

NURSES' USE OF HUMOR  
IN A  
UNIVERSITY HOSPITAL

by


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"And if I laugh at any mortal  
thing, 'tis that I may not weep."

Lord Byron

## TABLE OF CONTENTS

| CHAPTER                                       | PAGE |
|---|------|
| I. INTRODUCTION                               | 1    |
| Statement of the Problem                      | 1    |
| Review of the Literature                      | 4    |
| Early Conceptions of Humor                    | 4    |
| Characteristics of Humorists                  | 6    |
| Functions of Humor                            | 8    |
| Humor as Therapy                              | 9    |
| Humor in Groups                               | 11   |
| Humor and the Patient Experience              | 12   |
| Humor in Nursing                              | 15   |
| Summary                                       | 18   |
| Purpose of the Study                          | 19   |
| Hypothesis                                    | 20   |
| II. METHODS                                   | 21   |
| Setting                                       | 21   |
| Subjects                                      | 22   |
| Instruments                                   | 23   |
| Design and Procedure                          | 27   |
| Data Analysis                                 | 29   |
| III. RESULTS AND DISCUSSION                   | 31   |
| Nurse Responses Regarding Humor Use           | 31   |
| Patient Responses Regarding Humor Use         | 44   |
| Comparison of Nurse and Patient Responses     | 53   |
| General Discussion of Findings                | 56   |
| IV. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS | 60   |
| Summary                                       | 60   |
| Conclusions                                   | 64   |
| Recommendations                               | 64   |
| REFERENCES                                    | 67   |

| APPENDIX |  | PAGE |
|----------|--|------|
| A.       | Nurse Humor Survey Form                            | 72   |
| B.       | Patient Humor Survey Form                          | 75   |
| C.       | Nurse Consent Letter                               | 78   |
| D.       | Patient Consent Letter                             | 80   |
| E.       | OHSU Investigational Protocol                      | 83   |
| F.       | Anecdotal Nurse Comments Regarding Uses of Humor   | 84   |
| G.       | Anecdotal Patient Comments Regarding Uses of Humor | 88   |
| H.       | Correspondence                                     | 91   |
| ABSTRACT |  | 102  |

## LIST OF TABLES

| TABLE |   | PAGE |
|-------|---|------|
| 1.    | Nurses' Report of Amount of Humor Used with Specific Individuals Over an 8-Hour Period  | 33   |
| 2.    | Nurses' Report of Circumstances Under Which Humor is Used   | 34   |
| 3.    | Nurses' Report of Patient Responses to Humor Use  | 36   |
| 4.    | Nurses' Report of Circumstances of Humor Use for Anxiety and Stress Reduction   | 37   |
| 5.    | Nurses' Report of Circumstances of Humor Use to Help Patients Cope with Hospitalization or the "Sick Role"                              | 39   |
| 6.    | Nurses' Report of Circumstances of Humor Use with Depressed Patients  | 40   |
| 7.    | Nurses' Report of Circumstances of Humor Use to Dispel Anger or Aggression in Patients or Others  | 41   |
| 8.    | Patient Responses to Items Indicating Personal Response to Humor Use (Subscale A)   | 46   |
| 9.    | Patient Responses to Items Regarding the Appropriateness and/or Usefulness of Humor in Patient Care (Subscale B)                        | 47   |
| 10.   | Patient Report of General Perceptions Regarding Humor Use on Nursing Unit   | 49   |
| 11.   | Matrix of Pearsonian Correlation Coefficients Between Patient Characteristics and Patient Attitudes and Perceptions Regarding Humor Use | 51   |



## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

The study of humor is a young and relatively untouched field. Throughout history, humor and laughing have been alluded to as having curative and cathartic properties, and have been recognized as components of mental health and well-being. "Laughter is the best medicine" is a household phrase. Although many beneficial physiologic changes which take place with laughter have been identified such as increased circulation and oxygenation to the tissues, no empirical research has yet defined a "curative" aspect of humor, or identified specific means for employing humor therapeutically for improving or maintaining health.

In 1964, under close observation of skeptical but supportive physicians, Norman Cousins, editor of Saturday Review, allegedly "cured" himself of what was considered to be a terminal illness. He combined large doses of Vitamin C with positive thinking, and daily sessions of scheduled, uninterrupted laughter, and not only survived the disease, but also noted that after his laughing sessions, he required significantly less pain medication. His self-prescribed regime was described in the New England Journal of Medicine in 1976, and served to raise some eyebrows in circles of conventional health care delivery. (Cousins, 1976).

Traditionally, levity, laughing, and jocular behavior may well have been considered "unprofessional" behavior for nurses. The researcher,

however, has employed the use of humor in a variety of patient situations, and has found its use to be both well received, and apparently beneficial in relieving anxiety, decreasing depression, and offering new perspective for the hospitalized patient. The nursing profession has always concerned itself with the importance of communication, interactions, environments, and their effects on patients and patient care. It is both useful and important to better understand the variables that affect the nurse-patient relationship, and the implications of the presence or absence of such variables. Hence, due to its multifaceted and complex nature, and its widespread use, the use of humor in clinical settings is worthy of systematic investigation.

Although not well understood, humor is one of the most prevalent forms of human social interaction. Even Webster's definition seems inadequate to describe this complex phenomenon: "that quality which appeals to a sense of the ludicrous or absurdly incongruous". But from numerous attempts at theoretical explanations of humor by philosophers, psychologists, ethologists, anthropologists, biologists, social psychologists, and educators, there have emerged some generally recognized principles regarding the nature and function of humor. It is on some of those principles that this study is based: the positive effects of humor on stress and anxiety, the positive relationship between humor use and self-esteem and self-confidence, the role of humor in groups, and the use of humor as a coping mechanism.

The conceptual framework for this study stems from Sigmund Freud's theory of wit and humor. His theory was presented in three publications, as it was modified with time (Freud, 1905, 1916, 1928). Although quite lengthy, and broad in scope, Freud's work is the only attempt at a

theory which encompasses a major portion of the multifaceted nature of humor, both positive and negative. As the focus of this study is the positive role of humor, the aggressive, sexually-oriented implications of negative, sarcastic humor have been deleted. Freud differentiated between the two forms by referring to the latter as "wit", and to the former as "humor". His theory as it applies to this research is summarized in its most basic form.

Sigmund Freud asserted that the primary role of humor is one of "catharsis and release", as he believed that humor provides a socially-acceptable means for releasing pent-up tension and frustration. From Freud's perspective, the ludicrous represents a "savings" in the expenditure of psychic energy: when energy is not, or cannot be utilized (due to censorship by the superego), it may be pleasurably discharged in laughter. Humor can also preserve expenditure of feeling. It can give an event less serious significance which would otherwise cause emotional turmoil -- what is known as "looking on the lighter side".

According to Freud, humor can provide a means for "escape" -- a periodic retreat from society's constant demands for logical thinking, or moral or rational behavior. With the use of humor, one can revert to the playful feelings and thoughts of childhood. This conception of humor as a form of escape can further serve as a form of coping mechanism: a source of distress or anxiety can be more easily dealt with when a person can adopt a playful attitude toward it.

Lastly, Freud identified the act of understanding a joke as a source of satisfaction and pleasure. He found that much of the gratification derived from humor results from exercising the intellect in trying to understand a joke.

This present study examines the effects of the use of positive humor by nurses interacting with patients, as well as the use of humor by nurses under stressful working conditions in the non-psychiatric acute hospital setting. It is hypothesized that the effects of humor will be beneficial to some degree. Such information can presumably provide insight to guide further pursuit into the study of humor, and its implications for nursing and health care.

### Review of the Literature

#### Early Conceptions of Humor

Explanations of humor have been recorded as far back as the early Greeks. During the time of Plato and Aristotle, laughter was considered a means for correcting or controlling excessive or unacceptable behavior. The term "humor" originated from the Latin word of the same spelling, meaning fluid or moisture. According to Renaissance physiology, there existed four basic bodily humors: choler (yellow bile), melancholy (black bile), blood, and phlegm. The four humors played an important role in determining an individual's temperament or mood. A person whose humors were in correct balance was considered to be in "good humor", while anyone with an imbalance was said to be "out of humor", or not himself. Gradually the term "humor" came to indicate one's mood or state of mind in general. Those believed to possess an excess of any of the four humors became the objects of laughter and ridicule, and were often referred to as "humorists". The term was quickly extended to include anyone who was skilled at producing amusing, incongruous, or ridiculous ideas or events (McGhee, 1979).

The nineteenth and early twentieth centuries produced a "heyday" of humor theories--"theories" which were little more than notions put

forth to explain characteristics of the phenomenon of humor. This early group of theories assumed that the potential for humor and laughter was "built-in" somehow to the nervous system, and served an adaptive function. Laughter was thought to appear in early life, before any cognitive processes were formed. Laughter was considered good for the body, as it restored homeostasis, stabilized blood pressure, massaged vital organs, relaxed the system, increased oxygen to the bloodstream, and produced a feeling of well-being (Keith-Speigal, 1972).

Darwin's Principle of the Direct Action of the Nervous System (1872) stated that when the sensorium was strongly excited, nerve force was transmitted in certain definite directions, depending on the connection of the nerve cells, and partly out of habit (McGhee, 1972). Spencer (1860) identified humor and laughter as a form of "safety valve" for excessive energy built up in the nervous system. Freud's extensive study on the topic resulted in a more psychological perspective: laughter was considered a means for releasing excessive amounts of psychic energy (Freud, 1916, 1928). McDougall (1903, 1922, 1923) believed laughter to be instinctive. According to his theory, it evolved as a "necessary corrective of the effects of sympathy": without a sense of humor, what he considered nature's antidote for the minor depressing and disagreeable elements confronting human beings, the species might not have survived.

Modern physiological theories have been concerned with measurable changes which accompany humor. Berlyne (1960, 1969) was highly critical of earlier theories, but did recognize the "cathartic" effect of humor and laughter, as he found that people felt better and more

relaxed after a humorous experience (Berlyne, 1972). In attempting to differentiate between humor and other psychological phenomena (problem-solving, aesthetic appreciation, and exploration) which are also accompanied by arousal, he suggested that there may be a cognitive component to humor appreciation and production. He proposed that while humor thrives on divergence from what is expected, other psychological experiences thrive on what is known. He also added that humorous situations contain cues that events are not to be taken seriously. In Berlyne's footsteps, others have pursued more specific facets of humor, as he identified not only the pleasurable-arousal component of humor, but also a cognitive component, a social component, and psychodynamic effects of its use and appreciation (McGhee, 1979).

Space does not permit a comprehensive review of all modern literature on humor. Emphasis will be focused on sociological and adaptive functions of humor. (For more complete reviews, see McGhee, 1979; Goldstein & McGhee, 1972).

#### Characteristics of "Humorists"

Until recently, most of the difficulty in pursuing humor study stemmed from poor definition, and thus variables have been difficult to operationalize. The 1940's and 50's produced half a dozen tools for the measurement of one's sense of humor (Cattell & Tollefson, 1949; Luborsky & Cattell, 1947; O'Connell, 1962; Redlich, Levine, & Sohler, 1951; Yarnold & Berkeley, 1954). Unfortunately, the tests were limited to an operationalization of humor as a passive trait -- that is, one's ability to appreciate humor. Furthermore, the tools developed have been found to be poorly designed, and highly unreliable (Anderson, 1972; Babad, 1974). In an effort to isolate different functions of humor,

more recent work has differentiated between passive (reactive) humor, and active (generation of) humor (Koppel & Secrest, 1970). Babad (1969, 1974) further divided active humor into two groups: production ("inventor of funny instances"), and reproduction ("joke-teller").

She delineated five humor groups for study: Non-humorous (N), Passive Appreciators (A), Producers (P), Reproducers (R), and Producers-Reproducers (PR). She found that humor production and humor reproduction were unrelated. Creativity, fluency and flexibility were significantly correlated with humor appreciation and production. Defensiveness and authoritarianism did not distinguish among the humor groups. A non-humorous group was found to be more anxious than a humorous group.

To analyze the positive use of humor, it is necessary to differentiate between wit (sarcasm or humor used for negative or aggressive purposes) and humor. Although the two are often used synonymously, they are clearly different entities for the purpose of this study. To clarify, humor has come to mean that which is funny, or makes one laugh, while wit and sarcasm are a negative, aggressive form of humor; one which jokes at the expense of another. This study concentrates only on positive aspects of humor.

Hertzler (1970) identified a user of humor as a key social agent, and listed the following personality characteristics which correspond to such individuals:

1. Realistic: the user seems to see situations as they really are by pinpointing pretenses and fiction.
2. Flexible: the user has a variety of attitudes and perspectives toward life, and is not bound to routine.
3. Creative: the user is imaginative and spontaneous.

4. Not overly-serious: the user has a well-developed sense of proportion and can be playful about overly-serious situations.

(Hertzler, 1970, p. 31-33)

O'Connell (1969) added a sense of personal worth, and maturity to the list. Goodchilds (1964) noted that those who used humor expressed a positive self-image, considered themselves intelligent, were not defensive and liked themselves. Hauck and Thomas (1972) found that use of humor facilitated retention resulting from incidental learning, and that intelligence and use of humor were positively correlated, as also were creativity and use of humor. Treadwell (1970) found use of humor to be positively correlated with creativity and imagination also.

#### Functions of Humor

Humor has long been recognized as an adaptive or coping mechanism. Freud upheld the idea that humor is a socially acceptable mechanism for releasing sexual and aggressive impulses (1905, 1916). His rather negative, repressive assertion was later modified, as he differentiated between wit and humor (1929). Mindess (1971) and McGhee (1979) give laughter and humor a "liberating" quality. McGhee finds that humor gives one freedom from morality and feelings of inferiority. In the playful context of joking, taboos against hostility, conformity, and sexuality can be violated, producing a feeling of liberation. Freud (1905), and other psychoanalysts have speculated that periodic releases from the obligation to be rational and logical are necessary from time to time, and humor provides a good means for doing so. It is believed that individuals who show little humor in their lives have gone too far to meet society's demand for rational behavior (McGhee, 1979). Although the skillful use of humor is emphasized, it is important to mention that



the chronic clown or jokester may have serious psychological problems, as he may be unable to confront the root of his problems, and instead detours them by making jokes--a sort of "laugh-a-holic" (McGhee, 1979).

Jacob Levine (1968) has found that the coping functions of humor are linked closely to the general pleasure derived from cognitive mastery. In studying anxiety in children, he observed that "a gratifying state of effectance" can be substituted for a painful state of "helplessness" (McGhee, 1979, p. 231).

The most extreme example of humor as a coping mechanism is known as "gallows humor": laughter and joking have been noted among people in the face of death or doom. Obrdlik (1942), after first-hand experiences in Czechoslovakia during Nazi occupation, first coined the phrase. He found that humor could bolster morale and hope for the oppressed, and that it could act as a compensatory device, making the feared tragedy of the moment seem temporary. It is believed that in such situations an individual may not be in a playful frame of mind, but may be going through the motions of humor to prevent being overtaken by the fearfulness of the situation (McGhee, 1979).

#### Humor as Therapy

Humor is slowly finding its way into treatment and therapy. By fostering the catharsis, insight, self-acceptance, and emotional openness associated with humor, psychiatrists and psychologists can help their patients to cope with distress and depression (Mindess, 1971). Albert Ellis, founder of Rational-Emotive Therapy (R.E.T.), utilizes humor in dealing with individuals who seem to take life too seriously:

R.E.T. theorizes that human disturbance largely stems

from absolutizing, from necessitizing, or from demanding utter certainty when the world seems to provide only certain degrees of probability. I humorously keep after my clients, on many occasions, to give up this self-destructive idea. When one of my group members clearly keeps asking for a guarantee that he will win someone's love, or that she will succeed at school, I interrupt with 'Well! You really have luck today! We just happen to have printed a beautifully engraved certificate which guarantees that you will get exactly what you want. Just ask for it downstairs in the office, and we'll gladly give it to you, absolutely free.'

(Ellis, 1977, p. 5)

Allport (1968), Ellis (1977), and Hertzler (1970), all speak to the value of allowing a depressed individual to laugh, especially at his own shortcomings:

The most salutary of all laughters, the laughter which is the greatest civilizing force, is the laughter which we laugh at ourselves. For this laughter means always that we have laid bare and discarded some weaknesses, some powers of injustice in ourselves, that we have risen to a higher understanding of others. A vain man, an angry man, or a frightened man cannot laugh at himself.

(Hertzler, 1970, p. 33)

Foster (1978) uses laughter and humor in counseling, as it can facilitate formation of a therapeutic relationship in a similar manner as can the use of empathy, self-disclosure, or confrontation.

Numerous anecdotal articles in nursing literature describe uses for, and successful experiences with using humor in nursing care (Donnelly, 1979, 1981; Ellis, 1978; Robinson, 1970; Vousden, 1979).

The act of laughing has valuable therapeutic application. Fry (1979) has conducted numerous experiments at Stanford University on the effects of laughter. He found that laughter has preventive qualities with regard to the three major life-threatening diseases in the Western World: namely, risk factors associated with heart disease, cancer, and strokes. His research indicates that many such risk factors can be reduced by regular doses of laughter, as it stimulates several body systems in a similar manner as would athletic exercise: muscles are activated, heart rate is increased, and respiration is amplified, creating an increase in oxygen exchange.

#### Humor in Groups

Only recently has the role of humor in groups been acknowledged or studied. Malpass and Fitzpatrick (1959) suggested that intimacy of social relationships was related to reaction to humor, and noted that smaller groups are more spontaneous and frank than large groups. Roy (1960), and Ullian (1976) studied the function of humor in the work environment, and identified positive effects of informal joking, humorous stories, and wit on a stressful or monotonous work environment. Goodchilds and Smith (1964) studied the role of a humorist in a group, and found that, a) groups with deliberate humorists evaluated the group experience favorably, and b) such groups did better at problem-solving tasks (Martineau, 1972). Barron (1950), Burma (1946), and Stephenson (1951), identified humor as a technique for conflict resolution, especially in interracial groups.

In his study of the social functions of humor, Pitchford (1960) listed the following functions of humor in groups: First, humor can be used to initiate communication where it is difficult to establish, due to a lack of a consensually validated basis. It can sustain communication under danger of a break-off. Second, humor can serve as a mode of interaction for achieving consensus. Humorous communications can aid participants to maintain a body of behavioral expectations by permitting the expression of hostility, envy, and other potentially disruptive emotions, by providing a means for the expression of doubt and disrespect, and by providing a standardized mode of behavior in situations which contain potential for conflict. Lastly, humor can serve as a social control measure. Humorous communications can serve to remind an actor that his behavior is incongruous or inappropriate, thus reaffirming norms which have been violated.

#### Humor and the Patient Experience

In her lengthy study of the social role of the medical-surgical patient in the general hospital ward, Coser (1959, 1962) identified and described the use of humor by patients and staff members in the hospital setting. Previously, functions of humor in psychiatric settings had been explored, but the role of humor on a general ward had hardly been noted. Although her study was a purely descriptive case study, it did serve to establish humor as a positive aspect in patient groups, and in the ward environment. She found that humor was often used as an invitation by patients for anyone present to come closer, as it aims to decrease social distance. In such a structured hierarchical organization, where the physician is usually at the top, and the patient at the bottom, humor can serve as a "leveling mechanism" or equalizing force to decrease

distance among ranks (Coser, 1962). Patients were also able to decrease one another's stress and anxiety with its use:

...jocular talk and jocular griping on the ward allowed the patients to reinterpret for each other with concision and economy their experiences, and at the same time to entertain, reassure, convey mutual interests, and pull the group together by transforming individual experience into collective experience.

(Coser, 1962, p. 89)

In a study of the recuperation and rehabilitation of a group of severely burned patients, Hamburg, Hamburg, and de Goza (1953) found that humor was used extensively to quickly develop relationships, to relieve tension, and to decrease the shared depression associated with severe disfigurement. Humor was also used to express irritation indirectly without running the risk of retaliation, to make the listener admire the patient's courage, to mobilize sympathy for the group, and to encourage other group members.

Emerson (1963), in a study of the social functions of humor in the hospital, cited humor as a channel for patients for indirect communications under conditions when it is convenient to avoid responsibility. She identified joking as a means for patients to protest the indignities to which they are subject by the loss of autonomy, invasion of privacy, and treatment as less-than-persons associated with the patient role. Humor use by staff members was seen as a means for inducing patients to view their circumstances less seriously, and to smooth threatening or delicate situations. She also found humor to be one of the most prevalent forms of communication between female nurses and male patients,

especially where embarrassing, sensitive, or sexually-oriented issues were at hand.

In a 1977 dissertation on the uses of humor for the health professions, Robinson (a nurse) cited frequent patient situations where humor is used. She identified humor as an effective means for dealing with the dependent patient role, and corresponding lack of privacy and loss of rights and autonomy, all of which Talcott Parsons (1958) named, "The Sick Role". Humor was described as an indirect means for communicating messages which were serious or emotion-laden: embarrassment, fear, anxiety, hope, concern, tragedy, anger, and joy. Like Freud, Robinson also identified humor as an acceptable means for the release of hostility and frustration, and an avenue to register complaints without penalty. Robinson found that where rules governing social conduct are violated in the hospital, for example, how and where bodily functions are performed, who may touch a patient's body, and when and how one dresses, making light of the situation often can make it more tolerable.

The patient is put to bed in the middle of the day, in an atmosphere similar to Grand Central Station, where all manner of strange persons view his nakedness, and prod and poke at him. The most intimate details are discussed within hearing distance of any number of strangers, including the stranger in the next bed. However, the rules of the game are that no one (either patient or professional) is to show embarrassment. Rather, each is expected to assume an air of detachment and nonchalance. Humor provides a very convenient means for neutralizing these emotionally tinged areas and ensuring that quality of

casualness. Jokes about exposure, bedpans, enemas, bathrooms, etc. abound. The story is told in a number of ways of the succession of males in white, including the painter, who lifts the sheet to examine the female patient. One patient, who had been systematically exposed, quipped, "I have never felt so naked in my life!"

(Robinson, 1977, p. 45)

### Humor in Nursing

In addition to the many patient situations previously described, nurses use humor frequently among themselves, and with other staff members. In a study of the functions of humor in the work environment, Ullian (1976) identified positive effects of informal joking, humorous stories, and wit on a stressful or monotonous work environment. Robinson (1977) substantiated those findings for the nursing profession, citing:

In areas like intensive care units, coronary care units, emergency rooms, and operating rooms where the situation is tense, the anxiety for both patients and staff is high, and the possibility of death is a threat, there is often a great deal of joking and humor. The level of jocular talk in the operating room by staff often indicates the level of tension.

(Robinson, 1977, p. 51)

Nurses also use humor as a form of "gallows humor". Fox (1959), in her study of social interaction in a hospital metabolic ward, described humor used by nurses and other health professionals to cope with helplessness in dealing with the dying, with the unknown, with

having to handle intimate procedures which might have sexual implications otherwise, and ultimately with the daily, unrelenting stress of working with illness, dying and depression.

Humor has been recommended as a means for nurses to deal with aggression and hostility, especially from medical or administrative personnel. In a series on assertiveness training for nurses, Donnelly (1979) describes a form of humorous "visual imagery" to be employed to counteract overt aggression which cannot be dispelled with conventional assertiveness techniques:

When a person's behavior is tacitly accepted or even condoned, or he is out of control, assertive verbal responses are simply wasted. The usual assertiveness communication techniques, such as "I" statements and "broken record" repetition, do not work with individuals such as Dr. Sirene. Besides, it is difficult to remain calm and relaxed in the face of such extreme aggression. There are techniques, however, that can be employed, in lieu of assertiveness, to help you manage such difficult situations. One of the handiest is imagery, a tool with which we purposely create pictures in the mind. These pictures help us to relax, particularly when they are very pleasant or humorous. We know, from the work of the Greens at the Menninger Clinic, that activating the mind can have an immediate and measurable effect on the body. In bio-feedback training, for example, a person can learn to warm his hands or any other part of his body through "imagining a feeling of warmth permeating the part of the body in which



blood flow is to be increased." Visual imagery - seeing oneself lying on a sun-drenched beach, or walking through a flower-decked meadow - can also be used to effect relaxation. Injecting humor into your images is certain to help you to relax, since humor is a great tension releaser. So evoking humorous images of persons who are being aggressive toward you is a wonderful way to free yourself from the tension they create.

(Donnelly, 1979, p. 31)

Donnelly suggests creating humorous mental images of hostile or aggressive individuals (such as a physician having forgotten his pants or his toupee), and to "call up" these images when tempers flare.

Robinson identifies humor as a means for dealing with job-related stress and frustration.

A physician had ordered all stools to be saved on a patient who had been admitted for tests and observation. The nursing staff believed those that were filled with barium and the patient's enema returns were not valuable and disposed of them. The doctor, upset at this decision, re-wrote the order to read, "Save everything that emits from the anal canal." The nurses then proceeded to send buckets of enema returns to the lab, and also took a large plastic bag used for linen, filled it with air, and labeled it "fresh flatus".

(Robinson, 1978, p. 140)

Robinson suggests using humor with patients in the following situations:

1. To establish warm interpersonal relationships, especially when a patient is new to the hospital environment, or adjusting to an altered state of health.
2. To relieve anxiety, stress, and tension.
3. To release anger, hostility, and aggression in a socially-acceptable way.
4. To allow the patient to avoid or deny feelings too painful to face.
5. To facilitate the process of learning.

Robinson notes that humor can enhance learning, both for students, and in teaching patients; that in a learning situation, humor can serve all the purposes described above - to establish a warm relationship, to relieve stress, and to create an environment conducive to retaining necessary information (Robinson, 1978).

Lastly, Robinson recommends incorporating humor into nursing care plans, primarily for the depressed, lethargic, or unmotivated patient. Humor can serve as a means for giving additional attention, indicating that someone cares, and to encourage participation in care without being solicitous. She finds that patient response to humor versus traditional psychiatric interventions for depression will be based on the patient's ability to appreciate or use humor when not depressed, and staff's comfort in using it (Robinson, 1978).

#### Summary

It is evident that although only a handful of studies have identified specific properties of humor to be utilized in nursing, its potential for therapeutic value has been alluded to by numerous other disciplines, and in various related studies. What is recognized about humor as a coping skill, laughter as a therapy, and humor as a potential preventative measure against "burn-out" make it a natural for inclusion

in any repertoire of therapeutic interventions. It can be encouraged and cultivated in students learning to become professional nurses, as well.

#### Purpose of the Study

The purpose of this investigation is to describe the use of humor by registered nurses in the acute patient care setting, and its perceived effect on patients. Little research related to humor use in the acute inpatient setting, or specifically regarding the use of humor by nurses, has been reported in the literature. Therefore, this study identifies the extent to which humor is used, how patients respond to its use, and specific circumstances as well as outcomes, surrounding its use in the acute hospital setting.

Much of the literature regarding humor use identifies humor as an effective coping mechanism and means for reducing stress. To investigate this function of humor in the hospital setting, comparisons are made between the use of humor on a "high stress" nursing care unit, and humor use on a "low stress" nursing care unit.

Research questions for investigation are:

1. How frequently is humor used in the acute patient care setting?
2. What are the circumstances under which humor is used, and what are the outcomes of humor use by nurses in the acute care setting?
3. What are the attitudes and perceptions of hospitalized patients regarding the use of humor by nurses?
4. What are the relationships between patient characteristics, and their perceptions and attitudes regarding the use of humor by nurses?

Following a review of literature regarding the functions of humor, a hypothesis was generated for testing in this investigation.

### Hypothesis

There is a significant difference between the amount of humor used by nurses on a "high stress" nursing care unit and the amount of humor used by nurses on a "low stress" nursing care unit.

## CHAPTER II

### METHODS

#### Setting

The Oregon Health Sciences University (OHSU) was the setting for this study. It was chosen for the diversity of its patient and nurse populations, its size, and its status as a teaching institution conducive to research and investigation. Nurses from two nursing care units, and patients from one nursing care unit participated in this study: one unit was designated as "high stress" unit, and the other was designated a "low stress" unit.

The "high stress" unit selected was a critical care, or intensive care unit. It was considered to be highly stressful because patients are in an unstable physical state, requiring nurses to respond with quick decisions, and to cope with life-and-death crises on a regular basis. It is assumed that the complexity of technological treatment devices, complicated illness, pressure from families, patients, and physicians, and the accelerated pace of critical care nursing all contribute to making critical care units the most consistently stressful nursing units in the hospital. The OHSU has four adult inpatient critical care units. They are, Coronary Care, Surgical Intensive Care, a Cardiac Recovery Room, and Medical-Surgical Intensive Care. With size of staff, number of adult patients, and diversity of nurse activities in mind, the Medical-Surgical Intensive Care Unit was selected as most appropriate for this study. The Surgical Intensive Care Unit was not selected due to its small size, and the fact that it had an unusually

high rate of staff turnover. Because this study focused on the adult patient, the Cardiac Recovery Room was not selected, as it included pediatric patients. Census and size of staff were comparable on the remaining two units, so the Medical-Surgical Intensive Care Unit was selected by means of tossing a coin.

The Medical-Surgical Intensive Care Unit (ICU) is a 8-bed combination of medical and surgical patients. Nurses must be skilled in the care of both types of patients, many of whom have multiple-system disease processes.

Nursing care units in which the patient's condition is relatively stable, routine is predictable for the most part, and emergencies and crises do not occur on a regular basis, qualified as "low stress" units. In these units, nursing care was oriented more toward conditions which are chronic and/or terminal in nature. Units identified as appropriate for study were the oncology, rehabilitation, orthopedics, and geriatrics units, where length of stay was generally longer than general adult units. The OHSU has ten adult medical and surgical wards, of which five fall into the "more chronic" category.

From the five, an oncology and post-open heart surgery unit was selected. The decision was made on the basis of a large proportion of registered nurse staff, and the fact that staff size was comparable to that of the previously selected intensive care unit.

#### Subjects

Staff nurses on both units, and patients on the "low stress" unit, served as participants in this study. A nurse eligible for participation was defined as any registered nurse employed on the designated units. A total of 53 nurses participated in the study.

A patient eligible for study was defined as any adult patient admitted to the designated "low stress" unit for 72 hours or more, who was oriented to person, place, and time, and who could communicate either verbally or in writing. Although it would have been desirable to include patients from the "high stress" unit in this study, patient-related variables such as prescribed sedatives and narcotics, altered states of consciousness, sleep deprivation, and inability to communicate, made data collection unrealistic. For the purpose of this study, the ICU was utilized only for study of nurses' use of humor under stressful working conditions, and nurses' perceptions regarding humor use in general in that type of unit.

Patient participants were a random sample of 40 patients residing on the "low stress" unit over a period of approximately two months. Subjects were randomly selected from a pool of all patients on the unit. In the event of drawing a name of an ineligible patient, the name was replaced by another draw.

### Instruments

#### Nurse Humor Survey Form

The Nurse Humor Survey Form (see Appendix A) is a questionnaire designed for this study to obtain information from nurses regarding their use of humor in an 8-hour period (one nursing shift). Questions address frequency and circumstances of humor use, as well as the perceived effect on the recipient. The content of the tool was compiled from the literature regarding the function of humor in a social setting, its effect under stressful or depressing conditions, and its uses in patient care. It is organized in three general sections.

Frequency of humor use. Question 1 through 3 addressed the frequency of humor use as perceived by nurses. Question 1 was a general rating scale, with scores ranging from 0 to 36 or more, to indicate the amount of humor a nurse recalled being used in an 8-hour period. Question 2 designated the persons with whom the nurses participated in the use of humor, and the amount used with each of those persons. Question 3 identified the amount of humor the nurse used with patients in an 8-hour period.

Circumstances and outcomes of the use of humor. The second half of Question 3, as well as Questions 4, 5, 6, and 7, were designed to elicit descriptive responses regarding the actual circumstances and outcomes of the use of humor. Question 3 was a general descriptive question regarding the observed response to humor use with patients. Question 4 related to the reported ability of humor to decrease stress and anxiety, both for the user, and for others in the environment. Question 5 asked about the use of humor to dispel anger and aggression, one of the commonly reported properties of humor. Questions 6 and 7 related specifically to the use of humor with patients. For example, Coser (1962) described how humor can be used effectively with patients to reduce depression, especially when related to the assumption of the "sick role", and the accompanying loss of autonomy.

Rating of perception of overall humor use on nursing unit. Nurses were asked to rate their unit on the overall use of humor on a 9-rung Cantril ladder (Cantril, 1975). Question 8 was designed to measure the perceived relative amount of humor used on the nursing unit. The ladder was labeled, "There is an extreme amount of humor used here", scored as 9, at the top, and, "No humor is used here", scored as 0, at the bottom.



### Patient Humor Survey Form

The Patient Humor Survey Form (see Appendix B), was an interview schedule which was administered by an interviewer to patient participants. Questions were primarily in a no/yes format, and focused on the patient's attitudes and perceptions about nurses using humor, and its effect on the hospitalized patient. In distinction to the Nurse Humor Survey Form which provided a measure of the amount of humor used in an 8-hour period, the Patient Humor Survey Form focused more on the patient's overall attitude and perceptions regarding the use of humor with hospitalized patients. The content of the Patient Humor Survey Form was also compiled from the literature, and constructed in a similar manner to the Nurse Humor Survey Form. The first section of the instrument contained demographic information which was obtained from the patient and/or chart. The actual interview section is organized in four parts.

Amount of humor used. Questions 7 and 10 addressed the amount of humor used on the nursing unit. Question 7 was a patient report of how many times he or she recalled a nurse using humor. The scale was comparable to Question 1 on the Nurse Humor Survey Form with scores ranging from 0 to 36 or more. Because patients are not generally oriented to thinking in terms of nursing shifts (8 hours), the patient was asked to approximate the number of times per day he recalled nurses using humor. Question 10 was an identical Cantril ladder to Question 8 in the Nurse Humor Survey Form, again for patient report of the perceived relative amount of humor used on the nursing unit.

Patient's personal response to humor use. Question 2, 3, 5, and 6 were clustered as a subscale (Subscale A) indicating the patient's

personal reaction to the use of humor by nurses in the hospital. The responses to these questions were structured with two or three choices, all with a higher score indicating a more positive response. The maximum possible score for Subscale A is 9, with a range from 4 to 9.

Appropriateness and/or usefulness of humor use in patient care.

Questions 4 and 9 were combined as a subscale (Subscale B) of the patient's opinion regarding the appropriateness and/or usefulness of nurses using humor when caring for patients in general. Scores on Subscale B range from 2 to 4, again with a higher score indicating a more positive response.

General perceptions regarding humor use by nurses on unit.

Questions 1 and 8 sought the patient's opinion regarding the presence of a sense of humor in the nursing staff, and whether or not nurses used enough humor when caring for patients. Both are no/yes questions with a higher score indicating an affirmative response. Scores may vary from 2 to 4.

Reliability and Validity

Reliability for the patient interview was established by an inter-rater evaluation. After the interview was pilot-tested by the investigator, a designated second interviewer administered the interview with the investigator. The investigator asked questions, while both interviewer and investigator recorded responses. Roles were then switched, with the second interviewer asking questions. A total of 10 interviews were conducted as a pair, and recorded responses were identical for all interviews conducted as a pair.

Content validity for both tools used in this study was evaluated by a panel of five judges not involved in the study. The panel consisted

of professional individuals familiar with the study of humor, research in patient care, or the milieus selected for study. Educators, nurses, as well as individuals in the community recognized for their familiarity with the study or use of humor were selected for their expertise (see Appendix H).

Prior to the actual data collection, the Nurse Humor Survey Form was pilot tested on 20 registered nurses not involved in the study. Comments were encouraged, and several items were revised and/or reworded. Ambiguous questions were clarified, and inappropriate items were deleted. Following the pilot test, a "dry run" of the revised tool was administered on each of the three shifts on both nursing units in the study. A few minor technicalities were clarified, and questions regarding participation in the study were answered.

The Patient Humor Survey Form was also pilot-tested prior to the actual study. The interview was administered to 15 patients not involved in the investigation. Again, comments and suggestions were encouraged, ambiguous questions were clarified, and inappropriate items were revised or deleted.

#### Design and Procedure

A descriptive correlational design was selected for this study. Data were obtained from patients by one personal interview with each consenting subject. A repeated measure approach was utilized for obtaining data from the nurse population. It will be recalled that the nurses were asked to assess the amount of humor used at the end of an 8-hour shift. The repeated measure approach was selected to obtain an accurate assessment of the overall amount of humor used on a nursing unit in which the effects of an atypical day would be modulated by obtaining

several time samples. It was believed that the amount of humor used varied a great deal from day to day, and shift to shift. Therefore, nurses served more as "participant observers" than actual subjects, by repeatedly reporting humor use in a preceding 8-hour period. Patients were asked to give overall impressions once, which were not based on a single day's observation, but on accumulated impression over the period of their hospitalization.

All potential nurse participants received a copy of the "Nurses Informed Consent" letter (Appendix C). Because the study received "Exemption from Human Subjects Review" status, written consent was not obtained (see Appendix H).

The data collection period for the Nurse Humor Survey Form was approximately two months. During that time, the investigator visited the designated units at the close of 8-hour shifts to administer the tool to all registered nurses present. Although not necessarily consecutive, visits totaled 10 per unit per shift, for a total of 60 visits. All three shifts participated: Days (7am-3pm), Evenings (3pm-11pm), and Nights (11pm-7am). The nursing units were notified to expect the investigator to visit approximately 10 times on a given shift during the data collection period. Although most nurses working on a given shift filled out the questionnaire more than once during the data collection period, no nurse was asked to fill it out more than four times. To assure that four times per nurse was the maximum on both units, nurses were asked to list the last four digits of their telephone number in the corner of the survey form. Mean number of questionnaires completed per nurse is reported in the "Results" section, and does not include the "dry run". None of the nurses refused to participate on either unit.

During the same data collection period for nurses, the Patient Humor Survey Form was administered to 40 patients who qualified, and agreed to participate, on the "low stress" unit. Patient participants received a "Patient Informed Consent" letter (Appendix D) prior to an interview, and questions regarding participation in the study were answered at that time. Randomly selected patients were visited by the investigator or second interviewer, and verbal consent was obtained prior to an interview. The second interviewer did not identify herself as a "nurse"--only as a research assistant. Although the patient interview was structured, patient discussion and comments regarding the content of the survey was always encouraged. Patient comments and recommendations were noted on the interview form.

Staff and head nurses, as well as nursing administration, were informed of the investigator's intent by the usual OHSU hospital investigational protocol (see Appendix E).

#### Data Analysis

Raw data from the Nurse Humor Survey Form are reported in descriptive statistics. A content analysis is reported for written responses to Questions 3, 4, 5, 6, and 7. Comparisons of frequency of humor use between the "high stress" and "low stress" units were analyzed by the use of a t-test. Shift-to-shift variations were compared by a one-way analysis of variance (ANOVA) and a Tukey's test.

Raw data and demographics from the Patient Humor Survey Form are also reported descriptively. A Pearson "r" statistic was used to relate patient demographics to corresponding responses.

Similar items on the nurse and patient surveys on the same unit ("low stress" unit) were compared descriptively. A t-test was used to

compare nurse and patient ratings on the Cantril ladder for the perceived overall amount of humor used on the nursing unit, by comparing one response per nurse with patient responses. (The repeated measures were not used in the nurse/patient analysis). For the purposes of statistical analysis, the level of significance for this study was  $p < .05$ .

## CHAPTER III

### RESULTS AND DISCUSSION

To promote congruency in the presentation of findings in this study, results and discussion are combined in one chapter. The chapter is divided into four sections: description and analysis of findings for the nurse population, description and analysis of findings for the patient population, comparisons drawn between patient and nurse responses on the "low stress" unit, and a general discussion of findings.

#### Nurse Responses Regarding Humor Use

Nurses employed on the designated low stress and high stress units at OHSU participated in this study. The total number of participants was 53: 25 nurses on the low stress unit, and 28 on the high stress unit. The total number of Nurse Humor Survey Forms completed was 162. The number of forms completed by nurses on the low stress unit was 75 (46%), and the number completed on the high stress unit was 87 (54%). The patient census at the time of data collection was average on the high stress unit, while the census on the low stress unit was relatively low, accounting for fewer nurses being present. The mean number of surveys completed per nurse was 3.06: 3.00 on the low stress unit, and 3.11 on the high stress unit (not including the "dry run"). The day shift nurses (7am-3pm) completed 41% of the surveys, the evening shift (3pm-11pm) completed 31% of the surveys, and the night shift (11pm-7am) completed 28%.

#### Frequency of Humor Use by Nurses

Questions 1, 2, and 3 of the Nurse Humor Survey Form addressed the

first research question regarding the frequency of humor use by nurses in the acute care setting. The mean number of times humor was reported used by the 53 nurses in an 8-hour period (Question 1) was 17.5, with a standard deviation of 8.8. The mean for the low stress unit was 17.2 (SD=8.93), and the mean for the high stress unit was 18.2 (SD=8.65). No statistical difference was found between the two units ( $t(161)=-.76$ ).

Responses to Question 2 indicating the number of times humor was used with specific individuals are presented in Table 1. A significant difference is noted in the amount of humor used with other registered nurses, with patients, with families, and with other staff, by t-test. While the low stress unit used more humor with patients and families, the high stress unit used more humor with other registered nurses, as well as with other staff.

Question 3 addressed whether the nurse recalled using humor with patients, and if so, the number of times in an 8-hour period. Of 162 surveys, 139 (86%) reported the use of humor with patients. The mean number of times nurses reported using humor with patients in a shift was 6.0, with a standard deviation of 6.11.

#### Circumstances and Outcomes of Humor Use

The second research question addresses the actual reported circumstances under which humor was used, as well as the outcomes of its use. Questions 4, 5, 6, and 7 asked the nurse to report specific situations in which humor was used. Table 2 designates whether or not nurses used humor in each selected situation. To further describe the actual circumstances and outcomes for each of these situations, content analyses were performed for Questions 3, 4, 5, 6, and 7. The content analyses designate frequencies for each content category identified. Many



Table 1  
Nurses' Report of Amount of Humor Used  
with Specific Individuals Over an 8-Hour Period

| Individuals<br>participating in<br>humor use | Low Stress<br>(n=75) |      | Hospital Units<br>High Stress<br>(n=87) |      | Total<br>(n=162) |      | Significance<br>of difference<br>by t-test |
|--|----------------------|------|---|------|------------------|------|--|
|  | $\bar{x}$            | SD   | $\bar{x}$                               | SD   | $\bar{x}$        | SD   |  |
| 1. Other R.N.'s.                             | 8.7                  | 6.66 | 11.4                                    | 7.08 | 10.2             | 7.02 | -2.56**                                    |
| 2. Patients                                  | 5.8                  | 4.87 | 4.0                                     | 4.07 | 4.8              | 4.30 | 2.59**                                     |
| 3. Physicians                                | 1.8                  | 2.77 | 2.6                                     | 3.32 | 2.3              | 3.13 | n.s.                                       |
| 4. Other staff                               | .8                   | 1.73 | 1.4                                     | 2.12 | 1.1              | 1.96 | -1.84*                                     |
| 5. Families                                  | .7                   | 1.41 | .3                                      | .86  | .5               | 1.15 | 2.09*                                      |

\*  $p < .05$

\*\*  $p < .01$

Table 2  
Nurses' Report of Circumstances  
Under Which Humor is Used

| Circumstance  | Response <sup>a</sup> |                  |
|---|-----------------------|------------------|
|   | No                    | Yes              |
| Was humor used to reduce anxiety or stress?   | 28                    | 134 <sup>b</sup> |
| Was humor used with patients to help cope with hospitalization, or adjustment to the "sick role"? | 82                    | 80               |
| Was humor used with depressed patients?   | 110                   | 52               |
| Was humor used to dispel anger or aggression?   | 125                   | 37               |

<sup>a</sup>  $\underline{n} = 162$

<sup>b</sup> Humor was reported to be effective in 98% (131) of the instances in which it was used to reduce anxiety or stress.

respondents listed more than one content item in their description.

Humor was used most by nurses to reduce anxiety or stress, both with patients, and with others in the environment. Humor has been identified as an effective coping mechanism for dealing with anxiety and stress by Freud (1928), as well as others (see McGhee, 1979; Obrdlik, 1942; Robinson, 1977). Of the specific patient-related items, humor was used most by nurses with patients to help cope with hospitalization, or adjustment to the "sick role". This property of humor has been noted as highly effective by each author discussing uses of humor in patient care (Coser, 1962; Emerson, 1963; Robinson, 1978).

Table 3 presents a content analyses for Question 3 regarding the observed patient response to the use of humor by the nurse. It is noteworthy that of the number of times humor was used by nurses with patients, 92% of the interactions were reported as having a positive outcome, while no negative responses were reported.

Table 4 presents a content analysis for Question 4 regarding use of humor for stress and anxiety. Although the first two reported uses of humor by nurses for anxiety and stress reduction are patient-related, the most prevalent nurse-related situation reported is with frustration with the job, or being overworked. This finding supports Fox's assertion that nurses and other health professionals use humor to deal with the daily stress of working around illness and depressing conditions (Fox, 1959). Robinson (1978) also claims that nurses use humor as a means for dealing with job-related stress and tension.

Item 6 ("Nurses anxious about a death or depressing patient situation") also supports Fox's (1959) contention that nurses, as well as other health professionals, use humor to cope with the helplessness of

Table 3  
Content Analysis

Nurses' Report of Patient Responses  
to Humor Use

| Content Category <sup>a</sup>                   | Percent Reported<br>for Category <sup>b</sup> |
|---|---|
| 1. General positive response                    | 92  |
| 2. Patient smiled                               | 71  |
| 3. Patient laughed                              | 35  |
| 4. Patient became more<br>open or communicative | 23  |
| 5. Patient appeared more<br>relaxed             | 19  |
| 6. Patient appeared less<br>anxious             | 10  |
| 7. No response                                  | 5   |
| 8. Patient became more<br>cooperative           | 4   |
| 9. Negative response                            | 0   |
| 10. Misc. response                              | 4   |

<sup>a</sup> Many respondents reported more than one content item in a descriptive response.

<sup>b</sup>  $\bar{n}$  for this analysis is 139, which corresponds to the number of "yes" responses to Question 3 on the survey.

Table 4  
Content Analysis

Nurses' Report of Circumstances of Humor Use  
for Anxiety and Stress Reduction

| Content Category <sup>a</sup>                                    | Percent Reported<br>for Category <sup>b</sup> |
|--|---|
| 1. Patient undergoing painful or stressful procedure             | 27  |
| 2. Patient stressed or anxious concerning condition or diagnosis | 24  |
| 3. Nurse frustrated with job or overworked                       | 22  |
| 4. Patient anxious about care or hospitalization                 | 22  |
| 5. Patient in need of diversion or distraction                   | 18  |
| 6. Nurses anxious about a death or depressing patient situation  | 9   |
| 7. Nurses bored  | 9   |
| 8. Patient unable to accomplish a task                           | 8   |
| 9. Patient anxious about an embarrassing situation               | 5   |
| 10. Patient lonely   | 5   |
| 11. Nurses frustrated with physician(s)                          | 4   |
| 12. Nurses having personal problems                              | 2   |
| 13. Misc. response   | 10  |

<sup>a</sup> Many respondents reported more than one content item in a descriptive response.

<sup>b</sup>  $n$  for this analysis is 134, which corresponds to the number of "yes" responses to Question 4 on the survey.

dealing with dying, and the unrelenting stress of working with illness (see also Nurse Comments, Appendix F).

Table 5 presents a content analysis for Question 7, regarding the use of humor with patients to cope with hospitalization or adjust to the "sick role". Findings for this item are similar to situations reported for using humor with patients to cope with hospitalization, or adjust to the "sick role" by Coser (1959, 1962), Emerson (1963), and Robinson (1970, 1977), as described in the review of the literature.

Table 6 presents a content analysis for Question 6, which addressed the use of humor with depressed patients. Although the question was specifically directed at nurses using humor with patients who are depressed, the most frequent situation reported is again in relation to frustration with hospitalization, or hospital routine.

Table 7 presents a content analysis for Question 5 regarding the use of humor to dispel anger and aggression. Humor was reported used least often to dispel anger and aggression ( $n=37$ ), but it is noteworthy that the most prevalent situation was nurse-related. Humor being used by nurses who were angry about their workload or the hospital system supports claims by Donnelly (1979), Freud (1916), and Robinson (1978) that humor is an effective and socially-acceptable means for releasing pent-up frustration and anger, as well as to dispel aggression in others. A logical explanation for this result in regard to using humor to dispel anger and aggression is presented by a nurse participant under "General Comments" in Appendix F. This nurse contends that humor use with angry patients is not always successful because the patient is so focused on his anger that humor may be perceived by the patient as failure by the nurse to acknowledge his feelings, or the

Table 5  
Content Analysis

Nurses' Report of Circumstances of Humor Use  
to Help Patients Cope with  
Hospitalization or the "Sick Role"

| Content Category <sup>a</sup>   | Percent Reported<br>for Category <sup>b</sup> |
|---|---|
| 1. Humor used to encourage patient's discussion of frustration with the "sick role" | 38  |
| 2. Humor used to help patient cope with loss of autonomy or change in lifestyle     | 35  |
| 3. Patient frustrated due to loss of control or having no say in care               | 19  |
| 4. Humor used to remove patient's focus on self                                     | 14  |
| 5. Patient wanting to leave or go home  | 5   |
| 6. Humor used to encourage socialization among patients                             | 1   |
| 7. Misc. response   | 30  |

<sup>a</sup> Many respondents reported more than one content item in a descriptive response.

<sup>b</sup> n for this analysis is 80, which corresponds to the number of "yes" responses to Question 7 on the survey.

Table 6  
Content Analysis

Nurses' Report of Circumstances of Humor Use  
with Depressed Patients

| Content Category <sup>a</sup>   | Percent Reported<br>for Category <sup>b</sup> |
|---|---|
| 1. Patient depressed over prolonged hospitalization or hospital routine                   | 48  |
| 2. Patient depressed due to pain or discomfort  | 19  |
| 3. Humor used to make light of patient's depressing or humiliating condition or situation | 17  |
| 4. Humor used to motivate depressed patient   | 17  |
| 5. Patient depressed over matter related to eating or food                                | 12  |
| 6. Humor used to cheer dying patient, or patient losing "will to live"                    | 12  |
| 7. Misc. response   | 10  |

<sup>a</sup> Many respondents reported more than one content item in a descriptive response.

<sup>b</sup> n for this analysis is 52, which corresponds to the number of "yes" responses to Question 6 on the survey.



Table 7

Nurses' Report of Circumstances of Humor Use  
to Dispel Anger or Aggression  
in Patients or Others

| Content Category <sup>a</sup>                                       | Percent Reported<br>for Category <sup>b</sup> |
|---|---|
| 1. Nurses angry at workload<br>or hospital system                   | 35  |
| 2. Patient angry with<br>hospital routine                           | 30  |
| 3. Nurses angry with<br>physician(s)                                | 24  |
| 4. Nurses humor instead<br>of losing temper or<br>punishing patient | 19  |
| 5. Patient angry about<br>hospital care                             | 19  |
| 6. Misc. reponse  | 2   |

<sup>a</sup> Many respondents reported more than one content item in a descriptive response.

<sup>b</sup> n for this analysis is 37, which corresponds to the number of "yes" responses to Question 5 on the survey.

legitimacy of his anger.

In addition to the preceding findings and content analyses regarding the circumstances of humor use in patient care, specific anecdotal quotations of interest are reported in the Appendix (Appendix F). Comments generally address specific situations where humor was used, other applications of humor not included in this study (for example, nurses using humor when bored), and explanations of why humor was not used.

#### Comparisons Between the High Stress and Low Stress Units

To test the hypothesis that there was a significant difference between the amount of humor used on the high stress unit and the amount used on the low stress unit, responses were compared by means of a t-test. Also, the amount of humor used with specific individuals, as well as responses on the Cantril ladder for the overall perceptions of the use of humor on the unit were compared by t-test. No significant difference was found between the high stress and low stress units for the amount of humor used in 8 hours, and thus the hypothesis was rejected ( $t(161) = -.76$ ). However, there was a significant difference in the overall perception rating of the use of humor on the unit on the Cantril ladder ( $t(161) = -6.20, p < .01$ ). The mean rating for the low stress unit was 6.2 with a standard deviation of 1.4, while the mean rating on the high stress unit was 7.5, with a standard deviation of 1.35.

Although the amount of humor reported used on the two units did not differ significantly, the fact that the two units were perceived differently makes sense, in light of the reported individuals with whom humor was used. Because nurses in the ICU (the high stress unit) use more humor with each other and with other staff, the overall environment

or atmosphere of the unit would appear more "humorous" to the observer. In contrast, nurses on the low stress unit used more humor with patients and families, which tends to be more of a one-to-one interaction, perhaps taking place in the patient's room, or away from observation by other nurses. Also, the physical design of the two units must be taken into consideration: the ICU is one large room where nurses are physically together more, whereas the low stress ward is a typical nursing unit, where patient rooms are connected by a long hallway, with a nurses' station in the center. Nurses on the low stress unit may have perceived their unit to be less humorous because they could not see or hear many of the humorous interactions taking place.

#### Differences Between Shifts

During the data collection period, it became evident that the routine, the interactions, and the overall milieu of the nursing units varied considerably from shift to shift. This was also validated by both patient and nurse comments, as well as generally by nurses not involved in the study. Differences between day, evening, and night shifts regarding responses to the amount of humor used, and regarding the overall rating of the nursing unit for the level of humor used, were compared by one-way analyses of variance (ANOVA). Differences between the subsets were compared by a Tukey's test.

The mean number of times humor was reported for the day shift was 3.5 (SD=1.73), for the evening shift was 5.02 (SD=2.01), and for the night shift was 3.78 (DS=1.74). Evening shift rated significantly higher than the other two units. There was no significant difference in the overall perception rating on the Cantril ladder among the three units by ANOVA.

The fact that evening shift reported using more humor can be explained from two perspectives. First, staff on evening shift tend to be younger, single, and often socialize together away from work. This is due to part of the odd hours worked by evening shift nurses (3pm-11pm), as few other professions demand that staff work during that time period. Hence, it could be concluded that because evening shift nurses have a closer social network, they tend to laugh and joke with one another more. Secondly, routine on the evening shift, as well as the number of individuals present, varies considerably in contrast to day shift. Generally, there are fewer physicians, less administrative staff, and fewer ancillary personnel present in the hospital, and the atmosphere tends to appear more "relaxed". Also, patients are generally awake, and not involved in tests, procedures, and other routines which usually take place during the day. The fact that nurses feel more relaxed and have more time to socialize, and that patients may be in need of more interaction and socialization, could explain why more humor is used in the evening. Although the staff situation is comparable on night shift (more relaxed, less administrative and medical staff present), patients are generally asleep, so less nurse-patient interaction takes place. This may explain why less humor was reported on the night shift.

#### Patient Responses Regarding Humor Use

In this section, first a description of subjects is reported. This is followed by the results of the third and fourth research questions.

#### Description of Subjects

Forty patients participated in this study, all of whom resided on

the designated low stress unit. Of the 40, 22 (55%) were males, and 18 (45%) were females. Ages ranged from 16 to 82, with a mean of 54.3. Thirty-one of the patients (78%) had a diagnosis of "cancer", or probable cancer, and 9 (22%) were recovering from cardiac surgery. Length of stay at the time of interview ranged from 3 to 17 days, with a mean of 6.6. Number of prior admissions ranged from 0 to 37, with a mean of 4.7.

#### Amount of Humor Used

The third research question addressed the attitudes and perceptions of hospitalized patients regarding the use of humor by nurses. The perceived amount of humor used, the patient's personal response to humor, the appropriateness and/or usefulness of humor, and general perceptions regarding humor from the patient's perspective are all reported descriptively.

Responses to Question 7 and 10 on the survey reflect patient perceptions regarding the amount of humor used on the nursing unit. The mean number of times patients recalled a nurse using humor on the ward was 6.8, with a standard deviation of 8.38. The mean patient rating for overall use of humor on the unit on the Cantril ladder was 5.8 (SD=2.04).

#### Patient's Personal Response to Humor Use

Responses to Questions 2, 3, 5, and 6, indicating the patient's personal reaction to the use of humor in patient care by nurses, are presented in Table 8.

Patients appeared to respond favorably to the use of humor by nurses. The fact that 98% of the patients would have selected a nurse with a sense of humor over a serious, quiet nurse conflicts with the

Table 8  
 Patient Responses to Items Indicating  
 Personal Response to Humor Use (Subscale A)

| Response  | Percent Reporting<br>Response <sup>a</sup> |
|---|--|
| "When you don't feel well,<br>how do you respond to a nurse<br>who uses humor with you?"                      |  |
| feel worse  | 20   |
| feel better   | 65   |
| no effect either way  | 15   |
| "Does a good laugh help you when<br>you are unhappy or depressed?"  |  |
| no  | 18   |
| yes   | 82   |
| "Generally, would you choose a<br>serious, quiet nurse, or one with<br>a sense of humor?"                     |  |
| serious, quiet nurse  | 2  |
| nurse with a sense of humor   | 98   |
| "When you are angry, does finding<br>something humorous about the<br>situation help to reduce your<br>anger?" |  |
| no  | 17   |
| yes   | 83   |

a

n = 40

Table 9

Patient Responses to Items Regarding the Appropriateness  
and/or Usefulness of Humor in Patient Care (Subscale B)

| Response   | Percent Reporting<br>Response <sup>a</sup> |
|--|--|
| "Do you feel that nurses should use humor when caring for patients?"           |  |
| no   | 2  |
| yes  | 98   |
| "Would you say that humor can help a patient to cope with being hospitalized?" |  |
| no   | 5  |
| yes  | 95   |

a  
n = 40

belief that the use of humor in nursing could be considered inappropriate or unprofessional. Also, of interest is the fact that 83% of patients appreciated the use of humor when angry.

Scores on Subscale A ranged from 5 to 9 with a possible range from 4 to 9. The mean score was 8.1, with a standard deviation of 1.19, indicating an overall strong positive personal response to the use of humor, from the patient's perspective.

#### Appropriateness and/or Usefulness of Humor Use in Patient Care

Responses to Questions 4 and 9, which addressed the appropriateness and/or usefulness of humor in patient care from the patient's perspective, are reported in Table 9. Again, patients strongly advocated the use of humor by nurses in patient care. Patient responses also support claims that humor is an effective means for coping with hospitalization, and adjustment to the "sick role". The mean score for Subscale B, indicating the patient's overall attitude toward the appropriateness and/or usefulness of nurses using humor in patient care, was 3.9 (SD=.38), with a range of 2-4, of a possible range from 2-4.

#### General Perceptions Regarding Humor Use by Nurses on the Unit

Responses to Questions 1 and 8 reflected the patient's opinion regarding the presence of a sense of humor in the nursing staff, and whether or not nurses used enough humor when caring for patients. They are reported in Table 10. Although 80% of patients answered favorably with regard to whether or not nurses use enough humor in patient care, many commented that nurses should use more (see Patient Comments, Appendix G).

#### Relationships Between Patient Demographics and Patient Responses

To answer the fourth research question regarding relationships



Table 10

Patient Report of General Perceptions  
Regarding Humor Use on Nursing Unit

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| Response   | Percent Reporting<br>Response <sup>a</sup> |
|--|--|
| <hr/>  |  |
| "During your hospital stay,<br>did any of your nurses seem<br>to have a sense of humor?" |  |
| no   | 5  |
| yes  | 95   |
|  |  |
| "Generally, do you feel that<br>nurses use enough humor when<br>caring for patients?"    |  |
| no   | 20   |
| yes  | 80   |

---

<sup>a</sup>  
n = 40

between patient characteristics and patients attitudes and perceptions, a correlation matrix was constructed to examine interrelationships among variables. A Pearson "r" statistic was used to relate patient age, sex, number of days in the hospital, and number of prior admissions with pertinent items on the survey, as well as both subscales, in Table 11. Diagnosis was not included, as only nine patients did not have a cancer-related diagnosis.

A number of noteworthy significant relationships were found between patient characteristics and patient responses. As may be noted on Table 11, the demographic characteristics of age and sex were found to be significantly related to perceptions regarding humor. Specifically, older patients were found to respond more favorably to the use of humor to cope with hospitalization ( $r = .26$ ), as well as to the overall appropriateness and/or usefulness of humor use in patient care ( $r = .31$ ). Additionally, male patients responded more favorably to the use of humor when angry ( $r = -.38$ ) than did female patients, and reported a more positive personal response to the use of humor by nurses ( $r = -.27$ ).

Those patients who had been hospitalized a shorter period of time expressed a greater appreciation of humor when depressed ( $r = -.30$ ), as well as a more positive attitude toward the usefulness and/or appropriateness of humor in patient care ( $r = -.26$ ). Patients with fewer numbers of prior admissions significantly reported the following responses: a greater appreciation of humor when depressed ( $r = -.36$ ), a more positive attitude toward the usefulness of humor to cope with hospitalization ( $r = -.44$ ), a more positive personal response toward nurses' use of humor ( $r = -.37$ ), as well as a more positive attitude toward the usefulness and/or appropriateness of humor use in patient care ( $r = -.52$ ).

Table 11

Matrix of Pearsonian Correlation Coefficients  
Between Patient Characteristics and  
Patients Attitudes and Perceptions Regarding Humor Use

| Variable <sup>a</sup>                               | Correlation Coefficients |      |     |      |        |        |        |        |        |
|---|--------------------------|------|-----|------|--------|--------|--------|--------|--------|
|   | 1                        | 2    | 3   | 4    | 5      | 6      | 7      | 8      | 9      |
| 1. Patient age                                      |                          | -.15 | .12 | -.24 | -.03   | .00    | .26*   | .06    | .31*   |
| 2. Patient sex                                      |                          |      | .10 | .00  | .02    | -.38** | .21    | -.27*  | .24    |
| 3. Days in hospital                                 |                          |      |     | .13  | -.30** | -.15   | -.23   | -.08   | -.26*  |
| 4. No. of prior admissions                          |                          |      |     |      | -.36*  | -.06   | -.44** | -.37** | -.52** |
| 5. Appreciation of humor when depressed             |                          |      |     |      |        | .48**  | .20    | .70**  | .23    |
| 6. Appreciation of humor when angry                 |                          |      |     |      |        |        | -.11   | .59**  | -.12   |
| 7. Usefulness of humor to cope with hospitalization |                          |      |     |      |        |        |        | .21    | .86**  |
| 8. Subscale A <sup>b</sup>                          |                          |      |     |      |        |        |        |        | .19    |
| 9. Subscale B <sup>c</sup>                          |                          |      |     |      |        |        |        |        |        |

\*  $p < .05$ \*\*  $p < .01$ a  $n = 40$ 

b Subscale A = patient's personal response to nurses' use of humor

b Subscale B = patient's attitude toward appropriateness and/or usefulness of humor in patient care

If the assumption is made that greater demands on the patients' adjustment to the "sick role", and to hospitalization in general, are made in the initial days of entry into hospitalization, or when patients have less familiarity with hospital routine, correlations in Table 11 seem plausible in terms of frequently reported functions of humor. The effectiveness of humor in helping patients to cope with hospitalization, and to adjust to the "sick role" has been discussed repeatedly in the literature, and validated by both nurse and patient report in this study. It follows, then, that since this function of humor was reported as the most frequent patient situation for which humor was used by nurses, humor would be used more widely, and appreciated more in early hospitalization, or during a patient's first few admissions to the hospital. In other words, patients who have become more familiar with hospital routine and have made a degree of adjustment to the "sick role" do not find humor as important in the function it may serve in allaying their fears and anxieties. This could explain why although older patients did not rate significantly higher on their own personal response to humor use by nurses, they had a significantly more positive response to the usefulness and/or appropriateness of humor in patient care, and as a means to cope with hospitalization.

The fact that male patients rated significantly higher on their appreciation of humor when angry, and more positively on personal appreciation of humor use by nurses, is difficult to interpret. Emerson (1963) and Fox (1959) both spoke to the use of humor by male patients to deal with discomfort or embarrassment related to being cared for by a female nurse, and the intimate and sexual implications of that relationship, but this would not account entirely for the male appreciation of

humor when angry. It is conceivable that because "aggression" (and perhaps "anger") is generally considered a "masculine" characteristic, that males are more comfortable reporting the trait. Females, on the other hand, may be less apt to acknowledge or report their own anger and aggression as often.

During the patient interviews, it was noted anecdotally by both the investigator and the second interviewer that males appeared to appreciate the use of humor by nurses more than females. This observation was validated in the data analysis (see Table 11). While males seemed to appreciate humor as a means of distraction, or removal from the misery of the "here and now", females seemed to appreciate prompt and efficient, as well as compassionate, care by nurses as much as humor or distraction.

#### Comparison of Nurse and Patient Responses

Although not identical, many items on the nurse and patient instruments had similar emphasis. Descriptive comparisons of select survey items on the two tools were conducted to highlight similarities and differences in nurse and patient perceptions regarding humor use. Also, direct comparison was made between nurse and patient perceptions of the use of humor on the Cantril ladder on the low stress unit.

#### Humor Use to Cope with Hospitalization and Adjustment to the "Sick Role"

Of the times nurses used humor specifically with patients, humor was reported used by nurses to help patients cope with hospitalization and adjustment to the "sick role" most often (49% of the time). It is interesting to note that when asked about this function of humor, 95% of patients agreed that humor can help a patient cope with being hospitalized.

### Humor Use with Depressed Patients

When asked whether humor was used with depressed patients in a 8-hour period, nurses responded having done so only 32% of the time. On the other hand, 82% of patients responded "yes" to, "Does a good laugh help you when you are unhappy or depressed?". Possibly patients are reflecting a need to laugh in general, rather than to be "humored" by nurses. Laughing with other patients, with family, or at television comedy may also serve an important purpose for patients, as was described in Norman Cousins' experience (Cousins, 1976). Coser (1962) also identified the effectiveness of humor and laughter among patients as a means for coping with hospitalization.

### Humor Use to Dispel Anger and Aggression

The following findings regarding humor use with anger are of particular interest. When asked, "When you are angry, does finding something humor about the situation help to reduce your anger?", 83% of patients responded positively. However, nurses reported using humor to dispel anger and aggression only 23% of the time. It is unclear why humor is not used for this purpose, but its effectiveness for dispelling anger and aggression is identified frequently in the literature. The only logical explanation in terms of patient care was offered by a nurse participant in the study, and was discussed earlier in the "Nurse" section of the analysis (see Appendix F: "General Comments"). This finding is evidence that there may be a need for what Donnelly (1979) called "assertive" uses of humor to cope with, or dispel anger and aggression in nursing, if it can be as effective as both the literature and patients report.

### Overall Rating of Humor on the Low Stress Unit

It was assumed that there would be a wide variation in patient and nurse report of the amount of humor used on the unit, for the following reasons. First, nurses were asked to report the number of times humor was used in 8 hours, while patients were asked how many times per day a nurse used humor with "you or other individuals on the ward". Naturally, patients do not have access to much of the humor that takes place on a nursing unit, for example, among registered nurses, between registered nurses and physicians, and between registered nurses and other patients, etc. Also, nurses were asked to indicate the amount of humor used in one, or more than one, 8-hour period, while patients indicated their perceptions regarding the amount of humor used per day. Therefore, the fact that scores on the rating scale (Question 1, nurses, and Question 7, patients) differed significantly on the same unit by t-test was not surprising ( $t(114) = 9.15, p < .05$ ). However, responses on the Cantril ladder, regarding the overall perceptions of humor used on the unit were also compared. One rating per nurse ( $n = 25$ ) was compared with patient ratings ( $n = 40$ ) by t-test. No significant difference was found in the overall perceptions on the low stress unit between nurse and patient report on the Cantril ladder when one response per nurse was used for analysis ( $t(63) = 1.34, p < .05$ ). This finding is most remarkable in light of the fact that patients observe less humor taking place, and reported nurses using humor nearly 60% less frequently per day than nurses reported humor being used in an 8-hour period (nurses:  $\bar{x} = 17.2, SD = 8.93$ ; patients:  $\bar{x} = 6.8, SD = 8.38$ ). Perhaps this finding indicates that a nursing unit, or patient care milieu, has a "personality", or "humorous atmosphere" which is universally

recognized, yet extends beyond the observed number of humorous interactions taking place. This speculation could also explain why all three nursing shifts (days, evening, and nights) did not differ significantly on their overall perceptions of the amount of humor used on their units, yet that evening shift rated significantly higher on the reported number of times humor was used.

#### General Discussion of Findings

When considered as a whole, some general themes and trends emerge from nurse and patient data. First, there was general support for the use of humor by nurses in the care of patients. Patients appreciated its use for the purposes addressed by the study, and nurses not only used it for those purposes, but identified other applications as well, both in patient care, and in the job situation in general.

Humor was used a great deal by nurses, and appreciated by patients, as a means to help patients cope with hospitalization, and to adjust to the "sick role". Because the adjustment to the "sick role" would place particular demands on the patient early in hospitalization, it could be recommended that judicious use of humor with newer patients, or patients experiencing their first few days of an admission be considered to facilitate the adjustment.

Laughing appeared to help reduce patient depression, but not necessarily where initiated by nurses. Also, humor seemed to be an effective outlet for patient anger and aggression, although it was reported used least frequently for this purpose by nurses.

Humor is generally appreciated more by male patients, although males and females agreed that it was useful, effective, and appropriate in patient care. Perhaps as the male-to-female ratio in the nursing



profession approaches equal proportions, this trend will change, as it has been suggested in the literature that this tendency on the part of male patients may reflect a sexual orientation between male patients and female nurses.

It did not appear that the frequency of humor used in the high stress unit was greater than in the low stress unit, although the overall perceptions of the amount of humor on the units did differ significantly. Also, the three nursing shifts did not differ significantly in their perceptions of the amount of humor used on the unit, yet more humor was reported used on evening shift than on day shift or night shift. In addition, nurses and patients on the low stress unit did not differ significantly in their perceptions of the humor used on the unit, yet patients reported nearly 60% less humor used by nurses per day than nurses reported used in 8-hour periods. These findings point to an interesting conclusion: if there is consistent assessment of the overall "humorous atmosphere" of a nursing care unit by those coming in contact with the milieu, that rating must be a reflection of prevailing factors which are not necessarily related to the actual number of humorous interactions taking place on the unit.

The recommendation that humor be used more to prevent, or reduce the "burn-out" phenomenon in nursing could be made, based on nurse descriptions of applications of humor to cope with job-related stress and tension. Nurses found humor to be effective when they were overworked, frustrated with the job, angry with the hospital system or hospital routine, angry at physicians, or bored. Donnelly (1979), Emerson (1963), Fox (1959), and Robinson (1977) all made similar observations, and advocated humor use by nurses in general to cope with

the stressful nature of their profession.

#### Limitations of the Study

Many limitations inherent in this study as it was designed have been discussed in earlier chapters. They include the fact that different data collection techniques were used, and that different types of questions were asked of nurse and patient populations. Another significant limitation was the fact that the tools were developed specifically for this study, and received a very limited amount of testing for reliability and validity. This alternative was chosen as there were no standardized instruments available appropriate to the purposes of this study. New tools were preferable over a completely unstructured descriptive survey.

Although the second research question addressed circumstances and outcomes of humor use, nurses tended to describe circumstances more often and more specifically than the actual outcomes of humorous interactions. Perhaps circumstances were more readily recollected than were the outcomes of each interaction.

Another limitation of this study relates to the interpretation of certain terms used, particularly the terms "stress", "anxiety", "depression", and "humor" which were subject to a variety of interpretations by participants. Based on both patient and nurse responses, it was evident that what may be identified as "stress" to one individual may be perceived as "depression" by another, for example. Some nurses described the same interaction with a patient under "stress and anxiety", "depression", "adjustment to the 'sick role'", and "anger". "Humor" was frequently interpreted as having a negative connotation by patients, despite the fact that each participant was informed of the

positive focus of this study prior to interview. For example, "humor" was occasionally perceived as, "laughing at the patient" rather than "with the patient".

Lastly, the generalizability of this study may be limited by the differing data collection techniques, the small sample size, and the specific nature of the units selected for study.

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

Throughout history, humor and laughter have been alluded to as having curative and cathartic properties. The literature has alluded to the therapeutic functions of humor in dealing with individuals who are physically or emotionally ill. Humor has been identified as a means to cope with stress and anxiety, to reduce depression, to dispel anger and aggression, to facilitate communication and strengthen relationships, and to deal with sensitive or intimate subjects. The purpose of this study was to describe the use of humor by nurses caring for persons who were hospitalized for physical conditions, from the perspective of both patients and nurses.

In that the hospital environment can differentially affect the need for coping devices on the part of the care giver and care recipient, two nursing units in an acute hospital setting were chosen for this study. The first was an oncology unit, designated a "low stress" unit, and the second, an intensive care unit, designated as a "high stress" unit. A total of 40 patients residing on the "low stress" unit for 72 hours or more served as patient subjects, and 53 registered nurses employed on the two units served as nurse participants.

Data were collected from patients by means of an interview designed for this study: the Patient Humor Survey Form; and from nurses by means of a written questionnaire: the Nurse Humor Survey Form. In a single interview, patients responded to questions to elicit their

overall impressions of the use of humor. The nurses were asked on several occasions to record their perceptions of the use of humor at the close of 8-hour shifts. For the nurse sample, a total of 162 questionnaires were completed at the close of 60 nursing shifts.

The following research questions were addressed in the study:

(1) How frequently is humor used in the acute patient care setting?, (2) What are the circumstances under which humor is used, and what are the outcomes of humor used by nurses in the acute care setting?, (3) What are the attitudes and perceptions of hospitalized patients regarding the use of humor by nurses?, and (4) What are the relationships between patient characteristics, and their perceptions and attitudes regarding the use of humor by nurses? The following hypothesis was also tested: there is a significant difference between the amount of humor used by nurses on a "high stress" nursing care unit and the amount of humor used by nurses on a "low stress" nursing care unit.

The actual amount of humor reported by the nurses on the two units was not significantly different, and thus the hypothesis was rejected. However, humor was used more by nurses on the low stress unit with patients and families, while nurses on the high stress unit used more humor with other registered nurses and other staff. Overall perceptions of the amount of humor used on the units also differed significantly. The high stress unit nurses perceived their unit to be higher on the overall amount of humor used than did the low stress unit nurses. Patients and nurses did not differ significantly in their overall perceptions of the amount of humor used on the low stress unit, although patients reported nearly half as many humorous interactions actually taking place. Significantly more humor was reported by nurses on the

evening shift than on the day shift or night shift.

The use of humor was reported most frequently by nurses to cope with stress and anxiety, both with patients, and in relation to the job. When using humor with patients, nurses employed it most often to help patients cope with hospitalization and adjust to the "sick role". Nurses reported using humor least often to dispel anger and aggression, even though the majority of patients reported its effectiveness for reducing their anger. Of the times humor was used by nurses with patients, the nurses reported it was positively received by the patient 92% of the time.

Patients overwhelmingly endorsed the use of humor by nurses. The majority found it useful to deal with hospitalization, to dispel anger, to reduce depression, and generally to help them when not feeling well. The majority of patients also agreed that a nurse with a sense of humor was preferable to a serious, quiet nurse, and that nurses should use humor when caring for patients. Lastly, patients reported that a good laugh was generally helpful in reducing depression.

Noteworthy significant correlations were found between selected characteristics of patients and their responses to humor use by nurses. Male patients had a more positive personal response to humor use by nurses, and appreciated humor more when angry, than did female patients. Older patients had a more positive response to the usefulness of humor to cope with hospitalization, as well as in their overall attitude toward the usefulness and/or appropriateness of humor in patient care, than did younger patients. The longer a patient had been hospitalized prior to interview, the less positive was his response to humor use when angry, or toward the usefulness and/or appropriateness of humor

use in patient care. Also, patients with fewer prior admissions appreciated humor more when depressed or to cope with hospitalization, responded more positively in their personal response to humor use by nurses, and agreed with the appropriateness and/or usefulness of humor in patient care. These findings pointed to the effectiveness of humor in facilitating the transition to the patient role, or "sick role"; patients who had been in the hospital longer or more often did not appear to have as great a "need" for humor, as it may be assumed that they had already made certain adjustments to hospitalization. The fact that male patients appreciated the use of humor by nurses more than female patients may be related to several factors. One factor may be that the majority of nurses are female, which could lead one to believe that the humor was somewhat related to contrasting sex roles. Another factor may be a manifestation of the male's embarrassment or discomfort with being cared for by a female nurse.

In general, the use of humor by nurses in patient care was found to be positively received, appropriate, and effective, especially in relation to adjustment to hospitalization and transition to the "sick role". It was also found to be effective in reducing stress, both from the perspective of the patient and the nurse. Nurses could be encouraged to explore the role of humor to help prevent or reduce the "burn-out" phenomenon: to cope with the stress, pressure, and depression inherent in their profession. One might ask whether nurses who seem to use a great deal of humor on the evening shift (3pm-11pm) experience more satisfaction with their work. Lastly, it was noted that in relation to humor, the perceived "atmosphere" or milieu of a patient care unit is not necessarily reflected in the actual number of humorous

interactions taking place on the unit, both from the perspective of nurses as well as patients. The explanation for this finding is unclear, based on the content of this study. It may be other factors, besides frequency, that make a qualitative difference in the perception of the use of humor.

### Conclusions

Briefly, the following general conclusions may be drawn from this study. Humor may be viewed as an effective and useful nursing intervention in the care of hospitalized patients, with a variety of applications. It appears to have promise in helping patients make the transition to the "sick role" and to adjust to hospitalization, to dispel anger and aggression, to deal with depression, and to cope with stress and anxiety. The use of humor by nurses with one another may serve as a means to deal with the stress and depression inherent in the nursing profession.

Laughter, in and of itself, appears to be a healthy outlet for reducing stress and depression for patients, as well as for nurses. The effectiveness of humor during hospitalization is attenuated for female patients, and patients who have been hospitalized a longer period of time. In terms of nursing care, it could be concluded that nurses will find their use of humor more appreciated by male patients, by patients in early phases of hospitalization, and by patients who appear stressed, depressed, angry, or anxious. Nurses in other work settings may find that using humor among themselves can serve as a means for dealing with job-related stress and tension, as well.

### Recommendations

The findings and content of this study suggest a number of



recommendations for further research.

First, replication of this study is recommended in different nursing care settings, and with different patient groups in order to generalize the findings to other populations. Of particular interest would be other critical care units, long-term care units, hospices, pediatrics units, as well as geriatrics units. Also, differing patient populations would provide valuable information, as this study focused primarily on adult oncology patients. Use of humor with persons hospitalized for surgery, disfigurement, childbirth, or stress-related illness, as well as children and dying patients, would all be of interest.

Second, the limitations of this study by using differing data collection techniques for nurses and patients, and the exclusion of ICU patients, could be circumvented in further studies. Future studies could be conducted using actual observation of both patients and nurses, rather than interviews and questionnaires. This would allow for inclusion of patient-related data from the ICU, as well as to rule out biases where self-report was used.

Third, there is a need for research in the area of laughter and patient care. Although this study did not focus on laughter per se, it was evident both from the literature, and from the findings in the study, that it has potential for patient care, both psychologically and physiologically. Of particular interest would be investigations into laughter for stress reduction, as a means of pain control, and generally as an adjunct in preventing and treating selected illnesses.

Fourth, the fact that males and females responded differently to the use of humor by nurses should be explored. The uses of humor by male versus female nurses would be of interest, as well.

Fifth, findings regarding humor use with anger and aggression were puzzling. Although 83% of patients stated that humor was helpful when angry, it was used by nurses for this purpose only 23% of the time. It would be valuable to learn why humor is not used for this purpose, and to perhaps explore how it may be appropriately applied by nurses in this type of situation.

Sixth, it became evident in this study that although many nurses supported the use of humor in nursing, they were uncomfortable using it themselves, or simply did not know how. Teaching methods for assisting nurses, as well as other health care professionals, to use humor effectively with patients could have widespread application.

Seventh, the fact that overall assessment of a humorous milieu is not necessarily reflected in the actual number of humorous interactions reported taking place is intriguing. A study using actual observations could explicate this finding.

Valuable descriptive information was obtained in this study, which warrants validation on a larger scale, and by a greater variety in nurse and patient populations.

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APPENDIX A  
Nurse Humor Survey Form



Last 4 Digits of Home Phone No. \_\_\_\_\_

Unit \_\_\_\_\_

Date \_\_\_\_\_

Shift \_\_\_\_\_

Nurse Humor Survey Form

1. How many times do you recall nurses using humor on this unit in the past eight hours? (Circle one)

\_\_\_\_\_

0    1-5    6-10    11-15    16-20    21-25    26-30    31-35    36 or more

2. Of that number, approximately how many interactions were with:

Other RN's \_\_\_\_\_  
 Physicians \_\_\_\_\_  
 Patients \_\_\_\_\_  
 Families \_\_\_\_\_  
 Other staff \_\_\_\_\_

3. Did you use humor with patients in the past eight hours?

yes \_\_\_\_\_ no \_\_\_\_\_ (check one)

If so, approximately how many times? \_\_\_\_\_

What reaction to humor did you observe on the part of the patient?

\_\_\_\_\_

4. In any of the interactions listed in question #1, do you recall an attempt to reduce anxiety or stress by the use of humor?

yes \_\_\_\_\_ no \_\_\_\_\_  
 (check one)

If so, approximately how many times? \_\_\_\_\_

Did it appear to reduce anxiety or stress? \_\_\_\_\_

Briefly describe the interaction and situation \_\_\_\_\_

\_\_\_\_\_

5. In any of the interactions listed in question #1, do you recall an attempt to dispel anger or aggression by the use of humor?

yes \_\_\_\_\_ no \_\_\_\_\_  
 (check one)

Briefly describe the interaction and situation \_\_\_\_\_

\_\_\_\_\_

6. Do you recall humor being used with patients who were depressed?  
 yes \_\_\_\_\_ no \_\_\_\_\_  
 (check one)

If so, approximately how many times? \_\_\_\_\_

How did the patient(s) respond? \_\_\_\_\_

Briefly describe the interaction and situation \_\_\_\_\_

7. Do you recall humor being used as a means for helping patients to cope with hospitalization, or the "sick role"?  
 yes \_\_\_\_\_ no \_\_\_\_\_  
 (check one)

Briefly describe the interaction and situation \_\_\_\_\_

8. Indicate how you feel your unit rates in overall use of humor  
 (mark an "X" at the appropriate step)

|   |  |
|---|--|
| 9 |  |
| 8 |  |
| 7 |  |
| 6 |  |
| 5 |  |
| 4 |  |
| 3 |  |
| 2 |  |
| 1 |  |
| 0 |  |

THERE IS AN EXTREME AMOUNT  
OF HUMOR USED HERE.

NO HUMOR IS USED.

APPENDIX B  
Patient Humor Survey Form

Patient No. \_\_\_\_\_

Patient Humor Survey FormDemographic Data:

Date \_\_\_\_\_ No. of days in hospital \_\_\_\_\_  
 Age \_\_\_\_\_ No. of prior admissions \_\_\_\_\_  
 Sex: M \_\_\_\_\_ F \_\_\_\_\_ Oriented to person, place, and  
 time? \_\_\_\_\_  
 Nursing unit \_\_\_\_\_  
 Comments \_\_\_\_\_ Reason for hospitalization \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 
1. During your hospital stay, did any of your nurses seem to have a sense of humor? yes \_\_\_\_\_ no \_\_\_\_\_
  2. When you don't feel well, how do you respond to a nurse who uses humor with you?  
 \_\_\_\_\_ It makes me feel worse  
 \_\_\_\_\_ It makes me feel better  
 \_\_\_\_\_ It doesn't effect me either way
  3. Does a good laugh help you when you are unhappy or depressed?  
 yes \_\_\_\_\_ no \_\_\_\_\_
  4. Do you feel that nurses should use humor when caring for patients?  
 yes \_\_\_\_\_ no \_\_\_\_\_
  5. Generally, would you choose a serious quiet nurse or one with a sense of humor?  
 serious quiet nurse \_\_\_\_\_ nurse with sense of humor \_\_\_\_\_
  6. When you are angry, does finding something humorous about the situation help to reduce your anger?  
 yes \_\_\_\_\_ no \_\_\_\_\_
  7. Approximately how many times per day do you recall a nurse using humor with you or with other individuals on the ward?

\_\_\_\_\_

0 1-5 6-10 11-15 16-20 21-25 26-30 31-35 36 or more

8. Generally, do you feel that nurses use enough humor when caring for patients?  
yes \_\_\_\_\_ no \_\_\_\_\_

9. Would you say that humor can help a patient to cope with being hospitalized?  
yes \_\_\_\_\_ no \_\_\_\_\_

10. PLEASE POINT TO THE APPROPRIATE LEVEL ON THIS LADDER WHICH BEST REPRESENTS HOW MUCH HUMOR IS USED ON THIS UNIT:

A vertical ladder scale consisting of two vertical lines connected by nine horizontal rungs. The rungs are numbered from 0 at the bottom to 9 at the top. The numbers are written in a large, bold, sans-serif font to the left of the rungs.

THERE IS AN EXTREME AMOUNT OF HUMOR USED HERE.

NO HUMOR IS USED.

APPENDIX C  
Nurse Consent Letter

# THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing  
Office of the Associate Dean for  
Academic Affairs

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7893

## Nurse Informed Consent

I have agreed to participate in the study titled, "Nurses' Use of Humor in a University Hospital" by Deborah Anne Leiber, R.N., under the supervision of May Rawlinson, Ph.D. The study is an exploration of the role of humor in the patient care setting, specifically under stressful conditions, or in helping patients to cope with their hospital stay and the "sick role".

My participation in the study involves answering a questionnaire which takes 10-15 minutes to fill out. I understand that I may be asked to fill it out more than once, but that the maximum number of times I will be asked to complete the questionnaire is five. Although I may not personally benefit directly from this study, my participation will help to gain insight into patient care and the role of the nurse. Participation in this study will not involve any known risks to me or to my employment.

Information obtained from this study will be strictly confidential. My name will not appear on any records and anonymity will be insured by the use of code numbers. Findings will be presented to both nursing units involved at the completion of the study.

Deborah Leiber has offered to answer any questions that I might have about my participation in this study. I understand that I may refuse to participate or withdraw from this study at any time without affecting my relationship with, or employment at, the Oregon Health Sciences University.



APPENDIX D  
Patient Consent Letter



# THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing  
Office of the Associate Dean for  
Academic Affairs

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7893

## Patient Informed Consent

I have agreed to participate in the study titled, "Nurse's Use of Humor in the University Hospital" by Deborah Anne Leiber, R.N., under the supervision of May Rawlinson, Ph.D. The study is an exploration of the role of humor in the patient care setting, specifically under stressful conditions, or in helping patients to cope with illness and their hospital stay.

My participation in the study involves answering nine questions about how I feel about nurses using humor. I understand it will take 5-10 minutes, and that participation in this study will not involve any known risks to me, or to my care. Although I may not personally benefit directly from this study, my participation will help to gain insight into patient care and the role of the nurse.

Information obtained from this study will be strictly confidential. My name will not appear on any records, and anonymity will be insured by the use of code numbers. Findings will be presented to both nursing units involved at the completion of the study.

Deborah Leiber has offered to answer any questions that I might have about my participation in this study. I understand that I may refuse to participate or withdraw from this study at any time without affecting my relationship with, or treatment at, the Oregon Health Sciences University.



APPENDIX E  
OHSU Hospital Investigational Protocol

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER  
 University Hospital / Department of Nursing  
PROCEDURE FOR USE OF CLINICAL FACILITIES FOR RESEARCH PURPOSES

| <u>RESPONSIBILITY</u>         | <u>ACTION</u>  |
|-------------------------------|--|
| Investigator                  | 1. Writes letter to Director of Nursing Service requesting permission to utilize clinical facilities.  |
| Director of Nursing           | 1. Approves or disapproves research endeavor.<br>2. Forwards letter of request to Staff Development Coordinator.   |
| Staff Development Coordinator | 1. Contacts investigator and arranges appointment for facilitating use of clinical facilities.   |
| Investigator                  | 1. Provides evidence that research proposal has been sanctioned by UOHSC Human Subjects Committee.<br>2. Submits copy of:<br>A. Abstract<br>B. Consent form<br>C. Tool<br>3. Indicates methodology to be used, including:<br>A. Type of subjects<br>B. Number of subjects<br>C. Method of administering tool |
| Staff Development Coordinator | 1. Reviews research endeavor with investigator.<br>2. Facilitates use of clinical facilities by discussing research proposal and obtaining permission (for appropriate individuals to participate in data-collecting process) from Nursing Administration and Head Nurse of identified service.              |
| Subject of Study              | 1. Participates in nursing research.   |
| Investigator                  | 1. Collects and analyzes data.<br>2. Furnishes Staff Development Coordinator with abstract of research findings.   |
| Staff Development Coordinator | 1. Shares research findings with Nursing Administration, Head Nurse, and other nursing staff participating in research endeavor.   |

UH 5/77  
 UH Revised 8/80

APPENDIX F

Anecdotal Nurse Comments Regarding Uses of Humor

ANECDOTAL NURSE COMMENTS REGARDING USES OF HUMOR

1. Comments regarding the use of humor to reduce anxiety or stress:

"talking about the ridiculousness of R.N.'s. wearing white while changing bloody dressings all day..."

"All hell was breaking loose, and everything seemed to fall apart--we just laughed."

"talking to a patient about the necessity for not drinking--joking about Alcoholics Anonymous meetings being held in the ICU."

"Both of my patients were women--the three of us joked about being in the zoo all night--they couldn't believe the chaos."

"sick of cleaning a comatose every two minutes--talking to myself about the wonder of it all.."

"Staff was fed up with changing the bed of a bleeding patient: singing and laughing about working on a bed-cleaning chain gang."

"Patient was concerned about being left alone...we laughed about the "BOOGIE MAN"..."

"We were extremely busy--everything was chaos--there was nothing left to do but laugh."

"While in a teaching situation and correcting the way someone did something--I used humor at the end by changing my voice and teasing a bit--she smiled."

"Having language barrier problem--patient couldn't understand much English--used humor in attempting to relate story--to reduce anxiety from being of a different background."

2. Comments regarding the use of humor to dispel anger or aggression:

"One doctor got so frustrated with the lab that he called up and pretended to be the Chief of Surgery to get them to hurry up!"

"My patient was always mad--I got so I could make her laugh by offering to trade places with her."

"M.D.'s were not taking action with a very sick patient--we dispelled our own anger by joking amongst R.N.'s."

"Physician was being stubborn about cleaning up after himself-- I humored him to reduce my own anger."

3. Comments regarding the use of humor with depressed patients:

"A lonely old woman who rarely smiles laughed when I told her how unreliable my relatives were."

"young female--in many times--acting suicidal--we kidded about the misery she would miss if she died now..."

"Patient grumpy all night--asked by R.N. if anything made him smile--stated if tickled on bottom of feet. I tickled him lightly on the bottom of the feet and he smiled!"

4. Comments regarding the use of humor to help patients cope with hospitalization or the "sick role":

"Patient found with mouth covered with sputum--R.N. remarked that she must have called "Fire!" and no one came..."

"...joking about patient's best friend being I.V. pole."

"I caught a patient stealing food from the kitchen--I told him that obesity wouldn't speed recovery!"

"Man had never been in the hospital before and couldn't deal with the lack of privacy--humored him about humility being a virtue..."

"A patient couldn't get used to the ICU routine--he asked if I had had military training!!"

5. Comments regarding the use of humor to deal with death or a depressing patient situation:

"...patient deceased and having eyes removed--humor with other nurses because we were uncomfortable."

"Patient expired, nurses talking about how awful it was to have her eyes removed, etc., and laughing."

"R.N.'s stressed about bleeding patient--we laughed about hiring vampires to clean up the mess."

"A dying man appreciated a chance to smile amidst all the chaos."

"staff trying to support one another while two patients were dying--much humor used"

"Taking care of a D.N.R. (Do Not Resuscitate)--I need to joke with people about other things to help reduce my stress--I was mostly joking with other R.N.'s."

6. Comments regarding humor use to overcome boredom:

"More humor used among staff today because floor is quiet and I'm bored. Less is used with patients when bored because I'm so restless."

"No stress or anxiety today--just plain BORED!"

"I think we were bored more than stressed."

"Joking about recruiting patients because we were so bored."

"I think we were bored more than anxious."

7. General comments:

"Anger and aggression are more difficult to dispel with humor than anxiety or stress. The patient's energies are usually focused to such an extent on their anger that it is difficult for them to enjoy humor. I think by not feeding on their anger they are helped--humor helps as long as the patient does not feel that his feelings are not heard at all."

"Humor is used mostly between the staff here as a means of decreasing our stress. i.e., used as a coping mechanism. Without it I wouldn't be able to survive my job!"

"I noticed that my patient jokes all the time, but he seems to reduce stress somehow by doing it."

"I didn't use humor with patients tonight, but in the past-- I can't think of a specific example--but the humor is usually very spontaneous--I use it as much as possible and find that I get a positive response with a decrease in anxiety, as evidenced by a smile or an agreement with what I said."

"Although this night the answer is "no", I have frequently used humor to help me handle anger or aggression or frustration."

"The man likes being depressed--it didn't work--I tried..."

APPENDIX G

Anecdotal Patient Comments Regarding Uses of Humor



ANECDOTAL PATIENT COMMENTS REGARDING USES OF HUMOR

1. Comments Relating to Specific Survey Questions:

Question 2: "When you don't feel well, how do you respond to a nurse who uses humor with you?"

"Whether I appreciate someone using humor depends on who it is."

"Humor makes a patient feel better because it gets his mind off his problems."

Question 3: "Does a good laugh help you when you are unhappy or depressed?"

"Sometimes humor is only helpful for the moment--not in the long run."

Question 4: "Do you feel that nurses should use humor when caring for patients?"

"...as much as possible!"

"...only when patients aren't extremely sick."

Question 6: "When you are angry, does finding something humorous about the situation help to reduce your anger?"

"Humor helps keep me from getting mad."

Question 8: "Generally, do you feel that nurses use enough humor when caring for patients?"

"Nurses should use more humor!"

"The more the merrier!"

"They use enough, and I think they should use more."

2. General Patient Comments Regarding Humor Use by Nurses:

"I appreciate just a cheerful disposition."

"Nurses should be trained to use humor."

"If you feel sad, you'll never get better."

"Nurses cannot survive without a sense of humor."

"Intelligent conversation is more important than humor."

General comments, continued.

"I like nurses with smiles on their faces--it makes a big difference!"

"...if they don't use humor, then I worry that something is the matter."

"There is more humor used in the evening because nurses have to be more 'businesslike' in the morning--the doctors and everyone else are around. Evening shift has more 'fun'."

"Not all humor is verbal..." (From a deaf patient who did not qualify for the study.)

APPENDIX H  
Correspondence



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

January 19, 1982

Dr. Norman Cousins  
52 West 52nd Street  
New York, N.Y. 10019


Dear Dr. Cousins,

After reading "Anatomy of an Illness", and having practiced nursing for a number of years, I have become intrigued with the use of humor in hospitals, and in patient care. I am currently a graduate student in nursing at the Oregon Health Sciences University, and have selected to pursue the topic more formally in my master's thesis.

My original intent was to attempt to replicate your kind of experience with a group of chronically ill patients, but because so little research has been done in this area, it was decided that a general, descriptive, "state of the art" study would be more appropriate at this time. Therefore I have compiled two questionnaires to be administered both to nurses and patients (see attached). My primary interests are to examine the effect and appropriateness of humor use with patients, as well as to find out how nurses use humor under stressful or depressing working conditions. The design of my study is briefly described in the attached abstract.

I would welcome any comments or suggestions you may have, either concerning the design of the tools, or the methodology of the study itself. I will be happy to share my findings with anyone interested, and hope to pursue further investigations of this nature in the future. I look forward to hearing from you.

Sincerely,

  
Deborah A. Leiber, R.N.  
12620 N.W. Barnes Road #7  
Portland, Oregon 97229



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

January 19, 1982

Vera M. Robinson, R.N., Ed.D.  
School of Nursing  
California State University, Fullerton  
Fullerton, California 92634

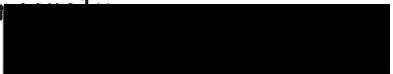
Dear Dr. Robinson,

Since our telephone conversation last summer, I have completed the proposal phase of my masters thesis entitled, "Nurse's Use of Humor in a University Hospital", and am now ready to collect data. My approach is descriptive in nature, and involves the administration of surveys regarding the use of humor to nurses and patients in the hospital. My methodology is briefly described in the attached abstract.

At this point, I would welcome any comments or suggestions you may have regarding the design of the tools (attached also), or the study itself. As you are one of the few nurses in the country interested in humor in health care, I am eager to receive any feedback you may have.

I thoroughly enjoyed your book, "Humor and the Health Professions", and it certainly lent more credibility to my proposal, from a nursing perspective. Are you currently involved in any work on humor at this time? I look forward to hearing from you.

Sincerely,

  
Deborah A. Leiber, R.N.  
12620 N.W. Barnes Road #7  
Portland, Oregon 97229



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

94  
OFFICE OF THE  
ASSOCIATE DEAN  
FOR ACADEMIC AFFAIRS  
SCHOOL OF NURSING

Area Code 503 225-7893

Portland, Oregon 97201

January 19, 1982

Cy Eberhart.  
1637 Westhaven Ave., N.W.  
Salem, Oregon 97304

Dear Mr. Eberhart,

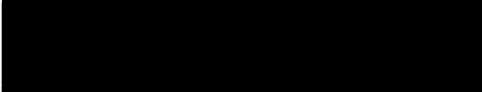
I am a graduate student in nursing at the Oregon Health Sciences University, and am writing my thesis on the topic of the use of humor in the hospital. I have heard a great deal about your work in this area, and enjoyed "Burnt Offerings" thoroughly.

I am enclosing a brief abstract of my study, as well as two tools I have compiled, to be administered to patients and nurses in the hospital. My primary interests in doing this research are the effect and appropriateness of the use of humor with patients, and how nurses use humor under stressful or depressing working conditions.

I would very much appreciate any comments or suggestions you may have regarding the tools, or the design of the study itself. You are one of the few individuals I have come across who is involved in this type of work in the Northwest, so I am eager to receive any input you may have.

I hope to attend one of your presentations in the near future, and look forward to meeting you. I will look forward to hearing from you... keep up the terrific work!!

Sincerely,

  
12620 N. W. Barnes Road #7  
Portland, Oregon 97229  
644-7927



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

95  
OFFICE OF THE  
ASSOCIATE DEAN  
FOR ACADEMIC AFFAIRS  
SCHOOL OF NURSING

Area Code 503 225-7893

Portland, Oregon 97201

January 19, 1982

Dr. Robert Williams  
English Department  
Portland State University  
Portland, Oregon 97207

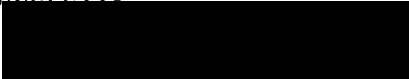
Dear Dr. Williams,

I was given your name by Marlene Smith, a graduate student in Urban Studies, as someone interested in the study of humor. I am a graduate student in nursing at Oregon Health Sciences University, and am writing my thesis on the topic of the use of humor in the hospital setting. The methodology for my study is described briefly in the attached abstract.

I have compiled two tools to be administered to patients and nurses, which I have also enclosed. If you have any comments or suggestions, either regarding the tools, or the study in general, I would appreciate receiving them. As you are probably aware, there is only a handful of people involved in the study of humor in this area, so I was glad to hear of your interest. I understand that your wife is possibly also interested in the use of humor by children. I would highly recommend Dr Paul McGhee's book, "Humor: Its Origin and Development" (San Francisco: W.H. Freeman Co., 1979) for her.

I look forward to hearing from you.

Sincerely,

  
Deborah A. Leiber, RN  
12620 N.W. Barnes Road #7  
Portland, Oregon 97229  
644-7927



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

96

OFFICE OF THE  
ASSOCIATE DEAN  
FOR ACADEMIC AFFAIRS  
SCHOOL OF NURSING

Area Code 503 225-7893

Portland, Oregon 97201

January 19, 1982


Thomas E. Gaddis, Ed.D.  
4376 S.W. Taylor's Ferry Road  
Portland, Oregon 97219

Dear Dr. Gaddis,

After discussing my thesis with you throughout the year, I am now seeking your comments and suggestions so far. Attached is a brief abstract of the intent and methodology of the study, as well as copies of the two tools I have compiled, to be administered to patients and nurses in the hospital.

I am open to any and all feedback, positive and negative, as well as suggestions for improving or clarifying the tools. Your input is always helpful to me, as composition is not exactly my greatest strength!

Yours truly,

  
Debbie Leiber  
12620 N.W. Barnes Road #7  
Portland, Oregon 97229  
644-7927





DEPARTMENT OF PSYCHIATRY AND  
BIOBEHAVIORAL SCIENCES

ADDRESS REPLIES TO:  
RM. 2859 SLICHTER HALL  
LOS ANGELES, CALIFORNIA 90024

March 16, 1982

Deborah A. Leiber, R.N.  
12620 N.W. Barnes Road #7  
Portland, Oregon 97229

Dear Deborah Leiber,

Many thanks for your letter of January 19. Please forgive the delay in responding. I have been away from my desk much of the time these past few weeks and my correspondence has suffered accordingly.

In regard to your study Nurses' Use of Humor in a University Hospital: You have every reason to be proud of your work. It reflects conscientious scholarship, keen insight, and professional ability to handle sophisticated concepts. I am most impressed.

You might want to share the results of your findings with William F. Fry, Jr., M.D., of Stanford University School of Medicine. He is one of the leading researchers in the field of therapeutic effects of laughter. I would also like to see your results.

Sincerely,

A black rectangular redaction box covering the signature of Norman Cousins.

Norman Cousins

NC/cp



Department of Nursing  
(714) 773-3145

February 16, 1982

Deborah Leiber  
12620 N.W. Barnes Road #7  
Portland, Oregon 97229

Dear Deborah:

Sorry to be so long in responding to your letter. The "hurrieder I go, the behinder I get!"

The use of humor in the natural setting as base data is sorely needed, so I am delighted with your focus.

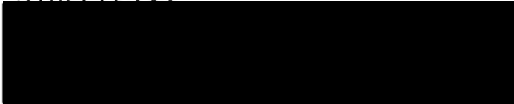
Your design and your two survey forms look good. Some thoughts as I reviewed them:

- 1) I gather that the Nurse Survey will be completed by the nurse independently, whereas the Patient Survey will be done by interview? Will you be the interviewer? You might want to take into account the variables in using two different approaches or if you use more than one interviewer.
- 2) You are focusing on the Nurses' use of humor rather than the Patients' use of humor, but, it is hard sometimes to determine who initiated the humorous situation, the patient or the nurse,--especially if it is a spontaneous one. You might want to clarify that in your directions or when you analyze the data. For example, #6 in the Patient Survey could be the patient's finding the "something humorous", rather than reacting to the nurses use of it.
- 3) Your choice of areas for the use of humor in the Nurse Survey are good: Anxiety/stress, anger, depression and the "sick role". In the Patient Survey, you refer to depression, anger and the "sick role"/hospitalization, but not specifically to anxiety/stress. You might want to ask that question of the patient, too. e.g. "Does the Nurse's use of humor help you when you are anxious, scared or tense?"
- 4) Sometimes, anger as an emotion is not acceptable to some clients, whereas being "irritated", "frustrated" or "upset" is. Adding those words to your #6 question might get you a better response.
- 5) One last comment--regarding the description of humorous incidents. You are soliciting them from nurses but not from patients. Was there a reason for your choice? It might be interesting to compare perceptions. What a nurse may have viewed as "funny", may or may not have been so perceived by the patient.

Deborah Leiber  
page 2 (continued)

Humor research is not easy. There are so many variables to consider!  
I hope my comments were helpful and not confusing! Good luck to you.  
I will be looking forward to your results. Let me know if there is any-  
thing else I can do.

Sincerely,



Vera M. Robinson, R.N., Ed.D.  
Chair and Professor  
Dept. of Nursing

VMR/do

---

**MEMO**

---

*Date:* November 16, 1981

*To:* May E. Rawlinson Ph.D.  
[REDACTED]

*From:* Michael A. [REDACTED] chairman  
Committee on Human Research, MacHall 2160, L106

*Subject:* Review of Protocol

---

University of Oregon  
Health Sciences Center

---

Portland

---

In reviewing your protocol we have determined that it qualifies for exempted review under 45 CFR 46.110 of the Federal Register.

In order to facilitate the exempt status please fill out the attached HHS 596 form, questions 1, 2,3,7, and in the space next to "5 & 6" fill in "Exempt from IRB review claimed on the Basis of # 3, 45 CFR 46.110" and return the form and protocol to us.

Though your study is exempt from Committee on Human Research Review you should take all prudent precautions for the protection of human subjects. Any substantial changes in this protocol should be brought to the attention of our Committee.

Thank you for your cooperation.



UNIVERSITY OF OREGON  
HEALTH SCIENCES CENTER

January 12, 1982

Sylvia Sather, RN  
Acting Director of Nursing  
Oregon Health Sciences University Hospitals  
3181 S.W. Sam Jackson Park Road  
Portland, Oregon 97201

Dear Ms. Sather:

In accordance with the "Procedure for Use of Clinical Facilities for Research Purposes" in the department of nursing, I wish to request permission to use clinical facilities at University Hospital for the collection of data for my master's thesis through the OHSU School of Nursing. My study is entitled, "Nurses' Use of Humor in a University Hospital", and is described in the attached abstract.

The two nursing units I have selected for study are 7-C and the Medical-Surgical Intensive Care Unit. These units were chosen for their comparable sizes of RN staffs, and the appropriateness of their patient populations. I have discussed the study informally with the head nurses of both units, and each has expressed an interest, and wishes to participate.

Attached are the tools I will administer to registered nurses on both unit, and to patients on 7-C. Because the study is entirely anonymous, it was designated as exempt from Human Subjects Review, and therefore formal consent in writing is not necessary. (See attached memo of November 16, 1981: "Review Of Protocol" from Dr. Michael A. Wall, Chairman, Committee on Human Research). An informed consent will be given to participants which describes the study, and the role of participants. (See attached).

I wish to collect data in January and February of 1982. If you have any questions or suggestions, I can be reached at ext. 5801, or through the School of Nursing. My advisor, May Rawlinson, PhD, will answer any questions you or the department may have as well. She can be reached at ext. 7893.

Sincerely,

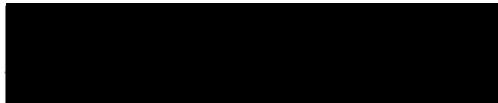
Deborah A. Leiber RN  
Graduate Student, Nursing  
Administration  
OHSU School of Nursing

AN ABSTRACT OF THE THESIS OF  
DEBORAH B. LEIBER

For the MASTER OF NURSING

Title: Nurses' Use of Humor in a University Hospital

APPROVED:



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Thesis Advisor

This descriptive correlational study examined the role of humor in the acute hospital setting from the perspective of nurses and patients. Four research questions were investigated: (1) How frequently is humor used in the acute hospital setting?, (2) What are the circumstances under which humor is used, and what are the outcomes of its use, in the acute hospital setting?, (3) What are the attitudes and perceptions of hospitalized patients regarding the use of humor by nurses?, and (4) What is the relationship between patient characteristics, and their attitudes and perceptions regarding the use of humor by nurses? Also, the following hypothesis was tested: There is a significant difference between the amount of humor used by nurses on a "high stress" nursing care unit and the amount of humor used by nurses on a "low stress" nursing care unit.

Two nursing units in a University hospital participated in the study: the first was an oncology and post open-heart surgery unit, designated a "low stress" unit, and the second was a medical-surgical intensive care unit, designated a "high stress" unit. Forty randomly

selected patients residing on the low stress unit were interviewed regarding their perceptions of humor use by nurses. Fifty-three registered nurses employed on both units reported the use of humor at the close of 8-hour shifts. Written questionnaires were administered at the close of 60 nursing shifts, and a total of 162 questionnaires were completed by nurses. A Patient Humor Survey Form, and a Nurse Humor Survey Form were developed for data collection for this study.

There was no statistically significant difference in the amount of humor nurses reported on the two units by t-test, and thus the hypothesis was rejected. However, the amount of humor used with specific individuals did differ significantly: nurses on the low stress unit used more humor with patients and families, while nurses on the high stress unit used more humor with other registered nurses and other staff. Overall perceptions of the amount of humor used also differed significantly between the two units by t-test. Nurses on the high stress unit perceived more humor being used on their unit than did nurses on the low stress unit. Differences in humor use among nursing shifts were analyzed by a one-way analysis of variance. A Tukey's test revealed that more humor was reported by nurses on the evening shift than by nurses on the day shift or night shift.

Nurses reported using humor most often to help patients adjust to hospitalization and the "sick role", to reduce stress and anxiety, with depressed patients, and to deal with job-related tension. Patients endorsed the use of humor by nurses, and the majority agreed that it was useful as a means to cope with hospitalization, to reduce depression, to dispel anger, and generally when they were not feeling well. Pearsonian correlation coefficients revealed the following significant

relationships: male patients, patients in early phases of hospitalization, and younger patients appreciated nurses using humor more than did female patients, patients with lengthy or numerous hospitalizations, or older patients. No statistically significant difference was found by t-test in the overall perceptions of humor use by patients and nurses on the low stress unit, even though patients reported approximately 60% fewer humorous interactions actually taking place than did the nurses. The majority of patients agreed that humor was helpful when they were angry, yet nurses reported using humor least often to dispel anger and aggression.

Implications and recommendations based on findings included the advocacy of the use of humor by nurses with patients, especially when helping patients to adjust to hospitalization and the "sick role", and when they are depressed, stressed or anxious, or angry. Humor was suggested as a possible means for nurses to deal with job-related tension, and the "burn-out" phenomenon. Generalizability of this study may be limited by the differing data collection techniques, the small sample size, and the specific nature of the units selected for study. Recommendations for further research are made.