

Saving Costs for Hospitals Through Medical Clowning: A Study of Hospital Staff Perspectives on the Impact of the Medical Clown

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ABSTRACT: This study explores the perspectives of doctors, nurses, and technicians on the medical clown. A total of 35 subjects were interviewed one on one. Interviews were transcribed and analyzed for common themes. Medical staff outlined novel limitations and views of future directions for the field of medical clowning. Most importantly, many previously unpublished benefits of medical clowns were described. These reported benefits included cost-saving measures for the hospital, increases in staff efficiency, better patient outcomes, and lower stress in medical staff. Given that most of the limitations on medical clowning are financial in nature, these findings have substantial implications for the future of the field. As medical clowning continues to grow, this study outlines the potential for various future research projects within this field of study.

KEYWORDS: Medical clowning, therapeutic clowning, clown doctor, anesthesia, radiology, oncology, pediatrics

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Introduction

Medical clowning is a growing paramedical practice in various health care settings worldwide.^{1–7} In this paramedical practice, clowns are integrated into health care teams to mitigate stress, loneliness, fear, and helplessness in hospitalized patients.^{4,6–13} Using humor, games, and improvisation, medical clowns create a more positive atmosphere and trust between the health care team and the patient.^{5,7,13,14} Previous studies have demonstrated a significant positive effect of medical clowns on preoperative and postoperative anxiety, self-reported pain, and in vitro fertilization treatment effectiveness.^{15–17} Furthermore, studies have consistently demonstrated that clowns are appreciated by pediatric patients.^{8,18}

However, there is scarce literature from the perspective of the health care team on the medical clown, especially outside the realm of pediatrics.¹⁸ Although some studies have found that hospital staff appreciate the clown, others have found that staff view the clown as disruptive even when the medical clown is benefiting patients.^{8,18,19} The importance of collaboration within the health care team has been consistently stressed in the literature.^{20–22} If the field of medical clowning continues to grow, it will be important to gain the perspective of health care practitioners.^{8,18} Furthermore, little research consists of what medical teams require from the medical clown or how medical clowns are most effectively employed in the hospital. Therefore, this study seeks to address what the medical team wants from an effective medical clown and how the medical clown impacts the medical team. Finally, this study will explore avenues for future research on the medical clown that were elucidated through interviews with medical staff.

Methods

Semi-structured interviews were conducted individually with 35 doctors, nurses, and technicians of the Davidoff oncology ward of Beilinson Hospital in Petah Tikva, Israel. The Davidoff ward treats pediatric, adult, and geriatric patient populations, and employed 1 medical clown at the time of study and another medical clown before this study took place. There were 12 questions pertaining to medical clowning asked in this study (Supplemental Appendix 1). Following the principles of grounded theory, the study started with a focus on the interviewee's perceived role of the medical clown within the medical team. The number of participants was determined using the point of saturation principle. Participants were recruited via ad hoc networking within the hospital and established connections within the ward. The interviewer had no prior relationship with the interviewees or the hospital to reduce bias and allow the subjects to speak freely. Interviews were tape-recorded, transcribed verbatim, and, if necessary, translated from Hebrew to English. Interviews were conducted in the language of the subject's choice, to make the interviewee feel free to talk about their perceptions with the researcher.

Following grounded theory, these interviews were then analyzed for codes, themes, and sub-themes. Throughout coding, interview transcripts were read 2 to 3 times and notes were written to highlight similar concepts and stories between subjects. These similarities and differences were used to create a coding frame that was then applied to all the transcripts for analysis. During comparison, these codes were collated across interviews to create themes. This analysis procedure continued until no new themes emerged, or until additional interviews revealed no new information. In section "Discussion" of this



article, subtitles are used to denote themes that emerged through the analysis of the data. The point of saturation was reached after 25 interviews; 10 more interviews were conducted. There were 2 other interviews that were incomplete, and their data were not included with the 35 total interviews in this study. In this article, interviewees are cited using parentheses denoting their assigned interview number to maintain anonymity. This study was overseen and approved by the institutional review board (IRB) committee of Beilinson Hospital.

Results

What do health care workers look for in a medical clown?

First, the study explored what health care workers want from an ideal medical clown. Health care workers were asked what makes a medical clown effective in their role. The main subjects that health care workers repeatedly focused on were the necessity of tact, humanization, and respect for the health care hierarchy from the clown. Medical staff describing what makes a good medical clown fell into 5 categories. A total of 16 subjects gave the most common response; a good medical clown should connect and humanize patients. The next most common response, given by 10 subjects, was the ability to make the patient laugh or relaxed. Five participants said a good clown needs a passion for their work, 2 said that medical knowledge is needed, and 2 said that knowing their role makes a good medical clown.

The necessity for tact in an effective medical clown was one of the most prevalent themes in these interviews. Specifically, they discussed that medical clown must be aware of when to approach the patient and when they need to back away. Many of the health care workers used a patient-centric perspective on the use of the medical clown “The boundary is the patient. If the patient doesn’t want something, that is the boundary.”²³ The staff often asserted that the patient is the ultimate driver of the role of the medical clown. They relayed stories of certain patients who would consistently ask or wait for the medical clown, whereas others would ask for the medical clown to not approach them. However, some of the medical staff acknowledged that certain patients are wary of the medical clown at first, and warm up to them over time. The common consensus was that the clown must gain clear consent from the patient for an effective interaction to take place. Furthermore, many interviewees made sure to say that a clown should avoid discussing potentially inflammatory topics such as debating religion, disease, or death directly, and that the clown should not put anyone down other than themselves.

Another topic that was discussed frequently was the need for the clown to effectively humanize and connect with patients. Health care workers often said that the medical clown’s job was not to be funny at all times, and that an effective medical clown was there to facilitate human connections.

When asked what a good medical clown does, one nurse replied, “(S)he doesn’t see a patient. (s)he sees that person.”²⁰ Not only is this relationship between a clown and a patient helpful for the well-being of the patient itself, but it can also serve as an inspiration for the health care team to humanize the patient as well. One physician said,

I want to think that I don’t neglect the mental aspects of the patient, but I for sure sometimes do because this is a very busy system. So [I] think the medical clown helps with the aspect that can sometimes be neglected or pushed to the side.¹⁵

This sentiment that clowns can serve as a physical reminder to establish connections with the patient was a common theme. Medical staff revealed that it was sometimes too easy to become numb to the heavy emotional weight in an oncology ward. The clown reportedly breaks this monotony and aids in establishing solid connections between patients and health care staff.

When discussing what was ideal in a medical clown, the subjects also revealed what was unwanted from a medical clown. When asked to describe what a bad medical clown would look like, subjects gave 4 types of answers. Thirteen maintained that there is no such thing as a bad medical clown, just a clown that is not as helpful. Ten subjects suggested that a clown that is not funny or entertaining is a bad medical clown. Six mentioned a clown that interferes with the medical team, and 6 more said a clown who cannot empathize with patients is a bad medical clown. The most common theme was that a medical clown should give the medical team space when needed. Subjects especially highlighted that medical clowns should not manipulate any sterile equipment or interfere in the protocols of any procedures. Health care workers did not seem to mind if the medical clown was present when administering treatments, and some specifically encouraged the practice; however, they did call for a mutual respect when doing so. One interviewee said, “(S)he should know that this is his or her job to make them (the patients) happy, to make them easier to get the treatment but not to get too involved in treatment itself.”¹⁹ Many health care workers echoed that although the clown has an important role in the health care team, it is very separate from the logistics of the treatment itself in the oncology ward.

Finally, a common theme among staff was that an ideal clown is able to connect with the staff, brighten their day, and make them laugh. When comparing positive and negative experiences with different medical clowns in the ward, a common theme emerged that the clown must keep their material fresh. Repetition or overplayed jokes can become grating to health care workers quickly, and the clown’s relationship with the staff is important for their continued benefit to care. Most of the staff, however, asserted that they had only had good experiences with the medical clown and would tell stories of how the clown never failed to brighten up their workday.

What are the logistical and emotional limitations of the clown?

An important topic of this study was elucidating the limitations of the medical clown on a logistical and emotional level according to the health care team. Although previous studies have implied that the main limitation of the medical clown is the wishes of the health care team, most of the staff interviewed maintained that the patient was the primary limitation of the clown.^{7,18} Interviews with subjects brought to light a commonality of logistical, emotional, and professional limitations of the clown with respect to patient interactions that have not been previously discussed in the literature.

When asked about the limitations of the medical clown, there were 5 themes of answers. The most common, at 19 responses, was that the patient should be the limiting factor for the medical clown. The second most common response was that the medical clown should not overstep boundaries set by the medical staff, with 7 responses. Five subjects claimed that the medical clown should have no boundaries. Two interviewees said that the medical clown is most limited by a lack of funding from the hospital, and 2 said the clown is most limited by the clown's emotional burden in dealing with patients.

The most common limitation brought up with respect to the clown was obtaining consent of the patient. The staff reported a wide range of desires to interact with the medical clown between patients. Certain patients were reported to specifically request the clown to visit, whereas staff reported that other patients would request limited interactions from the clown or none at all. According to the staff, the medical clown obtaining verbal or nonverbal consent was of the utmost importance to creating a positive interaction and fulfilling his or her role within the medical team. However, as the clown is often presented as a foreign actor in an unfamiliar environment, some patients may be wary of the medical clown's approach. According to one nurse, this challenge separates good medical clowns from the mediocre:

There will always be people that the medical clown will be able to approach because that's who they are. You can come to them anytime. But the challenge of a good medical clown which separates them from the faulty medical clown will be coming to those people that are a bit . . . hard to break. And to those hearts we want to go into. (sic)²³

This idea is common, and other medical staff expressed that a great medical clown is one that is able to break open the shell of an emotionally hardened patient and lead them to laugh, hope, and confront their situation in the hospital. However, this poses a challenge to the medical clown regarding expressed consent. Therefore, it should be important that the medical clown must operate under the guise of ongoing consent from the patient. The clown must be sure to not push further than the patient has desire for and does not force themselves on the patient via their act, comedy, or presence more than necessary.

For this reason, knowing when to back off was a common theme among staff when asked about the ideal traits of a medical clown.

Furthermore, the importance of consent was especially stressed for situations of elevated emotional and physical vulnerability. For example, nurses and doctors expressed that the medical clown needed to be more focused on obtaining consent when a patient might be in a state of undress, going through an invasive or painful procedure, or when having an emotionally charged conversation such as discussing end-of-life directives or hearing unfortunate news. Although some of the interviewees admitted to benefits of the medical clown in these scenarios, such as mitigating stress or providing coping mechanisms for patients, the staff largely asserted that the clown's presence could further complicate already difficult moments and is thus not the time or place for a clown.

Another common limitation of the clown was logistical limitations with respect to location within the hospital. For example, it was largely the opinion of subjects that the medical clown has no reason to be in the operating room (OR) during surgery. This is because the clown serves little to no purpose when the patient is sedated and could only get in the way of the heavily regimented and sterile environment of the OR. Similarly, some doctors said that the clown should refrain from visiting the intensive care unit (ICU) or trauma wards due to the importance of sterility as well as heightened emotional instability in patients undergoing severe trauma. However, some subjects stressed the greater need of laughter and stress alleviation during such traumatic experiences. Most expressed the need for a heightened social awareness and sensitivity when dealing with these difficult scenarios.

One of the more unexpected results of this study was the lack of perceived limitations toward the clown that the medical staff expressed themselves. When asked about the main limitation of the medical clown, only 8 out of the 35 personnel interviewed said that the staff should be a primary limitation of the medical clown. Those that did would generally say that the clown should not directly interfere with their work, or that the clown could not contaminate medical equipment. This is important as these interviews imply that the medical clowns, after having established a trustworthy relationship with the staff, have more freedom and trust to do their job than previously discussed in the literature.^{7,8} This supports the idea that the medical clown is seen as another tool in the medical staff's arsenal to treat the patient.

Finally, one of the most commonly discussed limitations was the lack of funding for the medical clown. Hospital staff frequently brought up the financial limitations that prevented the clown from working as often as the medical staff thought the clown was needed. This will be discussed later in the article, but the main focus from the medical staff was that the clown is able to provide much more to the hospital than just making patients happy. Doctors, nurses, and technicians all spoke about

the benefits of the clown on productivity, emotional perseverance, and even cost-cutting measures within the hospital. All of these positives resulted in an expressed desire for greater involvement of the medical clown in hospital care.

Do medical staff want more medical clowns?

The most frequent topic to be brought up outside of the scope of direct questioning was the need for a greater presence of medical clowns in the hospital. Without any sort of prompting by the interviewer, 33 out of the 35 subjects said that they wanted more shifts covered by the medical clown than there were at the time of the study. The same number of interviewees also claimed that the clown is absolutely important to the hospital and the staff. The fact that this was a nearly unanimous response, and that said response was never with respect to a specific or targeted line of questioning on the interviewer's part, indicates that clowns have a very important role to play in the medical team. This also speaks to the fondness of the medical clown from the medical staff. Furthermore, 30 out of the 35 subjects said unprompted that medical clowns should be employed in a greater variety of situations and locations throughout the hospital. This line of reasoning stemmed from the idea that the medical clown should be employed in wards focused on adult inpatients and not just focused on pediatrics. When expressing these opinions, health care staff would often share stories about how a medical clown was able to help with an adult staying in the oncology ward.

These wishes for increases in shifts as well as diversity of application followed a theme that the medical clown has much more potential benefit to the team than is currently provided. Some doctors and nurses expressed the desire to be able to call for a clown when needed. Many nurses would tell stories of when they were dealing with a patient that they could have benefited from the medical clown's presence; however, there was no way to contact the clown or the clown did not have a shift at the hospital at that time. Health care professionals claimed that this kind of ad hoc system was inefficient and often would result in patient care that was not optimal compared with when there was some sort of on-demand structure for the clown. These expressed desires from the health care team reinforce claims that the medical clown should become a more organized or standardized member of the health care team.

How does the clown impact the health care team emotionally?

Most, 32 out of 35, of the health care staff interviewed claimed that the medical clown helps them with emotional stress inherent to their work in the medical field. The most common reported means by which the clown relieves staff stress is the change in atmosphere that the clown brings to the ward. Many subjects brought up the notion that the hospital can feel too regimented or "boxed in" at times. The clown reportedly

interrupts this environment, which is refreshing to staff and patients. Multiple interviewees said that the clown brought "life," "color," or a "party" to the hospital environment, contrasting and counteracting their descriptions of "monotonous" or "sad vibes" inherent to the oncology ward.

Medical staff also provided concrete examples of ways in which the medical clown relieves emotional burden. One focus was how medical clowns are able to aid in the treatment of children. Clowns were reported to lessen the trauma of treating sick children on a day-to-day basis from the medical staff. The clown was said to lessen the anxiety of the child and make the hospital visit fun rather than a frightening experience. Staff emphasized that having to treat a smiling child playing a game with the clown is far easier emotionally than being forced to treat or sedate a hysterical one, especially when treating children every day. Furthermore, medical staff claimed that it was far easier to establish a connection with the child when the clown is present. The clown reportedly acts as a facilitator or liaison between the patient and the medical team, allowing for the staff to more easily establish a connection while preparing for a treatment. This relieves some of the emotional and mental burdens of establishing rapport from the medical team, creating a more natural connection through the songs, games, and jokes from the medical clown. Finally, medical staff stressed that one of the greatest emotional benefits of the clown with respect to dealing with pediatric patients was the effect on the parents. Medical staff highlighted that parents had significantly reduced anxiety about procedures with the medical clown present. A common theme in these stories was that the parents could finally "take a step back" and let the clown entertain and care for their sick child. Medical staff said that this decreased parental stress with respect to treatment of their child, which in turn decreased the stress of the medical staff as they no longer had to console worried parents.

Nurses, doctors, and technicians also claimed that the medical clown greatly helped decrease the emotional stress of dealing with adult patients. When asked about what staff did not enjoy about their job, a frequent complaint was having to interact with anxious patients. Specifically, instances of patients wandering the ward looking for staff were cited as one of the most frustrating aspects. Multiple nurses and technicians claimed that, due to long wait times, patients would get bored, restless, and anxious in the waiting room and take it on themselves to find offices and treatment facilities with the goal of expediting their own care. However, staff claimed that when the medical clown was present, this occurrence rarely if ever happens. This, one nurse reasoned, is due to the patients being entertained by the clown in the waiting area, and therefore not keeping track of the time or becoming anxious. Many of the staff said that when the clown is working, they can sense the clown's presence even if they do not see or hear him or her because the patients are easier to manage. Various doctors, nurses, and technicians reported that patients wander less frequently, resulting in fewer interruptions to their work; that

patients are happier once called to their appointment and comply easier with treatment; and that patients do not complain about wait times, all of which is emotionally draining to health care practitioners. The fact that the staff can see such a noticeable distinction in adult patient mood with the clown present speaks to the effects of the medical clown on the staff, patients, and atmosphere of the hospital.

Although most of the interviewees maintained that the clown helped them emotionally, there was some discrepancy regarding how much of an impact there was. Some of the staff said that the clown's effect on their mood is temporary; the clown brings a moment of joy, but after the clown leaves there is no lasting impact on their emotional state. Others however maintained that the clown alleviates a significant amount of emotional burden in their job and can help prevent burnout.

Overall, the medical staff consistently reported that the medical clown is able to improve their mood when working in the hospital. This improved mood and decrease in stress are attributed to both direct interactions such as playing games with, singing with, or making jokes with the clown and the patient, as well as indirect effects of the clown such as the emotional satisfaction of working with a happier or more compliant patient population.

How does the medical clown impact the staff on the professional level?

One of the most important findings of this study was the extent to which it was reported that the medical clown helps staff on a professional level in the hospital. Out of the 35 subjects interviewed, 32 claimed that the medical clown had helped them do their jobs better. The usefulness of the medical clown in health care has been previously discussed; however, this study brought to light some unexplored uses of the medical clown in the oncology ward. The most common methods of usefulness were during radiation therapy simulation.

Perhaps, the most important finding of the study is the usefulness of the clown with respect to procedures involving sedation. Although previous studies have reported the usefulness of the clown in calming a child enough to receive anesthesia, none have yet reported using the clown as a replacement to sedation entirely.²³⁻²⁶ Of the interviewed subjects working directly with imaging or radiotherapy procedures, 18 out of 21 brought up without prompting that they had worked with the medical clown to successfully run procedures without anesthesia where children are normally sedated. Medical staff report that they often are forced to sedate the child to administer a scan or radiotherapy treatment, because the patient is anxious and moves too much, therefore impeding accurate results. With the clown, however, the medical team is able to calm the patient, normally a child, enough so that they are still for the entirety of the procedure.

The ability to use a medical clown as a substitution for general anesthesia is beneficial in numerous ways according

to subjects. First, the procedure is far less emotionally and physically draining for patients, parents, and the staff alike. The willingness of the patient allows for an easier and smoother treatment, and less tension between the staff, patient, and family. Technicians reported that, in children undergoing imaging scans with the clown versus sedation, the scans with the clown were just as precise. Furthermore, subjects noted an observable increase in the precision of scans and treatment with adults when the medical clown was present versus when the clown was not. This effect was said to be due to the clown calming down the adult patients, and therefore they are able to lie more still for longer during the treatment. Technicians reported that the clown increases not only the precision of the treatment, but also efficiency in the ward. They claim that, when the clown is present, patients move less during treatment, and therefore the treatment can be run without having to reset as frequently. This decreases the overall time that a procedure takes to complete, and they can quickly move onto the next patient.

Second, there is an element of financial benefit to the hospital when the clown is present for these treatments. The nurses and doctors in the oncology ward claim that it is likely that the clown saves the hospital money in these instances. The cost of the clown is less than the total cost of using an anesthesiologist and the drugs required to sedate the patient for this kind of procedure. Furthermore, some doctors in this study observed that patients interacting with the medical clown require fewer analgesics when staying in the hospital. Therefore, some doctors noted that further investment in more medical clowns could potentially save the hospital money in this respect.

Finally, medical staff claim that there are greater patient outcomes when a patient is not unnecessarily sedated. These sedations are for minor but frequent procedures in the oncology ward. Therefore, if a patient is sedated for each procedure, the amount of anesthesia the patient undergoes becomes quite high. Given the small, but still present, risk of general anesthesia, finding alternatives to unnecessary sedation is important. The use of the medical clown offers a potential alternative to sedation in patients, changing what would be a negative experience into a positive one, rather than wiping it out completely and presenting potential health risks. More research must be done to gauge the applications, limits, and effects of medical clowns on such procedures.

Overall, medical staff reported an increase in efficiency throughout the ward, not just in treatment related to sedation. Patients are reported to be more compliant with treatments, complain less during waiting times, and are generally happier when the medical clown is present. This shift in mood results in fewer interruptions to medical staff and an increase in efficiency. Furthermore, in specific one-on-one procedures, many of the staff claimed that they are able to work faster when the clown is present. They say that this is due to the release of the burden of caring for the patient emotionally and interacting socially. As the medical clown's job is to facilitate connections and humanize the patient, staff report that their focus can be

turned toward conducting the procedure at hand. Some staff describe a collaboration with the clown, where the clown will address the emotional needs of the patient, whereas the staff can attend to the physical needs of the task. This teamwork, the medical staff claim, results in decreased time spent per patient, while increasing emotional connection and fun with the patient.

Where does the clown fit in the health care team dynamic?

One of the more contentious topics in this study among subjects was the role of the clown within the medical team. When asked if the staff view the clown as part of the team, 15 subjects claimed that the clown was part of the team, 7 said the clown was not part of the team, 3 were unsure, and 10 said that although the clown is not part of the team currently, they wish that the clown could become an official part of the medical team.

About half of the participants said that the medical clown was a part of the team in the same way that a nurse, a doctor, or a technician is. This group often cited the idea that the clown was involved in procedures, had specific shifts, and fulfilled a specific role in the care of the patient. About a quarter of the subjects, however, claimed that the clown was not part of the medical team, and should not be. This opinion largely surrounded the lack of explicit medical training on the clown's part, although some conceded that medical clowns should in fact undergo some form of medical education to become more effective. Some mentioned that the clown's role is more important outside the existing medical hierarchy. It was said that just because clowns are not part of the team, it does not mean that they do not provide a crucial aspect of care. However, these subjects claimed that the clown existing apart from the medical paradigm allows for the clown to help with patient care that would be impossible for the medical professional. When questioned what these circumstances are, subjects said that the clown can be seen as an outsider, confidant, or ally in ways that medical staff might not be.

Another portion of subjects claimed that the clown was not a part of the medical team, but that they ideally should be in the future. The reasoning behind this was due to inconsistencies in scheduling and funding for the medical clown, as well as the aforementioned lack of official medical education. The opinions from these medical staff highlight a gap within the field of medical clowning. Namely, medical staff want higher levels of training and greater reliability from the medical clown. Overall, there seems to be a large amount of uncertainty about where the clown officially fits into the medical team. However, most of the subjects clearly expressed their desire for the clown to be a more integrated and consistent member of the medical team in the future.

Discussion

The interviews in this study produced multiple avenues for future research. Potential projects include cost-benefit analysis of medical clowns, in-depth investigation on the effect of the clown on staff burnout, and patient satisfaction with and without the medical clown. Medical staff interviewed in this study also suggested that future studies could investigate readmission, rates of analgesic usage, and recovery times in patients exposed to the medical clown. In addition, staff recommended that a study should compare the time spent per patient by medical staff and patient satisfaction with treatment with and without the medical clown. Another theme among interviewees was that the medical clown was not only effective in pediatric and oncology wards. They suggested that further research should be conducted on the medical clown's place within other areas of the hospital, most notably the ICU and trauma wards. Furthermore, many staff reported that the clown helps them in dealing with the emotional burden of their job. Although previous studies have reported that medical clowns significantly decrease anxiety and stress in patients, no studies have yet explored the implications of clowns effecting hospital staff anxiety.^{15,16,27-29} Future studies should be conducted to explore if the clown has a deeper effect on medical staff's mental health. Finally, certain interviewees suggested that medical clowns should have to undergo a more medically focused training. Future medical clown training programs should attempt to mix in more medical training along with clown performance techniques.

Furthermore, future studies should seek to validate the findings of this study across a wider variety of hospitals, wards, and countries. This study was limited in scope as the interviews were only able to be performed in 1 ward of 1 hospital. Although this hospital had employed 2 trained medical clowns in the last decade, this is a very small sample size of the profession. In this study, this bias may have been slightly mitigated, as the overall perception toward one of the clowns was rather negative, whereas one toward the other was generally positive according to subjects. Furthermore, the interviewer came into this study with no prior connections to the field of medical clowning, nor to the hospital staff. However, the sample size and limitations of the study to the oncology ward mean that these findings are inherently limited in scope. Although the conclusions from these interviews should still hold merit on their own, future studies should seek to corroborate these claims across a broader and more diverse set of subjects.

Conclusions

In general, doctors, nurses, and technicians claim that the clown has positive claims regarding the clown with respect to both professional and emotional aspects of health care. Novel limitations to the clown's work were discussed; however, the largest barrier that medical staff claim is the lack of availability and reliability of the clown due to financial constraints. This is

in contrast to the financial benefits of the medical clown that was also discovered in these interviews. These benefits include self-reported increases in productivity and potential cost-saving measures for certain procedures such as imaging and radiotherapy treatments. Further significant reported benefits of the medical clown include a decrease in burnout, greater patient outcomes, and increased productivity. As the field of medical clowning continues to grow, additional research into the topics raised in this article should yield important results and shape the way the field develops.

Author Contributions

All authors participated in the study design and editing of the manuscript. J.G. collected and analyzed the data and wrote the manuscript. A.R. analyzed the data.

Ethical Approval

This study was reviewed and approved by the Helsinki committee at Beilinson Hospital.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

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Supplemental Material

Supplemental material for this article is available online.

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