically significant.
- **Frequency of visits** was expected to affect ratings, with more frequent exposure to healthcare clowning associated with higher ratings. The analysis showed that there was no meaningful difference in ratings according to the clown visit frequency. Further reflection on this finding may be useful; it is possible that the quality and fit of the clown visits is more important than the quantity. Additionally, more frequent visits among those who disagree with the statements (for example, consider a person who believes clown visits make their job harder to do) might reduce ratings.

There was one area where the survey data contrasted with expectations. Examining responses **by age** showed that respondents over 45 (3.63) had higher ratings than their younger colleagues (3.47), which was statistically significant. Early consultations for the evaluation had indicated that younger healthcare staff were more supportive of healthcare clowning, due to more recent formal education as well as generational beliefs. There are many possible explanations for this result, but it is possible that this finding encourages a re-examination of potential stereotypes about older healthcare workers.



An additional area of interest was whether hospital staff ratings on the statements were associated with the overall quality of the hospital partnership, according to the ratings of RED NOSES staff. In order to conduct this analysis, survey data was examined with the following criteria: 1) the hospital wards had a response rate of 50% or more, as estimated by country team staff, and 2) 20 or more surveys from the hospital were received. Ten hospitals met these criteria.

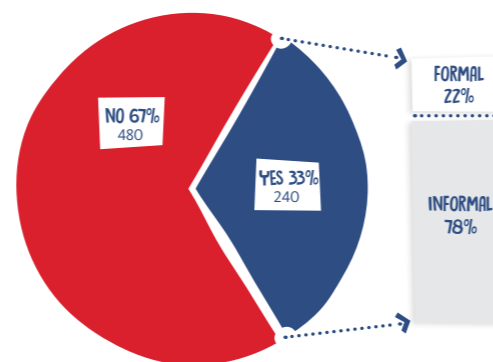
The relationship between the average scores on the statements and the overall partnership quality rating was not found to have an association, as seen in the graph on the right. Each dot represents one hospital, and the dotted line represents a regression line showing the association between the impact statements and the partnership quality. If there was an association between the two variables, the line would be expected to have a positive slope; however, it is essentially flat.

There could be several reasons for this lack of an association. It is possible that no association exists, and that how staff feel about the statements is not related to the overall partnership quality. It is also possible that with only 10 data points, there is not enough information to see the pattern. Further, it is important to recall that the survey was only conducted in a sample of wards in the hospital, and the partnership ratings were assessed for the hospital as a whole. As a result, it is possible that the wards selected for the survey are not representative of the hospital.

Working Together with Clowns

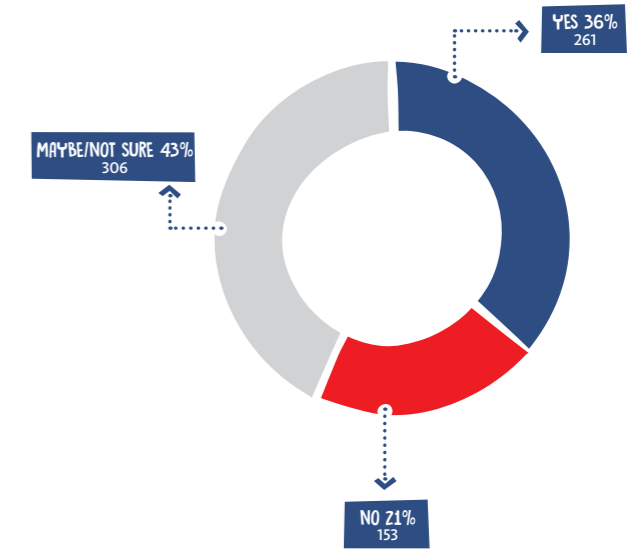
The next section of the survey asked respondents about how they work together with clowns. Early consultations for the evaluation showed that making plans together was considered to be a sign of a strong partnership, especially if the planning included formal processes. The survey responses related to planning are pictured on the right.

Two-thirds (67%) of survey respondents said that they do not make plans with clowns. Among those that do, more than three-fourths (78%) indicated that the planning is informal. Comments on the surveys reflected that informal planning take place when talking to clowns about the current patients on the ward, their conditions, and their needs.



The next question on the survey sought to understand the extent to which clowns are considered part of the healthcare team. Given the experience of trying to maintain healthcare clowning programmes and partnerships during the pandemic, the question was framed as: "During an emergency situation, do you think clowns should be considered essential workers as part of the healthcare team?"

Slightly more than one-third (36%) answered yes (36%), most respondents indicated that they weren't sure (43%), and the remainder answered no (21%). These mixed responses seem to be in alignment with the experience of RED NOSES during the past two years, with different opinions among partners on the role of healthcare clowns during a crisis.



This question was further analysed according to the characteristics of the respondents. Team leaders were more likely to respond yes than frontline staff (46% versus 36%), and those who had been trained in humour in healthcare were more likely to respond yes than those who had not (50% versus 39%). Both of these differences were statistically significant ($p < .05$). It was an interesting finding that team leaders did not have higher average ratings for the statements about healthcare clowns (as described earlier) but nevertheless were more likely to consider clowns part of the healthcare team.

Part of Team by Respondent Characteristics			
	Yes	Maybe	No
Leadership Status			
Team Leaders	59 (46%)	45 (35%)	25 (19%)
Frontline Staff	187 (36%)	243 (45%)	112 (21%)
Humour in Healthcare Training			
Trained	53 (50%)	30 (28%)	23 (22%)
Not Trained	207 (39%)	275 (45%)	130 (21%)

A final analysis was conducted to understand the relationship between the ratings that survey respondents gave to the statements on healthcare clowns and their response to this question about clowns as part of the healthcare teams. There was a statistically significant difference in the average ratings among those who answered yes (average rating: 3.98), maybe (3.44), and no (2.78). This trend is logical, and shows that overall there is a link between how respondents felt about the statements and how they felt about clowns as part of the healthcare team.

However, almost one-third of survey respondents did not fit this trend. In these perhaps unexpected responses, the average scores on the statements did not align with the answer to the question about clowns as part of the healthcare team. This means that some healthcare staff who have positive perceptions of healthcare clowns do not see them as part of the healthcare team, and some staff who have more negative perceptions of healthcare clowns but nevertheless see them as part of the healthcare team.

Considering that on the statements, an average rating of 3 is neutral, 4 is agree, and 5 is strongly agree:

- 51 (7% of respondents) answered yes, but had an average statement score below 3.5.
- 139 (19% of respondents) answered maybe, but had an average score below 3.5.
- 36 (5% of respondent) answered no, but had an average score equal to or above 3.5.

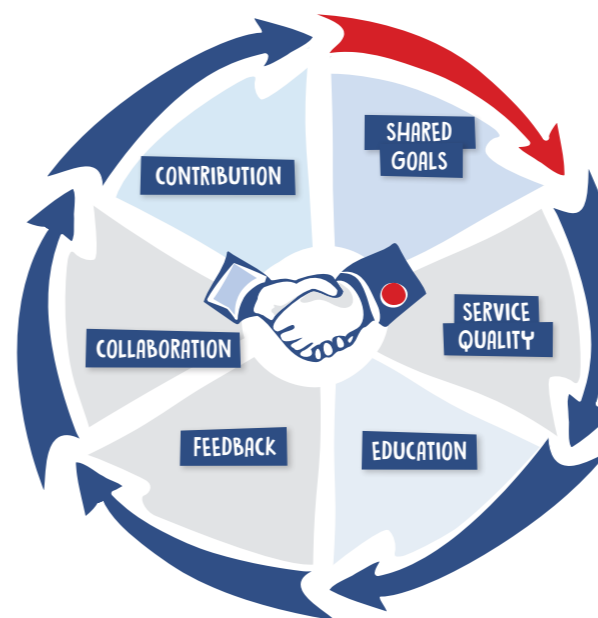
Further exploration of these perspectives would be useful. While the survey included space for additional comments, few respondents added any specific notes. However, a few comments gave insight into the reasoning behind negative ratings. One nurse who had a low rating on the statements added, “We need special teachers, educators to make program for the patients for the whole day. Not just for a short period of time and then the children get bored and there is no one who can lead them during the rest of the day. A little laughter and pleasure from you won’t hurt them, but it’s very little.” At another hospital, several doctors with negative viewpoints added comments requesting that the clowns come during less busy times and visit different departments. In these cases, it seemed that the respondents had respect and appreciation for healthcare clowning, but that the programme did not gather sufficient input or capacity to meet the hospital’s needs from their perspective.



IV. Understanding Partnerships

Evaluation Questions: Understanding Partnerships

4. What are the most important differences between healthcare institutions that are relevant to our work?
5. Which of those differences support strong, collaborative partnerships between RED NOSES and healthcare institutions? Which differences weaken these partnerships?
6. Which differences are inevitable, and which do we have the power to influence?



Drawing on the focus groups, interviews, and case studies conducted under this evaluation, this section will provide a deeper understanding of healthcare partnerships through the lens of healthcare clowning. Throughout the qualitative research, a number of common themes emerged on how to conceptualize and define strong partnerships, pictured below and described in more detail in the following section.

Despite the range of operating contexts and healthcare policy environments across the RED NOSES network, individuals consulted for this evaluation demonstrated a high level of agreement and convergence. Moreover, consultations with external experts also showed alignment with these themes, bolstering support for the use of this framework for understanding healthcare partnerships.

As a result, the themes listed here should resonate and be familiar to those working in this area. This framework is intended to create a shared understanding and common language about partnerships and about the goals of the healthcare programme. It is also worth noting that the themes are not entirely discrete categories. Strengths and challenges in one area have an effect on the partnership’s performance in other areas.

Shared Goals

Shared goals were described as a foundational and critical component of strong healthcare partnerships. This requires developing a mutual understanding of why partners are working together, as well as what each partner contributes. Shared goals emerge through a genuine understanding of the needs and perspectives of both partners, not through the direction of one partner alone. On this point, several evaluation participants reflected on how their own attitudes about setting goals had changed over time—from trying to convince partners to adopt their own viewpoints, to listening to their partners openly and exploring new possibilities together.

In the words of one interviewee from Finland:

“Earlier, in a traditional clown way, it was more that we know better than the hospitals. We are individual artists bringing in our own incredible stuff, and we know more about children and patient experience, we are the only ones who understand, this was the idea of how we worked. With the procedure work [similar to Intensive Smile], it started with really listening to the hospitals about what they need. They have found different parts where they could see the benefit of the clowns.”

Having shared expectations and common ground is reflected in several ways. First, how partners **understand the clown’s role in the healthcare system** is a useful gauge of the extent to which they have shared goals. A mismatch between the expectations of partners is often at the root of a challenging relationship. As seen in the hospital staff survey, opinions vary on the extent to which clowns are an integral part of the healthcare team, as well as the benefits that they bring to patients, healthcare staff, and the overall healthcare atmosphere. Partnerships can also be challenged if clowns are expected to serve as healthcare aides; for example, interviewees noted that clowns have been asked to dress children or administer medication, which are activities clowns do not do.

Strong partnerships reflected a common understanding of the clown’s role in alignment with the RED NOSES framework, with healthcare clowns bringing higher emotional well-being, greater social inclusion and more supportive environments. At one hospital explored in a case study in Germany, a medical director described how clowns contribute to children’s recovery and support the process of healing, characterizing their work as crucial “humour therapy.” Another healthcare worker explained how clowns enhance the bonding between the children and the nurses, and how clowns help children to prepare for surgery more quickly and calmly.

Shared goals are developed through a high degree of trust and engagement at multiple levels. One focus group participant explained, “Before we start anything, when we have a new institution, we want to speak to the responsible persons. From the top management, chief doctors and nursing staff, and to the ward, every level should be informed and willing, and they should want us to be there.” **Support from top-level leadership** – including relevant government authorities such as a

Ministry of Health as well as hospital leadership – was considered an important entry point for working in the hospital. Granting access and initiating the partnership often happens at this level.

However, evaluation participants acknowledged nearly universally that, while top-level leadership opens doors, **support from unit-level leadership** is also critical. Many examples were cited where, despite existing agreements at the administrator’s level, healthcare clowning activities were hampered or eliminated completely due to lack of support from unit directors. Case study interviews with hospital unit leaders showed that supporters value how clowns help nursing and medical staff in their daily work, as well as how clowns take care of clinical staff and improve the overall working atmosphere.

Unit leaders also set the stage for functional relationships with frontline staff. Evaluation participants described the continuous and laborious work of building relationships and fostering support among frontline staff. While reflecting that detractors will always exist, achieving institutional impact and sustaining the quality of services requires **personal relationships and a history of shared experiences** with frontline staff. Finally, beyond these broad categories, evaluation participants emphasized the role of **clown ambassadors** in establishing shared goals. These are the decision-makers within the institution that maintain the relationship over time, and their specific position in the hospital may vary according to context. These long-term advocates fortify the role of clowns as part of the healthcare team and serve as champions for humour in healthcare among staff.

While relationships and trust often define shared goals, more structure is needed to truly institutionalize a partnership. Several RED NOSES offices codify a common understanding of the clown’s role through a **written agreement outlining roles and responsibilities** for both clowns and healthcare partners. These range from formal contracts to less formal memoranda of understanding. Many agreements are reviewed and renewed annually, offering some continuity as hospital leadership changes. At Pallapupas in Spain, the role of clowns on the healthcare team is also represented by their **participation in clinical briefings**. Clowns participate in morning briefings and rounds alongside clinical staff to understand current patients’ status and needs.

Service Quality

Partnerships between hospitals and RED NOSES create value for patients, families, and staff through professional, high-quality artistic formats. Accordingly, there are several aspects of the quality of a healthcare clowning programme that affect the overall strength of a partnership.

First is the training and **experience levels of clowns in a hospital setting**. Friendly relationships and structures for collaboration quickly degrade without consistent, high-quality clowning. This includes the individual skill levels of artists as well as their fit with the specific activities in a hospital. In examples of strong partnerships reviewed for this evaluation, healthcare workers readily recognized the professionalism of clowns. They appreciated clowns’ sensitivity for working in challenging settings, fitting into a hectic time schedule, and not interfering with the clinical work that needs to be done. In Jordan, one nurse commented on how impressed she was with the professionalism of clowns: that they visit burn victims, amputees, and children with disabilities and treat them “normally and with full acceptance ... When they encounter any situation, they are able to manage and handle it.” Evaluation participants considered that it may be useful to increase awareness about the specialized, professional nature of the RED NOSES cadre of artists.

Additional aspects of service quality are **teamwork among clowns and opportunities for reflection, learning, and improvement**. How clowns work together, how new clowns are integrated into a team, and how supportive supervision is carried out all affect the quality of the healthcare programme. Having dedicated time and structures to reflect on the work being done at an individual hospital is important for maintaining and proactively improving service quality. Further, the availability of **programme manager support** from healthcare clowning organizations was also cited as an important aspect of service quality. Hospital staff interviewed for case studies expressed gratitude for the responsiveness of programme staff and their professional communication. A staff member in Jordan said, “I am an organized person and I trust organized professional people, as I know they are mature and responsible enough to stick to their plans.” Programme managers need time to regularly communicate with hospital

management, assess current activities, identify needs for improvement, and address systemic issues across a portfolio.

A final lens to consider for service quality is the **intensity of the healthcare programme** itself. Initially, evaluation participants considered that more frequent visits result in stronger partnerships. However, as highlighted by the healthcare staff survey, more exposure to clown visits is not directly correlated with attitudes towards clowns. Upon deeper reflection and examination of the case studies, a more nuanced understanding emerged. It seemed likely that there is a minimum frequency of visits that is needed to maintain working relationships. Unsurprisingly, more frequent visits offer more opportunities for knowing the hospital partner needs, processes, and individuals.

However, more important than how often the visits occurred was that **healthcare staff knew when and what to expect** from clown visits. Programmes that are reliable, predictable, and intentional were highly valued as contributing to overall service and partnership quality. This is one of the reasons why Intensive Smile and procedural work were often credited with building stronger partnerships. Having a permanent team of artists who visit the same hospitals was also valued by healthcare partners.

Finally, considering programme intensity, evaluation participants reflected that with finite human and financial resources, decisions need to be made about the depth versus the breadth of the programme.

Both RED NOSES and healthcare partners recognized opportunities for clowns to positively influence the hospital environment beyond the specific wards where they currently work; for example, suggestions to increase clowning in halls and waiting rooms, or work with adult and geriatric patients. In a hospital in Jordan where children stay for a long period of time and need to continue their education, clowns also make visits to the classrooms. The teacher shared an experience where clowns helped to teach a lesson in a humorous way, and desired more intentional and strategic involvement from clowns in the school. In this way, service quality may be better assessed through the programme’s overall fit with the hospital’s needs rather than only the frequency of visits.

Education

The education and knowledge of healthcare partners about humour in healthcare has an important role in partnership quality. Frequently, **RED NOSES training for healthcare staff** is held at the beginning of a partnership, and sometimes repeated over time. Humour in Healthcare workshops were regularly described as introducing new information and perspectives to healthcare staff. The workshops do not replace real world experience of working with clowns; rather, training serves as a useful orientation to the principles and possibilities of healthcare clowning. Training also lessens the burden on individual clowns to explain the principles of their work to each staff member they meet.

The RED NOSES 2025 Strategy has already outlined a goal to expand humour workshops for healthcare professionals, and this evaluation provides support for this strategy. Many evaluation participants noted that healthcare staff show interest in the workshops, and there was a high level of agreement on the value of such workshops. Yet the evaluation showed that the workshops are not conducted consistently and broadly across the network. Time and human resource constraints, as well as the recent disruptions to in-person work due to COVID-19, were commonly cited reasons for the lack of workshops.

As described earlier in the healthcare staff survey, those who have received training in humour in healthcare are more likely to have positive viewpoints about clowns and see them as an integral part of the healthcare team. It is possible that training results in more positive opinions, or perhaps those who have more positive viewpoints are more likely to attend and remember the training, or both. Regardless, training and workshops were widely regarded in this evaluation as a core part of introducing and refreshing partnerships over time.

Humour in healthcare was rarely mentioned as part of the current educational curriculum for nurses and doctors. Moreover, few respondents in the healthcare staff survey noted that they had been trained in humour in healthcare by anyone other than RED NOSES. In the short term, this heightens the need for humour workshops. In the long term, this offers an opportunity to advance systemic change by introducing **pre- and in-service training** in humour in healthcare.

In addition to training healthcare providers, Dream Doctors in Israel also considers how clowns can participate in existing hospital training programs. Dream Doctors works with hospitals to identify which nurse trainings would be appropriate for clowns to participate in, as well as helps to adapt training programs so they are relevant for clowns. As a result, clowns participate in hospital training activities alongside the nursing staff.

A related aspect of education is the **availability of research on the impact of healthcare clowning**, and the extent to which this evidence is understood and accepted by healthcare partners. The RED NOSES 2025 Strategy already identifies a need to advance knowledge on the impact of healthcare clowning by strengthening the evidence base and sharing the results more broadly. Findings from this evaluation reflected that research is needed to show the value of the work in a healthcare environment, where medical decisions are based on evidence-based protocols.

Sharing data, studies, and research from other settings was cited as a useful strategy for strengthening a partnership. Further, whether a healthcare partner is interested in collecting evidence was a sign of partnership quality. Launching a study and **working collaboratively to research the effects of clowning** showed a high level of trust and mutual interest in the topic. A few evaluation participants even reflected that collecting data for this evaluation helped to strengthen their communications and engagement with participating hospitals.

Feedback

Once working relationships have been established, providing honest feedback is critical to maintaining and improving the partnership. Evaluation participants reflected that one sign of a struggling partnership is that there is a lack of communication from the hospital about their perspectives on the programme, or the feedback is very general and vague. When hospital partners provide comprehensive feedback, they reflect their trust in RED NOSES. They also demonstrate ownership over the healthcare programme with a desire for improvement. Moreover, in an equal partnership feedback flows both ways, with opportunities for RED NOSES to provide constructive feedback to healthcare partners.



Different types of feedback play a role in strengthening a partnership. **Real-time, informal feedback** between clowns and healthcare staff was one of the most cited factors when considering the health of a partnership. Healthcare providers in the case study from Germany stressed how important it was to have easy communication with clowns, and for the artists to be open to feedback. Critical and onstructive feedback gives clowns the opportunity to adjust to local needs, while quiet disapproval typically leads to an abrupt shutdown in the relationship or in activities altogether.

Beyond the day-to-day communication, evaluation participants emphasized the importance of **structured, formal feedback** as well. Generating feedback on a regular basis from hospital administrators, unit leaders, as well as staff. Discussions with RED NOSES offices reflected that it is common practice to solicit feedback from key points of contact at partner hospitals, often on an annual basis. The hospital staff survey used in this evaluation to reach out to a broader group for feedback was new in many contexts; it

may be useful to repeat such a survey in the future. Humour workshops, focus groups, and co-creation activities also offer opportunities for more deliberate and structured feedback.

Collaboration

Collaboration encompasses how partners communicate, make plans, make decisions, as well as how they shape and implement activities together. At a basic level, collaborative working relationships were frequently described as those where communication flows freely in **preparation for the daily work**. This is seen in the extent to which healthcare staff help select patients for visits, share useful information about their conditions, and generally share information about what is happening in the hospital. For healthcare staff, if they identify a patient who would especially benefit from a clown visit, they demonstrate an understanding of the value of humour in healthcare.

For clowns, understanding the circumstances and challenges that a patient faces allows them to sensitively craft an individualised experience and provide high-quality services.

Less frequently mentioned by evaluation participants was the extent to which **healthcare workers actively participate in clowning**: that they adopt humour in healthcare approaches themselves. In survey comments, case study interviews, and focus groups, a common theme was how clowns relieve healthcare staff from the emotional care of children. One medical director said that he values clown visits because the clinic staff have no time for “relationship work” or to play with the children. Another noted that, with clowns the staff can reduce their work to focus on the medical treatment and procedures. This theme was also reflected in the healthcare staff survey, with relatively lower levels of agreement with the statement, “I get ideas from clowns about how to connect with patients.”

These perspectives appear to contrast with the RED NOSES framework of change, which envisions institutional impact through increased use of humour and art and more empathetic interactions. On the one hand, when clowns take over the work of emotional care of patients, they are working as a team, with healthcare workers freed up to care for patients in other ways. However, this raises a question about whether there may be a risk of a displacement effect: if healthcare staff trust and rely on clowns, are they less likely to engage emotionally with patients? At the same time, it is understood that the hospital environment is hectic, and is only expected to become more time constrained. This may be an area to explore further: how to meet the emotional needs of children while also building better bonds between healthcare workers and patients.

Beyond these types of daily interactions among healthcare staff and clowns, one of the most frequently cited signs of a strong partnership was **shared workplanning**. Annual, strategic meetings where partners discuss what has been achieved and what are the needs for the next year were highly valued. Such an annual meeting also generates useful feedback and often accompanies the renewal of an operating contract or MOU, as described in earlier sections. Shared workplanning allows for an exploration of the hospital's needs, a discussion of healthcare clowning programme options, and an

individual implementation approach. When hospital partners identify opportunities for healthcare clowns, and when they are directive about where and how to expand the programme, this demonstrates strong collaboration and alignment with shared goals.

In an example from Dream Doctors in Israel, workplanning is actually not shared; it is completely devolved to the hospital. Nearly all clowns are employed at one hospital and supervised by a hospital staff member. Participating hospitals decide how clowns will spend their time across different departments and hospital needs, as well as provide oversight and feedback directly to the clown.

Finally, **co-design of artistic formats** was held up as an attribute of a highly functioning and collaborative partnership. One focus group participant described co-design as “exploring together what are the needs of the patient and how to address them together.” Many hospital partners gained experience with co-design during the COVID-19 pandemic, as RED NOSES partners shifted to online and no-contact formats, and this was considered to be a good foundation for future collaborations. Even for existing formats such as Intensive Smile, evaluation participants discussed how important it was to build new activities together, including the use of a trial or pilot period before scaling up. Co-design was also emphasized when expanding work to new populations and in vulnerable settings.

For co-design to be successful, both partners need to be genuinely open to the others' ideas. As a result, RED NOSES does not have complete control over the resulting process and formats. This was recognized as a potential challenge as it differs from how many formats have been developed in the past. Evaluation participants reflected on how to maintain artistic integrity and independence in a co-design and collaborative setting. Alongside the processes for successful co-design, additional consideration of the mindset change that is needed for co-design may be useful.

Contribution

In examples of strong partnerships, hospital partners contribute to the sustainable operations of healthcare clowning, with financial or other means. Contributions

from hospital partners were considered to be a sign of joint ownership of the healthcare clowning programme and a recognition of the overall value of healthcare clowning for patient care.

In the context of RED NOSES, healthcare clowning services have been provided free of charge since their inception in most settings. There was a strong sentiment that whether a hospital partner is **willing to finance** the healthcare programme is an indicator of the strength of the partnership. At the same time, to consider discussing the topic of transitioning from free to paid services with hospital partners created anxiety. Evaluation participants perhaps reflected a fear that they would lose hospital partners or otherwise have a radical change in their relationship. In addition, potential financing strategies were acknowledged to vary by country context, healthcare systems, and budgeting processes.

Examples from healthcare clowning organizations in Finland and Israel have shown that a phased approach to generating partial or full financing of services is possible. In both cases, hospitals had options for the type and frequency of services that they could receive, and were able to incrementally increase their contribution over several years. Such a transition must be handled carefully and with attention to other aspects of partnership including shared goals, high quality services, and structures for collaboration and feedback. A detailed business case to explain and justify costs is also needed. Beyond financial contributions, healthcare partners can demonstrate their belief and ownership in the programme in other ways. **Non-financial contributions** also play an important role. A frequently cited example was hospitals that provide a **dedicated space** for dressing and preparation. This was considered to show respect for the work of healthcare clowns, and consideration for them as part of the healthcare team. Another example was found in strong partnerships was **participation in fundraising** activities. Several stories were shared of healthcare partners conducting fundraising campaigns on their own to support their healthcare clowning programme. In other cases, partners included funding for healthcare clowning in their proposals to donors.

Moreover, partners can contribute through their **participation in advocacy and public relations** activities. Posters in the hospital advertising the work of healthcare clowns, participation in public events, as well as engag-

ing in news and social media outreach were all examples of non-financial contributions to the partnership.

Examples were also shared of how partners contribute their social capital by **sharing their networks and interpersonal relationships**. Connecting RED NOSES to government partners as well as other relevant organizations was highly valued. Healthcare partners can offer an authentic voice and have influence over other stakeholders.

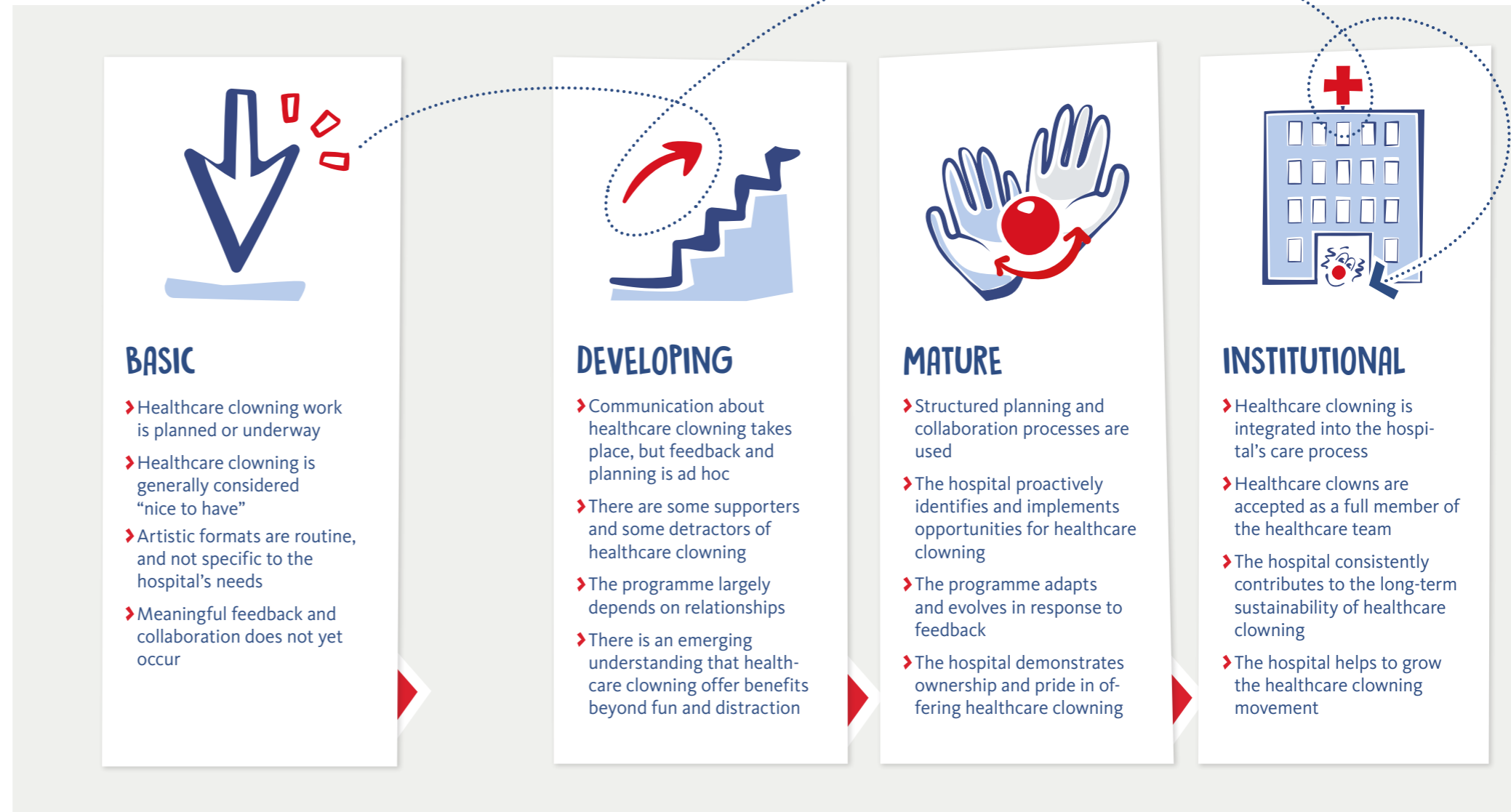
In a final consideration, when the topic of contribution was raised during this evaluation, it was almost always related to how hospitals should contribute. Of course, healthcare clowning organizations already contribute their budget, labour, time, and expertise to make the healthcare clowning programs succeed. At Dream Doctors in Israel, which uses a different model with clowns employed directly by the hospital, the topic of contribution had a different focus. Contribution was considered more about what Dream Doctors can contribute to the hospital's clowning program: funding for 50% of salaries, training and support for clowns, and even research grants for hospitals. This example shows that across all areas of partnerships, there is a role to play for both the healthcare clowning organization and the hospital.



Partnership Stages

Partnerships are complex, and evolve and change over time. Across all of the themes described in the previous sections, hospital partnerships were described across a continuum: from a basic working relationship where healthcare clowning is considered “nice to have”, to more developed and mature relationships where hospital partners play an active role in directing the healthcare clowning program, to truly institutional partnerships where healthcare clowning is integrated into part of the care process and resilient in the face of changes over time. The graphic below describes illustrative characteristics of hospital partnerships in different stages, according to the interviews, focus groups, and case studies conducted for this evaluation.

It is important to note that the age of the partnership does not singularly determine the strength of the partnership. Evaluation participants from RED NOSES described many long-standing hospital partnerships that only met the basic criteria for working together. They also described newly developed partnerships that were quite strong, as a result of building a more intentional and structured foundation for the work together. Further, interviewees reflected on the challenge of redirecting or reinvigorating partnerships that had a long history, but were weak. In some ways, new partnerships offer more of a blank slate for defining the role and value of healthcare clowning. These findings reflect that strategies for strengthening partnerships should be based on the partnership stage and individual hospital characteristics.



Contextual Factors

The previous sections described different aspects of partnerships. In each thematic area, there are aspects that are largely determined by RED NOSES’ actions: for example, offering humour workshops for healthcare staff, supervising and supporting clowns, and fostering collaboration opportunities. Each area also depends on the actions of healthcare partners: attending and engaging at humour workshops, providing constructive feedback, and identifying relevant applications for healthcare clown work.

Additionally, in each area, contextual factors influence what a partnership looks like and its success. Outside factors can constrain as well as facilitate a partnership. While contextual factors are outside of partners’ control, particularly in the short term, evaluation participants considered an exploration of these factors to be useful.

At the organisation level, contextual factors included:

- › Past experience with clowning: Whether and how healthcare clowning has been done at the hospital in the past, as well as how expectations have been set about clowning at the beginning of a relationship
- › Management processes: Decision-making and communication practices that affect how healthcare and clowning is delivered
- › Turnover: The rate of turnover among leadership and staff, and the extent to which turnover changes how healthcare and clowning is delivered

- › Innovation culture: How open the hospital is to new ideas to improve patient well-being and overall patient experience, and the funding available for innovation

More broadly, considering healthcare practices, contextual factors included:

- › Critical events: Emerging threats that affect whether and how clowns can access hospitals, such as infection control or security
- › Healthcare workforce and training: Nursing and medical curriculum content, including whether humour, arts, and well-being are part of pre- and in-service training
- › Health policy: The role of mental health and well-being in health policies
- › Health system resources: Availability and distribution of financial and human resources
- › Culture: Attitudes and beliefs related to clowns generally, healthcare clowning, and mental health and well-being

Even when contextual factors are uncontrollable, understanding these factors helps determine how to best navigate in that environment. It can also raise strategic priorities in terms of what types of partners and what types of systemic change to target in the long term.

V. Partnership Compass

Based on the findings of this evaluation, this section presents a partnership assessment tool. This Partnership Compass is intended to:

- › Describe the different dimensions and components that affect the quality of an individual partnership with a healthcare institution;
- › Consider both factors directly influenced by RED NOSES as well as external and contextual factors;
- › Support programme staff of healthcare clowning organizations to assess a partnership and develop strategies for maintaining and strengthening the partnership over time.



In addition, the tool may be leveraged in the future to provide an aggregate understanding of partnership status across a portfolio.

Guidelines for Using the Partnership Compass

The Partnership Compass has been developed based on the collective input of RED NOSES leadership and staff, healthcare partners, and external experts. The tool is intended to provide a snapshot of the current state of a partnership with a healthcare institution, encourage reflection on its strengths and opportunities, and support the development of specific goals and actions to maintain and strengthen the partnership over time.

- › Determine who will work on this activity. You may select one key contact, or assemble a group of the hospital's key contacts to work on completing the Partnership Compass together. Programme managers, supervisors, and clowns can all be involved in this process. You may also consider completing all or part of the assessment together with your hospital partner.
- › This tool includes a series of themes. Review the descriptions of each theme and its components. For each theme, describe the partnership's current status. Then, consider whether this is an area that you would like to change, and assign a rating and score: Maintain/no change needed (0), Room for improvement (1), Priority to change (2).
- › The tool also includes a section to add themes specific to your country, region, or the hospital.
- › At the end of the tool, based on your overall assessment, set priority goals for the long term and priority actions for the short term related to this partnership.

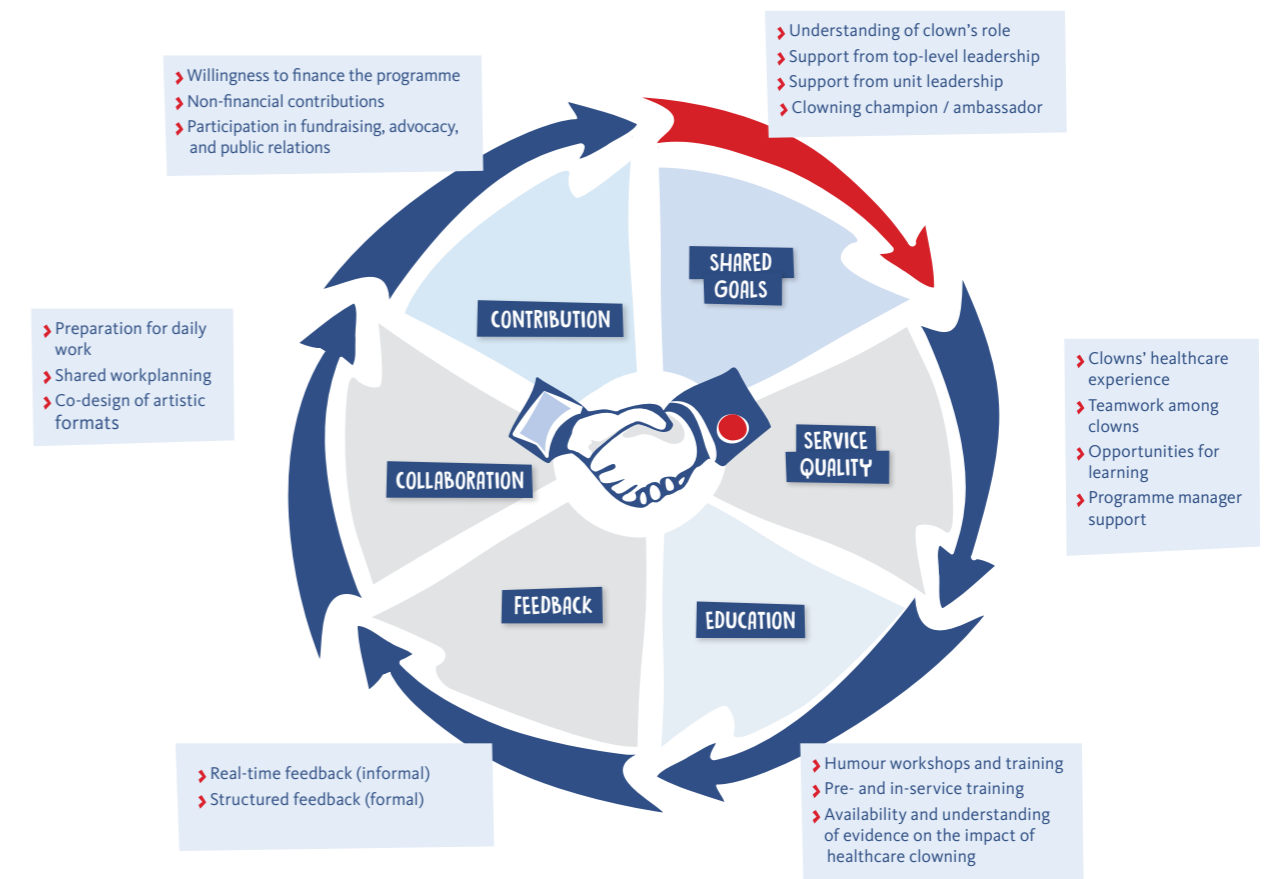
This tool is not an assessment or judgment of your work, nor a rating of the hospital's quality. When considering each theme, think about the actions and responsibilities of RED NOSES, the actions and responsibilities of the hospital, as well as the broader context and influencing factors when you make your conclusions.

There are no right or wrong answers in this tool. The tool is intended to prompt discussion and reflection. A lower rating does not necessarily reflect poor performance or require action. Similarly, a higher rating may reflect factors outside of your control and require action to maintain that status over time. Ultimately, your team will decide what are the goals and actions for the partnership. The more honestly you can consider each theme, the more useful the tool will be to your team.

It is recommended to repeat the activity over time to track progress against your goals. You may choose to use this tool as part of your semi- or annual planning process. The Partnership Compass can also be used in advance of a new partnership or new activity with an existing partnership, as well as in response to new events or other changes in your operating context.

Partnership Themes and Components

Review the key themes and components below. (For more exploration of these themes, refer to the Healthcare Partnerships Evaluation.)



- › **Shared Goals:** A shared understanding of the clown's role in the healthcare system, as well as support from top-level and unit leadership
- › **Service Quality:** Clowns' experience in the healthcare system, as well as how they work together and have opportunities for learning and improvement
- › **Education:** Training for healthcare workers on humour in healthcare, as well as the availability and understanding of evidence on the impact of healthcare clowning
- › **Feedback:** The flow of feedback informally in real-time, as well as through more structured and formal methods
- › **Collaboration:** How healthcare partners prepare for the daily work of healthcare clowning, the extent to which shared workplanning occurs, and how partners participate in co-design of artistic formats
- › **Contribution:** Partners' willingness to contribute to healthcare clowning through financial and non-financial means, as well as their participation in fundraising, advocacy, and public relations activities

Partnership Assessment

For each theme, describe the partnership's current status.

Then, consider whether this is an area that you would like to change, and assign a rating and score:

- Maintain/no change needed (0 points)
- Room for improvement (1 point)
- Priority to change (2 points)

Theme	Rating	Score
Shared Goals		
Service Quality		
Education		
Feedback		
Collaboration		
Contribution		
Custom <small>(Optional: add a theme specific to your context)</small>		

Action Planning

Based on this assessment, make a list of priority goals that you would like to achieve in the long term. Then, make a list of priority actions to do in the short term to advance these goals. Be specific about who will be responsible for the actions, and when they will be completed.

Action Planning - What, Who, and When

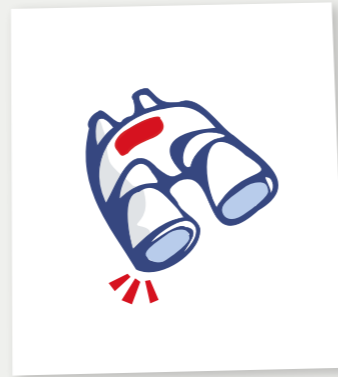
Priority Goals

Priority Actions

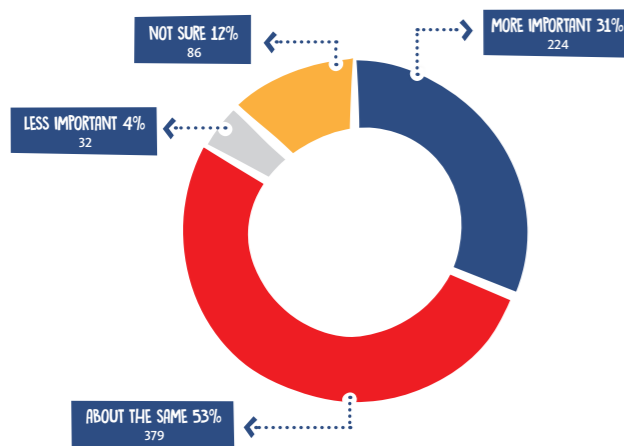
V. Looking Towards the Future

Evaluation Questions: Looking Towards the Future

7. Which evolving trends in healthcare systems and hospital processes will affect our work? How can we prepare to adapt to these changes?
8. What opportunities are there for RED NOSES to make a positive, lasting change on healthcare systems?



THINKING ABOUT THE FUTURE, DO YOU THINK THAT CLOWNS IN YOUR UNIT WILL BE MORE IMPORTANT, ABOUT THE SAME, OR LESS IMPORTANT?



Health systems are constantly changing, and healthcare clowning must evolve and adapt as well. The outlook for the future was examined through the healthcare staff survey as well as qualitative research. A summary of these results is presented in this section, along with recommendations for acting on the results of this evaluation.

The final question in the healthcare staff survey asked about the expectations for the future of healthcare clown work, and the results are pictured on the right. Slightly more than half of respondents indicated that health care clowns would have about the same level of importance in the future, and about one-third said they would be more important.

Team leaders were more likely than frontline staff to say that healthcare clowning will be more important in the future (40% of team leaders compared to 29% of staff).

Those who have been trained in humour in healthcare were also more likely to expect that clowning will be more important in the future (43% compared to 29%).

Among nurses and doctors, responses to this question were similar, with a slightly higher portion of nurses (32%) saying that healthcare clowns will be more important compared to doctors (26%).

These results reflect that healthcare partners not only have different opinions about the current role of clowns in the healthcare system, but also that they have different expectations for the future. Relatively few survey participants thought that the importance of healthcare clowning would decline in the future.

Future Outlook Response by Respondent Characteristics				
	More Important	About the Same	Less Important	Not Sure
Team Leadership Status				
Team Leaders	51 (40%)	63 (50%)	5 (4%)	7 (6%)
Frontline Staff	159 (29%)	292 (53%)	24 (4%)	73 (13%)
Profession				
Nurses	158 (32%)	256 (52%)	17 (3%)	58 (12%)
Doctors	23 (26%)	45 (51%)	6 (7%)	15 (17%)
Humour in Healthcare Training				
Trained	45 (43%)	49 (47%)	1 (1%)	10 (10%)
Not Trained	178 (29%)	329 (54%)	31 (5%)	76 (12%)

Considering trends, and opportunities for the future, RED NOSES staff and external experts identified several relevant points. First, evaluation participants recognized that the COVID-19 pandemic created major shocks in the healthcare system and society, and these shifts are expected to continue. The pandemic presented a multitude of challenges to healthcare clowning, but also presents an opportunity to shift to deeper and more intentional partnership models. Evaluation participants described how the pandemic shined a light on their partnerships, showing which ones were stronger and durable, and which were vulnerable. There is now an opportunity to start or renew conversations with healthcare partners in light of how healthcare clowning has evolved during the pandemic.

In practical terms, evaluation participants expect that **increased infection control and hygiene procedures** will persist, requiring flexible and low/no-contact artistic formats. In some settings, the pandemic has also raised awareness about the mental health needs of children, offering an **opportunity to advocate** for their rights to human connection and joy. In most countries the health workforce is also facing unprecedented levels of burnout, stress, and anxiety.

Beyond the effects of the pandemic, wider healthcare trends include **shorter inpatient lengths of stay**. These will require flexibility to adapt formats that fit into healthcare services that are extremely streamlined, with more activities happening before and after admission. The global healthcare community has a growing appreciation for holistic and integrative care, and the **need to address mental health and well-being**. While the extent to which these ideas are translated into policies and action varies tremendously by context, this trend is expected to offer an important opportunity for healthcare clowning work.

Finally, many evaluation participants saw opportunities for healthcare clowning to be more strategically applied in acute, stressful circumstances. With advances in technology bringing more options to address patient boredom among general populations, evaluation participants expect that healthcare clowning will evolve to **focus the human connection needs of the most vulnerable**. Evaluation participants saw opportunities to maximize the benefits of healthcare clowning through shifts toward procedure work (such as Intensive Smile), working in humanitarian contexts, and expanding work with adults and the elderly.

Recommendations

This evaluation lent support for several existing priorities in the RED NOSES 2020-2025 Strategy including:

- Offering more humour workshops for healthcare staff
- Strengthening the evidence base on the impact of healthcare clowning
- Mobilising support through advocacy

To continue advancing healthcare partnerships, the following recommendations are proposed:

Recommendation 1: Pilot the Partnership Compass in different settings

- Identify opportunities to pilot the Partnership Compass. Applying the tool in different countries and different types of partnerships will help to understand its utility.
- Explore further how hospital partners define successful partnerships to understand and incorporate their perspectives. Also consider how to incorporate the perspective of patients in this effort.
- Generate feedback from the pilot process on how to adapt, apply, and scale up the Partnership Compass at RED NOSES.

Recommendation 2: Explore and address potential gaps in healthcare partnerships

- Strengthen formal feedback structures. The evaluation showed that most feedback processes are informal. The tools in the evaluation such as the healthcare staff survey and case study tools may be useful for eliciting constructive feedback on a regular basis.

ANNEX A: HOSPITAL STAFF SURVEY TOOL

Introduction: This is a 5-minute survey from RED NOSES to help us understand your perspectives about clowning in healthcare. The results will be used to inform our work in your country and more broadly in the RED NOSES network. Your responses are anonymous. Please be honest in your feedback. Thank you!

Your Experience with Clowning

1. On average, how often do you see clown visits in your unit? (Include in-person visits and virtual visits)

- 1 time a month or less 2 – 3 times a month / every other week 4 times a month / every week or more

2. Have you ever received training about humour in healthcare?

- Yes No

If Yes, was the training from RED NOSES?

- Yes No I Don't Know

The Effects of Clown Visits

Please read the following statements and tell us how you feel about each one.

3. It is easier to examine or treat patients when clowns visit the hospital.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

4. I get ideas from clowns about how to distract or get the cooperation of patients.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

5. I get ideas from clowns about how to connect with patients.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

6. As a result of clown visits, the general atmosphere in my unit improves.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

7. As a result of clown visits, I feel I can do my job better.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

8. As a result of clown visits, I work better with other healthcare staff.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

How You Work with Clowns

9. Do you make plans with clowns about their visits?

- Yes No

If Yes, how would you describe the planning process?

- Formal: We make plans for how the clowns will work Informal: We talk when the clowns visit or when we have free time

- Examine further the effect of clowning on healthcare staff. Specifically, the evaluation showed less support that humour is being adopted by staff and that clowning is improving teamwork among healthcare providers. Further exploration of whether and how these expected changes happen may be useful for humour workshops and development of artistic formats.

Recommendation 3: Use the collective power of RED NOSES to strengthen healthcare partnerships systemically

- Develop and use clear messaging for healthcare partners on the role of clowns in the healthcare team. Discussions during this evaluation reflected that there is some uncertainty of how to position the clown's role as a member of the team without overstating the benefits or interfering with artistic integrity. Messaging should include the evidence to support clowning in the healthcare environment, as well as appeal to the values held by key stakeholders and decision-makers.
- Identify and promote opportunities for healthcare clowning to meet the needs of healthcare partners, especially in more acute and stressful situations. The evaluation reflected that the future of healthcare clowning is expected to be more targeted to populations and situations where humour offers unique value. Sharing the results of this evaluation with hospital partners and medical societies would be useful in this effort.
- Look beyond strengthening individual relationships to seek systemic change. While strengthening individual partnerships with healthcare institutions will continue to be important, there is also an opportunity to think systemically. Continue to consider how to achieve the objectives of healthcare clowning through partnerships in the wider healthcare and policy environment. Building relationships with partners such as medical societies, children's rights groups, and similar groups can accelerate healthcare clowning efforts more broadly.



ANNEX B: HOSPITAL PARTNER CHARACTERISTICS FORM

10. During an emergency situation, do you think clowns should be considered essential workers as part of the healthcare team?

- Yes Maybe / Not Sure No

11. Thinking about the future, do you think that clowns in your unit will be more important, about the same, or less important?

- More Important About the Same Less Important I Don't Know / Not Sure

Demographics

This information will help us analyse the responses.

Are you a director, manager, or team leader?

- Yes No

What is your gender?

- Female Male Other / prefer not to say

What is your profession?

- Nurse / Nurse Assistant
 Psychologist / Social Worker
 Doctor / Doctor Assistant
 Administrator
 Other

What is your age?

- Less than 30
 30 to 45
 46 to 60
 More than 60

Additional Comments (Optional)

Is there anything else you'd like to share about healthcare clowns?

Healthcare Staff Survey Data Analysis – RED NOSES

Instructions: Please complete this form for each hospital that participates in the healthcare staff survey. This information will be used to help analyse the survey data.

Country	
Hospital Name	

What type of survey did you use at this hospital?	Paper / electronic / combination
In the selected wards, do you think 50% or more of the staff completed the survey?	Yes / No

What year did you begin working in this hospital?	
Is Circus Patientus conducted at this hospital?	Yes / No
Is Intensive Smile conducted at this hospital?	Yes / No
Are there any other special formats conducted at this hospital? If so, please list them.	
On average, how many days per week do clowns visit the hospital?	
What is the size of the hospital (number of inpatient beds)? Put an approximate number if you are not sure.	
What is the setting of the hospital?	Urban / Rural
Does this hospital pay for any clown visits from their own budget? Or does this hospital receive any outside financing for clown visits such as government or private grants? Please describe.	

THANK YOU! Your feedback is important to us.

ANNEX C: CASE STUDY INTERVIEW GUIDE

How would you rate this hospital on the following items? Mark your selection with an X.

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
The amount of feedback you receive					
The support you receive from top-level leadership					
The support you receive from unit/ward leadership					
Overall understanding of the goal of clowning					
Collaborate with clowns to integrate them into their healthcare work					
Openness to new ideas in healthcare					

INTERVIEW NOTE-TAKING SHEET

Date:
 Interviewer:
 Hospital:
 Respondent Name:
 Respondent Position and Office/Ward:
 Respondent Email (for sharing summary of results):

INTRODUCTION AND CONSENT (5 minutes)

As you may know, we are part of a network of healthcare clowning organisations in Europe and the Middle East called RED NOSES. We are currently conducting a review of our healthcare programme across the 11 countries where we work. As part of this effort, we are reaching out to our hospital partners to understand their perspectives on clowning.

We are conducting several interviews at your hospital to understand what is working well, what can be improved, and how we can best work together in the future. I encourage you to be open and honest in your responses, including any critical feedback, so that we can best learn from this effort. This discussion is confidential, and your responses will only be shared among the people at RED NOSES working on the programme review.

This interview has 5 main questions and is expected to last for 30 minutes. Your feedback will be used to help the RED NOSES network of healthcare clowning organisations build stronger partnerships with hospitals and healthcare providers. At the end of the review, we will develop a summary of findings, and will share this with you. Do you consent to participate? Do you have any questions?

PARTNERSHIP REFLECTION (20 minutes)

1. Briefly, how would you describe the role of clowns in your hospital? What is the purpose of having clowns in the hospital, and how do they fit into your work?
2. For the next few questions, I would like you to think about what makes clowning successful in a hospital. First, think about yourself and your colleagues. What do you do to make clowning a success? How do you prepare and support the activities?
3. We know that having the trust of our hospital partners is very important. Specifically, what has RED NOSES done to gain your trust and your confidence? Why are these things important to you?

Action	Description/Why Important

4. Besides what the clowns do, there are many other things that affect clowning in a hospital. Is there anything about your hospital and your context that helps make clowning successful? Is there anything that makes it difficult?

External factors – helpful	External factors - challenges

5. Thinking about the future, what do you expect for the future of clowning at your hospital? Are there any opportunities that you see? Any potential challenges or constraints?

General expectations:	
Opportunities	Challenges

ADDITIONAL COMMENTS AND CLOSING (5 minutes)

Is there anything else you'd like to share?

Thank you for your time. Your perspectives are valuable to RED NOSES to learn and improve about our work. We look forward to sharing the results back with you.

INTERVIEWER COMMENTS:

Please add any reflections or comments on the interview here.

ANNEX C: CASE STUDY INTERVIEW GUIDE

Phase	Date	Key Activities
Phase 1: Inception June 15 – July 31	June 15	Kick-off
	June 16-July 5	Document review, consultations, development of evaluation protocol
	July 6-14	Development of evaluation protocol
	July 15-31	Review and revision of protocol, final submission
Phase 2: Data collection and analysis August 1 – November 15	Aug 1-Sept 15	Planning and sampling for healthcare staff survey
	Aug 1-Nov 15	Planning and data collection for case studies
	Aug 20	Working group focus group 1
	Sept 15- Nov 5	Survey of hospital staff
	Oct 20 – Nov 15	Key informant interviews
	Nov 10	Working group focus group 2
	Nov 16-30	Data analysis, report writing, graphics
	Nov 30	Submit draft evaluation report
Phase 3: Validation and dissemination November 16 – December 31	Dec 1-14	RED NOSES review of draft evaluation report
	Dec 15	Feedback and Learning Session
	Dec 16-30	Report revisions based on feedback
	Dec 31	Submit final evaluation report

ANNEX E: ADDITIONAL SURVEY GRAPHICS

