

**The Importance of Humour and  
Laughter in Nursing Care: A Literature  
Review**

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## Description

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<p>Description</p> <p>From the time of Nightingale in 1800-1900's, humour and laughter have been recognised as an important part of nursing practice. The literature review presents the use of humour and laughter in healthcare through the health benefits, different methods, social aspects and associated risks from different points of view.</p> <p>The aim of the literature review was to describe the use of humour and laughter in nursing care. The purpose was to promote humour and laughter in nursing care by providing up to date information.</p> <p>The data was searched using two online search engines, Cumulative Index of Nursing and Allied Health, CINAHL and PubMed. After identifying the possible data to be used, a data extraction was done, and the data that was extracted from the articles were chosen. The quality of the data was evaluated. After those steps the data was interpreted. Then deeper analysis concerning the collected studies were conducted. The findings of the studies were discussed and explained in the discussion.</p> <p>The focus for the search was to analyse how humour and laughter have been utilised in nursing care. The study is resulted from two points of view the patient and the nurse.</p> <p>In the results the two main themes that emerged were: the nurses' utilisation of humour and laughter in their work and humour and laughter in patient care.</p> <p>The analysis of the data from the selected articles led to the conclusion that humour and laughter are valuable in nursing care and healthcare in general. Nurses' and patients' alike, have experienced humour to have a positive impact when used appropriately. However, inappropriate use of humour may have a negative impact on the relationship between the nurse and the patient, thus compromising professionalism.</p>		
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Tiivistelmä  <p>Aina Nightingalen ajoilta, 1800-1900-luvuilta asti, huumori ja nauru on tunnustettu tärkeäksi osaksi hoitotyön toteuttamista. Kirjallisuuskatsaus käsittelee huumorin ja naurun käyttöä terveydenhuollossa tarkastellen sen terveyttä edistävää vaikutusta, eri käyttömetodeja, sosiaalisia aspekteja ja siihen liittyviä riskejä eri näkökulmista.</p> <p>Kirjallisuuskatsauksen tavoite oli kuvailla naurun ja huumorin käyttöä hoitotyössä. Tarkoituksena oli edistää niiden käyttöä osana hoitotyötä tarjoamalla ajankohtaista tietoa aiheesta.</p> <p>Kirjallisuuskatsauksen aineistohaku toteutettiin kahdessa elektronisessa tietokannassa, CINAHLissa ja PubMedissa. Mahdollisesti käytettävän aineiston keräämisen jälkeen aineisto analysoitiin kriteereiden mukaisesti, ja valittiin käytettävät artikkelit. Tämän jälkeen aineiston laatu arvioitiin, ja niiden tarjoama tieto tulkittiin. Sitten artikkelien tulokset analysoitiin syvemmin, ja tutkimusten tulokset läpikäytiin ja selitettiin keskusteluosiossa.</p> <p>Aineistohaku keskittyi analysoimaan kuinka huumoria ja naurua toteutetaan hoitotyössä. Tutkimus tehtiin molempien, sekä potilaan, että sairaanhoitajan näkökulmasta.</p> <p>Tuloksissa nousi esiin kaksi pääteemaa: huumori ja nauru osana hoitajien työtä ja työympäristöä, ja huumori ja nauru potilastyössä.</p> <p>Aineistosta saadun tiedon analysoiminen tuotti johtopäätöksen, että huumori ja nauru ovat arvokas osa hoitotyötä ja terveydenhuoltoa yleisesti. Niin hoitajat kuin potilaatkin ovat kokeneet huumorilla olevan positiivisia vaikutuksia, kun sitä käytetään asiallisesti. Kuitenkin, asiattomasti käytetyllä huumorilla voi olla negatiivisia vaikutuksia hoitajan ja potilaan välisiin suhteisiin, joka saattaa vaarantaa ammattimaisuuden.</p>		
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## 1 Introduction

From the time of Nightingale in 1800-1900's, humour and laughter have been recognised as an important part of nursing practice (Mooney 2000).

Nightingale describes the importance of humour and laughter in the nursing intervention as below:

*"It is a matter of painful wonder to the sick themselves how much painful ideas predominate over pleasurable ones in their impression; they reason with themselves; they think themselves ungrateful; it is all of no use. The fact is, that these painful impressions are far better dismissed by a real laugh, if you can excite one by books or conversation, than by any direct reasoning; or if the patient is too weak to laugh, some impression from nature is what he wants."* (Mooney 2000)

However, the question is that do nurses recognise the importance of humour and laughter in nursing care. Thus, having explored the topic of humour and laughter as related to the practice of nursing, this thesis presents the use of humour and laughter in healthcare through the health benefits, different methods, social aspects and associated risks from different points of view.

According to Old (2012), humour is like music and music is like a universal language that connects people and may help our cultures develop in a positive way.

## 2 Humour and Laughter in Healthcare

### 2.1 Humour and Laughter

The use of humour dates back to at least biblical times, as shown in Proverbs 17:22:

*A merry heart does good like medicine, but a broken spirit dries the bones. (Moore 2008)*

Although much has been written on this subject for a long time, there is very little written about the actual use of humour in practice (Borod 2006).

In 1905, Freud described humour as one of the strongest defence mechanism that enables an individual to avoid negative emotions and face difficult situations. Often in stressful situations patients reflect on or interpret the meaning of a threat and choose to reinterpret it by using humour. This could explain why humour is found in every clinical setting and is an exceptional characteristic that persists even at the end of life. (Tanay, Roberts & Ream 2013) Of all the experiences we have in life, the one we never get tired of is laughing. Humour and playfulness are available to all of us, for our whole lives. (Old 2012)

Laughter is one of the vital tools of communicating and building human relationships (Gilbert 2014). Intuitively laughter is recognised as a good medicine. In 1995 Dr Madan Kataria called "laughing guru", a physician from

India established Laughter yoga, resulting from his research on the positive effects on health from laughter. Currently, laughter yoga can be found anywhere around the world. Laughing yoga is led by a practitioner who leads a group of people to laugh in various different ways combining yogic breathing techniques to unconditional laughing exercises such as roaring like a lion. (Nasser 2010)

The theory by Dr Madan states that human body and mind do not recognise the difference between genuine and fake laughter. When the brain signals the body to laugh, it releases endorphins and relieves the stress level as a physiological response to physical act of laughing. (Gilbert 2014)

Laughing yoga encourages people to laugh because by doing fake laughter, it also becomes real. After the practice, participants feel more energized, invigorated and happier. (Nasser 2010) As well as laughter for the sake of laughing without humorous stimulus posed laughter has also shown the positive impacts on reducing stress hormones (Gartner 2016). Moreover, smiling and laughing can be passed on from person to person as mirror neurons in the brain make smiling and laughing contagious. A smile is recognised by the brain which mirrors the action by smiling back at the other person. (Old 2012)

A study was conducted in an inpatient cancer clinic in Thailand (n=50), showed that patients who watched humorous videos during the day showed a greater improvement in all measures than those in the control group. Research studies have demonstrated that humour and laughter can have



beneficial or positive health impacts such as boosting the immune system functions, decreasing pain and anxiety, lowering heart diseases, increasing ability to sleep, lowering stress hormones, improving respiration and blood circulation, lowering blood pressure, and releasing endorphins into the bloodstream and overall increased quality of life. (Moore 2008) Laughter helps to improve mood-state and self-esteem (Kim, Kook, Kwon, Son, Ahn & Kim 2015). Furthermore, the studies conclude that a sense of humour was related to greater survival rates for patients living with life threatening diseases. (Moore 2008) Studies also suggest that laughter boosts the catecholamine levels in the body, therefore improving mental functions such as the abilities to memorize and to pay attention, and also relaxes skeletal muscles, provides an internal massage to the digestive tract and supports the stimulation of the dopaminergic centres in the brain. Using therapeutic laughter in diabetes care may help lower stress levels and the inflammatory response alongside with increasing the high-density lipoprotein cholesterol levels. Thus, lowering the risk of cardiovascular diseases related to diabetes and metabolic syndrome. (Old 2012)

## **2.2 Humour and Laughter in Healthcare Relationships**

A healthy relationship between patient and nurse is a vital factor for performing holistic care. In relation to nursing, humour and laughter have shown to create stronger relationships between patients and nurses. (Moore 2008)

Humour is also known to bring in a great amount of benefits related to interpersonal skills and social support. Such aspects of interpersonal relationships like empathy, mutual trust and intimacy have always been positively in cooperation with a sense of humour. Therefore, a sense of humour could lead to likability, trust between people, tendency to care, and get up-close and personal with one another. Healthcare workers and others also utilise humour as a technique to cope with the situations of emotional labour, disease, anxiety and death. A small number of studies have suggested that humour between nurses and patients can facilitate communication and avoid conflicts. Conflicts are frequently present in caring interactions and initiated by the patients themselves. Studies present that using humour to comfort people in times of distress is appreciated and can be beneficial in difficult situations. (McCreaddie & Wiggins 2008) Humour was also a helpful tool for the patient to show their emotions and to preserve their dignity. Patients used humour as a way of expressing themselves. (Moore 2008)

### **2.3 Therapeutic Use of Humour and Laughter**

Therapeutic humour includes both the intentional and spontaneous use of humour. It is performed by therapists or other professionals, which benefits the patients in self-understanding and behaviours. The form of humour can be widely ranged depending on the patient's humour stimulus, and it could include formal structured jokes, repeating an amusing pun line, exaggerate to

the extreme or any other method which can evoke indications of amusement or joy such as laughing, smiling or giggling. (Franzini 2001)

According to Association for Applied and Therapeutic Humor (2000), therapeutic humour is defined as below:

*Any intervention that promotes health and well-being by stimulating a playful discovery, expression or appreciation of the absurdity or congruity of life's situations. This intervention may enhance health or be used as a complimentary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual.*

There are several variations of therapeutic programmes such as humour therapy, laughter therapy, laughter meditation and previously mentioned laughing yoga. An example of humour therapy was implemented by participants reading novels based on true stories that warmly and humorously touched on the difficulties of life. The stories brought up discussions amongst the participants that they related to humorous situations in their own lives. Afterward, participants were invited to share their own experience for the next sessions. The aim was to remind participants that humour should be sought out, nourished and developed. Laughter therapy has been described as "aerobic humour" and "internal jogging for all of the major organs". There are laughter therapy workshops that help clients identify their laughter triggers by recalling their favourite childhood toys,

sharing favourite comedies, movies, jokes and identifying people in their lives that make them laugh. (MacDonald 2004)

## **2.4 Well-being of Nurses**

Martin and Lefcourt developed the Coping Humour Scale in 1983. The purpose of the scale was to measure how individuals usually respond with humour when dealing with stressful situations. Findings showed that, when used as a coping mechanism, the higher levels of humour, the less negative mood disturbance would appear. (Healy & Mckay 2000)

Humour can play a significant role in team work and working environment. In healthcare, team work is essential. Humour has been known to contribute to a sense of community. Laughter and humour can strengthen workers as a team, build trust and help to withstand stressful situations. (Dean & Major 2008)

A research was conducted by nurses, that were examined, using content analysis. The main categories of humour between nurses and patients were nurse-based humour, co-operation orientated humour and patient-orientated humour. The occurrence of humour between nurses and patients enabled them to cope with various unpleasant procedures. It helped nurses to manage difficult situations with patients and lead to an improvement in the working climate. Humour among staff helped nurses to cope with their work and create a better atmosphere in the ward. Therefore, humour is shown to be

beneficial to both patients and nurses and there is a place for humour in the modern nursing practice. (Moore 2008) As a matter of fact, the welling-being and mood of the nurses can have a significant on the atmosphere of the whole ward. With the use of humour in the workplace, the nurses may feel happy and fulfilled, which could also provide a positive spirit to the patients. (Astedt-Kurki & Liukkonen 1994)

### **2.5 Possible risk of the use of humour and laughter**

Whilst a myriad of researches has shown the benefits of humour and laughter, nurses need to be very careful with the use of humour. The use of humour should be assessed by the situation, context and always used with both sensitivity and compassion for the patient. (Old 2012)

What makes humour problematic is that the concept of humour varies within personalities and other aspects such as the age and personal views of the person. Health care professionals need to be able to consider humour not only as a risk-free and simple method to add to patient care, but also as a vulnerable and personal aspect which should be characterised according to each patient and situation. (Berk 2001) When humour is involved in the patient-nurse relationship, there is a risk for misunderstandings which may offend the patients (Andersen 2015).

There have been cases reported where humour and laughter have had a negative impact on a patient. For instance, it can have a minor risk for elderly

who have serious medical conditions. In some cases, there have been neurological reactions like seizures or cataplectic attacks as a reaction towards laughter. Yet the benefits outran the risks also in the care for elderly remarkably. (Berk 2001)

Despite its risks, humour can still be such an effective and helpful tool for communication. If the negative aspects are well acknowledged, humour and laughter are worth utilising for therapeutic purpose. Thus, it is essential for nurses to stay cautious and aware of what is a correct and safe way of using humour and laughter in nursing care. (Mayo 2010) Healthcare workers using humour and laughter should laugh with the patient, not at the patient. (MacDonald 2004)

### **3 Aim, Purpose and Research Questions**

The aim of this thesis is to describe the use of humour and laughter in nursing care. The purpose is to promote humour and laughter by providing up to date information.

The research question is:

- How has humour and laughter been utilised in nursing care?

## **4 Methodology (Literature based thesis)**

### **4.1 Literature Review**

The conduction of the review commences by identifying the problem and the question to be answered. The clearly defined research question provides the main focus and the limitations to the review. After the research question is identified, the purpose of the study can then be defined. When the research question and purpose are identified, the literature search will be implemented with the chosen terms and according the inclusion and exclusion criteria. The data will be searched using two online search engines, Cumulative Index of Nursing and Allied Health, CINAHL and PubMed. After identifying the possible data to be used, a data extraction will be done, and what data will be extracted from the articles will be chosen. The quality of the data will also be evaluated. After these steps the interpretation of data is commenced. Then deeper analysis concerning the collected studies will be conducted. The findings of the study are to be discussed and explained in the discussion.

(Rew 2010)

### **4.2 Scientific Article Selection Process**

*Search Strategy.* The search was conducted in CINAHL and PubMed. The search was conducted firstly within a ten-year period 2007-2017, but due to a limited amount of research articles, the time span was expanded from 2000 to

2017. The articles were selected by the following search words: (humor or humour or laughter or "therapeutic humor" or "therapeutic humour") AND (nurs or nurses or nursing or student nurse or healthcare professional) AND (experiences or perceptions or attitudes or views or feelings.) The data collection in CINAHL was confined to full text, English language, peer reviewed, research articles and by publishing year. The data collection in Pubmed was confined to English, publishing year and free full text, due to the different parameters of the search engines. After the exclusion the analysis of the articles was carried out separately by each researcher, title and abstract. The articles were chosen based on the individual assessments and grades according to the Hawker et al. checklist. (Hawker, S. Payne, S. Kerr, C. Hardey, M. Powell, J. 2002)

*Data analysis strategy.* The final selection was completed after the research group combined their individual work and analysed the data to be used. This data analysis from research reviews will be filtered and used only from the results of each article. Another exclusion criteria which appeared to be necessary at this stage would be the articles without clear results or a combination of results and discussion. After applying the mentioned criteria, the research team narrowed the amounts of suitable articles to 7 pieces. Then all the results from the 7 articles were collected into a table in one document and shared within the team. (Whittemore, R. & Knalf, K. 2005.)

Firstly, data analysis commenced with skimming throughout all the results from the mentioned table, and each member of the team extracted data from



all the articles based on the exclusion criteria and the relation to the thesis questions. Secondly, the mentioned data was compared by one to another to avoid overlapping occurrences and the similar data was highlighted in a specific colour and categorised into the same group. A specific theme was provided to each one of those groups that were classified by the settings and the sample characteristics (that are nurses and patients in this thesis). All the data were displayed in another table which involves the above mentioned colouring method and put into separate subtopics (see table 4).

*Inclusion and Exclusion Criteria.* It was based on the inclusion and exclusion criteria by the PICOS principles; **p**opulation (participants), phenomena of **i**nterest, **c**ontext and types of **s**tudies.

Population (participants)	The subjects being reviewed in this literature review are patients and nurses
Phenomena of Interest	The experiences of nurses utilizing humour and laughter in nursing care
Context	Around the world
Types of Studies	Study would be restricted to full text, available in English, published from 2000 until 2017 and only research articles which are peer reviewed and contain an abstract.

Table 1. Inclusion and Exclusion Criteria

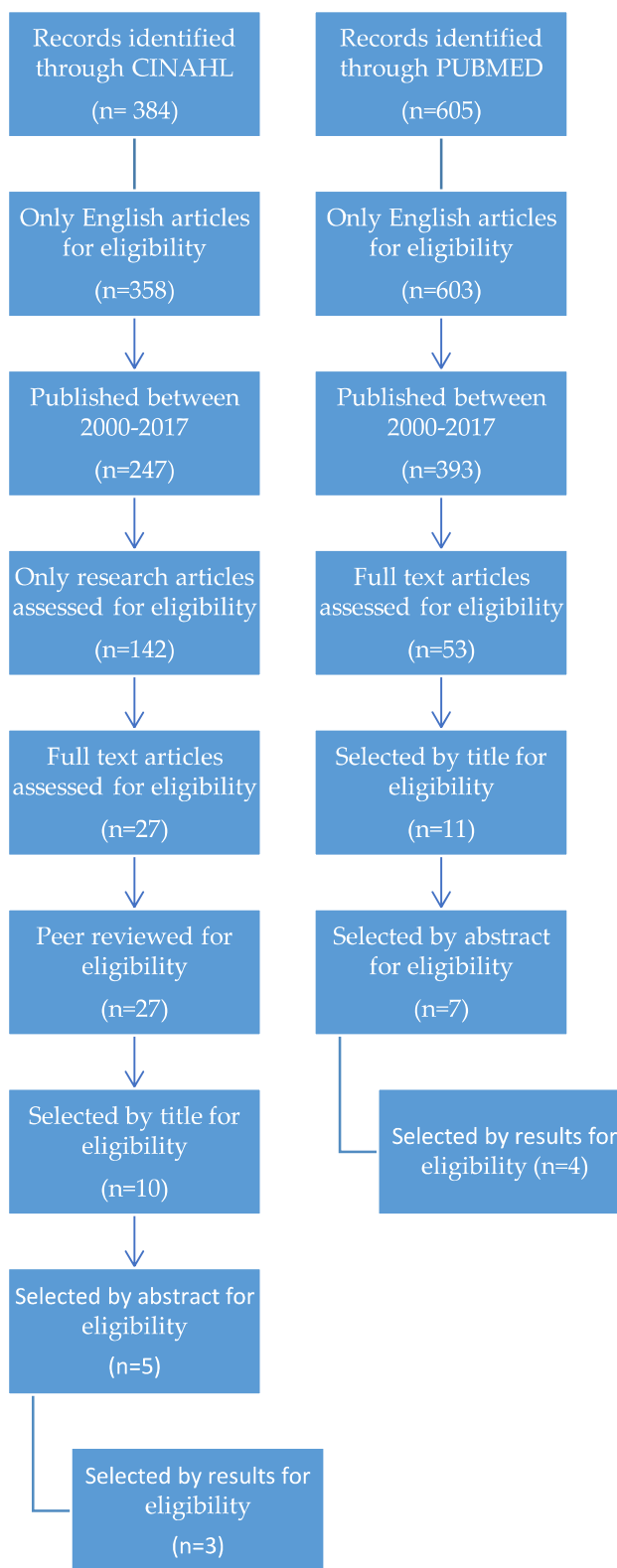


Figure 1. Selection Process

Search terms	Database	Results	Chosen by title	Chosen by abstract	Articles selected
humor or humour or laughter or "therapeutic humor" or "therapeutic humour" AND nurs or nurses or nursing or student nurse or healthcare professional AND experiences or perceptions or attitudes or views or feelings	CINAHL	27	10	5	3
	PUBMED	53	11	7	4

Table 2. Data Search

After data search described as above, data was organised in the list of references for selecting the articles to be reviewed and conducting Hawker et al evaluation as shown in Table 2.

<b>Authors, Year, Country</b>	<b>Title</b>	<b>Sample (n)</b>	<b>Main results</b>	<b>Research method</b>	<b>Hawke r points</b>
Tanay, M. Wiseman, T. Roberts, J. Ream, E. 2014  The United Kingdom	A time to weep and a time to laugh: humour in the nurse-patient relationship in an adult cancer setting	n=10	The findings highlight the importance of humour in the nurse-patient relationship.	modified ethnographic methodology	34
Johnson, P.  2002  USA	The use of humor and its influences on spirituality and coping in breast cancer survivors	n=9	The narrative data reveals humour as a coping factor, the relationship between humour and nursing, and the relationship between humour and spirituality.	qualitative, descriptive, exploratory method	28
Greenber g, M. 2003  USA	Therapeutic play: developing humor in the nurse-patient relationship	n=3	The findings indicate that humor in this relationship is a complex process that requires creative energy and cognitive skill.	A qualitative naturalistic approach	27
Tse, M. M. Y. Lo, A. P. K. Cheng, T. L. Y. Chan, E. K. K.	Humor therapy: relieving chronic pain and enhancing happiness for older adults	n=70	The study shows that the use of humor therapy helps patients physiologically and psychologically.	Quantitative data analysis	35

Chan, A. H. Y. Chung, H. S. W.  2010  Hong Kong			It is recognised by healthcare professionals as therapeutic care.		
Linge, L. 2013 Sweden	Joyful and serious intentions in the work of hospital clowns: a meta-analysis based on a 7-year research project conducted in three parts	n=51	The research indicates that hospital clowns benefit children, parents, staff in various care situations and contributes the increase of quality of care.	Meta-analysis	31
Ghaffari, F. Dehghan-Nayeri, N. Shali, M.  2015 Iran	Nurses' experiences of humour in clinical settings	N=17	Humour utilised by nurses provides valuable guidelines for nurses and patients and therefore, improves the workplace.	A qualitative design with conventional content analysis	32
Bennett, P.N. Parsons, T. Ben-Moshe, R. Neal, M. Weinberg, M. K. Gilbert, K. Ockerby, C. Rawson, H. Herbu, C.	Intradialytic Laughter Yoga therapy for haemodialysis patients: a pre-post intervention feasibility study	n=18	Laughter Yoga offers positive impacts on the patients' mood and is a recommended nursing intervention.	Pre/post intervention feasibility study	32

Hutchinson, A. M. 2015 Australia.					
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Table 3. Summary of the Selected Articles

#### 4.3 Analysis and Synthesis of Data

The data analysis is an essential process of systematically applying statistical and/or logical techniques for describing and illustrating, condensing and recapping, and also evaluating the collected data. Whilst data analysis in qualitative research can contain statistical procedures, frequently analysis is an ongoing process which data is continuously collected and analysed simultaneously. (Begum & Ahmed 2015) This is where the synthesis process is used in order to integrate the ideas and contents from different resources together (O'Sullivan 2016).

Data analysis was conducted by researchers individually highlighting common themes from each selected article. Results were organised and analysed into a table.

Research question	Topics	Subtopics
<p><b>How has humour and laughter been utilised in nursing care?</b></p>	<p>Nurse's utilisation of humour and laughter in their work</p>	<ul style="list-style-type: none"> <li>• Humour and laughter in the working environment</li> <li>• Humour and laughter as a tool of communication and relationships</li> <li>• Humour and laughter enhancing the well-being of nurses</li> </ul>
	<p>Humour and laughter in patient care</p>	<ul style="list-style-type: none"> <li>• Different methods of humour and laughter in patient care</li> <li>• Appropriate humour. Possible risks associated with the use of humour</li> <li>• Physiological and psychological benefits of humour and laughter</li> </ul>

Table 4. Main topics and subtopics from the selected articles

## **5 Results**

The focus for the search was to analyse how humour and laughter have been utilised in nursing care. The study is resulted from two points of view the patient and the nurse. In the results the following two main themes were emerged: the nurses' utilisation of humour and laughter in their work and humour and laughter in patient care.

### **5.1 Nurses' Utilisation of Humour and Laughter in Their Work**

#### **Humour and laughter in the working environment**

Nurses' opinions about humour in the work place vary and the assessments are both positive and negative. Many nurses believe that humour affects patients positively and promotes the staffs' physical and mental well-beings. Nurses consider humour to be a necessary condition for the work place and important for patient care in difficult circumstances. (Ghaffari, Dehghan-Nayeri, & Shali 2015)

Clinical tasks performed by the nurses were more easily accomplished when the nurses playfully distract the patients, however the situation should be carefully assessed, to make sure the use of humour is appropriate. (Greenberg



2006) Situational assessment can be used to determine if the use of humour could be appropriate in a clinical setting. The outcomes emerging from humorous situations are largely dependent on the factors such as personal history, relationship with colleagues, previous friendship, occupational prestige or the length of the patients' hospital stay. The patient's physical state, psychological state, diagnosis and disease progressions are all factors to be considered when using humour. The nurses' ethical inclinations may be demonstrated through the appropriate use of humour. (Chaffari et al. 2015)

Nurses have expressed concerns about humour compromising professionalism. The nurses were afraid that their colleagues would view them as "less professional", if they were seen laughing or joking with patients. The junior nurses' interactions with patients were more serious when senior nurses were around. (Tanay, Wiseman, Roberts & Ream 2014)

### **Humour and laughter as a tool of communication and relationship**

Nurses have recognised the importance of humour in supporting to establish affinity between nurses and patients and in providing relaxed feelings as if patients were at home. Patients feel comfortable to be with nurses with the help of humour. Patients view humour as a valuable element that helps establish better relationships between patients and nurses. For both nurses and patients, humour is perceived as a sign of improving interpersonal relationships. (Tanay et al. 2014) Mutual laughter is particularly a dynamic

form of the nurse - patient communication due to its functions as a testimony to a therapeutic relationship (Greenberg 2006). The pleasant feelings can lead to acceptance of the nurses by patients and colleagues, and encourage new bonding in relationships, feelings of closeness, solidarity and communication. Humour creates a sense of friendliness and empathy. Sharing feelings is associated with a sense of security for patients and nurses while engaging in humour. (Ghaffari et al. 2015)

Moreover, both patients and nurses realised the sense of well-being when they encounter positive emotions, which changes the perspectives on their relationships. Even though some patients and nurses denied humour to utilise as a way of caring, they have gained a sense of relaxation within the relationships after all. (Greenberg 2006) According to Ghaffari et al. (2015), patients have expressed that a nurse in a clinical setting should be serious.

Although humour is perceived useful and important as a tool of communication, careful attention should be paid in case of serious situations. Nurses used gentle humour, refrained from boisterous laughter and tried to maintain a balance between silliness and sternness. (Greenberg 2006)

In anxious situations such as taking care of ill patients, being exposed to organisational stressors and great shortages of manpower or equipment, humour can help nurses to recognise the positive perspectives and manage these situations effectively to both nurse's and patient's benefits. Humour can contribute to change in mood, a sense of peace and improved quality to care

for patients. Thus, nurses consider that humour can help them cope with patient's provocative and aggressive behaviours and difficult emotions such as anger, fear and anxiety. Additionally, nurses recognise that humour may decrease severe pain, which is one of the major problems patients face. The use of humour by nurses during social interaction can eliminate stress, dissatisfaction or disagreements and resolve unpleasant situations with others. Moreover, humour evokes patient's willingness towards learning, cooperation and distracts from their diseases. Different strategies are implemented by nurses to create relationships with unsociable and impatient patients to collect information about the patient's conditions and relieve their loneliness, which nurses believe in humour as an effective strategy for such cases. Similarly, in clinical settings humour can contribute to resolve conflicts and arguments. (Ghaffari et al. 2015)

### **Humour and laughter enhancing the well-being of nurses**

Nurses have expressed that even though the nature of their job is extremely busy, humour helped display that they enjoyed their jobs and made time for their patients. Patients felt that they could help the medical staff cope with the stress that they experience in their jobs, by using humour (Tanay et al. 2014)

Therefore, humour is a good asset in the workplace to help nurses deal with stressful and exhausting situations. (Ghaffari et al. 2015)

Nurses seemed to prefer humorous patients. One nurse quoted, "Everybody wants to take his blood because he has good veins and he is a happy and nice person". (Tanay et al. 2014) Nurses believed humour was an effective way of making the patients feel comfortable by easing tension and relieving formality. However, given the complex and obscure nature of humour, the recipient of the humour should view the situation or relationship as relaxed. (Greenberg 2006) Nurses viewed humour to range from being renewing, constructive in relationships, and bringing a sense of security or it could be exhausting, destructive to relationships, and be threatening. (Ghaffari et al. 2015)

## **5.2 Humour and Laughter in Patient Care**

### **Different methods of humour and laughter in patient care**

Humour has been integrated into the nurse-patient relationship using therapeutic play. Humour may be a useful tool for patients to gain objectivity, change their viewpoints, solve problems, and fathom alternative choices. Humour should only be used, when patients and nurses feel humour may have therapeutic values. (Greenberg 2006)

Different methods of care are used in the work of hospital clowns. These methods reflect unique psychological values. Hospital clowns provide a positive distraction for children. The clowns help play down medical care by

offering the children a positive distraction as a solution for an otherwise difficult situation. Furthermore, they are also described by the medical staff to be beneficial in saving time and resources. The hospital clowns use an expression "a magical safe area", this safe area is a place where ailing children may forget about their illness briefly in a magical connection with the hospital clowns. The hospital clowns encourage the children to express themselves and their wishes. The clowns emphasise the lighter side of life, as the lighter side coexists with the darker side of life. While the medical professionals perform their routines or treatments, which require the children to adapt to the situation, it is important that joy can be the children's focus for a while. In pursuance of creating an interest in the present, where the children's enthusiasm is enticed, the clowns use a strategy that catches the children in surprise over a new situation. Thus, they help in creating a joyous environment without demands, responsibility or need for modification and increasing positivity through humour. Humour, laughter and comedy have been used to calm down a children's negative behaviour. In addition, the children may learn to use it themselves in their relationships with other children or adults. The positive experience may remain as a good memory that can last for years and may influence follow-up visits. (Linge 2013)

According to Johnson (2002), spirituality and humour were both influential factors in the coping mechanisms of breast cancer survivors. Some women could not correlate humour to their beliefs, whereas others believed that God has a sense of humour. A portion of the women felt that humour helped them

laugh at themselves and at life while searching for meaning in their lives through spirituality and humour. Furthermore, it was noted that some women could not find humour in their situations at first. However, after some time had passed they were able to laugh about events going on in their lives and see humour in these circumstances. (Johnson 2002)

### **Possible risks associated with the use of humour and appropriate ways of utilising humour and laughter**

According to Tanay et al. (2014), by acknowledging the value of assessment and reflection on the use of humour in advance, the nurses are able to avoid the inappropriate use of humour and laughter and prevent to damage the relationship and the bond between nurses and patients. Despite of its therapeutic benefits in the nurse-patient relationship, humour is perceived to have negative side effects if it is not used in an appropriate and considerate manner. One of the most important factors when using humour would be timing. Timing is extensively dependent on the patient's conditions. (Tanay et al. 2014)

Additionally, nurses mentioned that depending on the circumstances that humour is used on, it can be highly risky or offensive and lead to agitation or frustration toward the other person. Patients perceived that humour was acceptable when the topics are about small matters such as commute to work, vital signs, etc. On the other hand, serious matters such as pain, death, dying

or breaking bad news are perceived to be inappropriate, which nurses agreed in general. It is essential for nurses to have pointers, for example, an inner sense of caring the effects on patients before using humour, taking hints from others and appropriate timing so that they can prevent from damaging the relationship with patients. (Tanay et al. 2014)

Some raised a point of sensitivity being handled by male nurses whether male nurses are considerable enough to understand issues compared to female nurses while using humour (Johnson 2002).

Another group of nurses have expressed an idea which is using humour may lead to negative consequences and invade the personal boundaries among people. Inappropriate use of humour may cross the line of privacy of others and damage the relationship. Moreover, incorrect timing of using humour may lead to a point of anger, aggression and a physical and/or emotional breakdown. For instance, a nurse joked with the patient before the patient received her diagnosis of breast cancer from the doctor, and it results in causing a long time of silence from the patient. (Ghaffari et al. 2015)

Furthermore, using humour in an unfriendly and impersonal work organisation setting revealed to be the challenge nurses face, and it created a discouraging and stressful working environment. Thus, those situations prevent them from handling the healthcare work at their best with a constructive strategy. Some nurses fear the risks of disturbance to mental, social and family due to humour. Fear of abuse is not only for nurse-patient

but also nurse-nurse and nurse-organisation relationships. Although humour is appreciated the use of humour in patient care, the overly close relationship with the patients may interfere each one's personal life. The intimacy and closeness possibly cause patients to share their own private information, which refrains from building up a trustful relationship between nurse and patient. Some of the interviewed nurses showed concerns about the stigmatisation of their behaviours, considering that people may view being humorous as promiscuous, immature or reckless from either their nursing managers, colleagues or family members of patient. (Ghaffari et al. 2015)

Some participants demonstrated their experiences which the colleagues make a harsh criticism about them in a form of jokes. From their point of views, the feeling of enduring the situation aiming at them indirectly and having their job situation damaged, was worse than the joke itself. By using it inappropriately, humours and jokes were believed to make working shifts unpleasant and posed a threat on the family and work status of nurses, by creating a sense of harassment. It also approached by nurses that such a joke was a mean to open them up for being abused emotionally, physically and psychologically by colleagues, patients or patient's companions in occupational and non-occupational settings. It can lead to an extremely negative impact on motivation to providing quality care for patients, improving work efficiency and raising nurse's interests in their career. The mentioned participants recommended that nurses and patients should



distinctly have a common understanding of what would form and make up an applicable joke. (Ghaffari et al. 2015)

The patient's companions should also be in consideration when using humour. The appropriateness of humour should always be assessed in order to avoid misunderstanding. Patients have been ridiculed for their lack of medical knowledge, terminology or accents and while providing care, the patient's physical problems were exposed and often labelled as humour. Nurses and patients similarly have used condescending words or texts as humour. (Ghaffari et al. 2015)

### **Physiological and psychological benefits of humour and laughter**

According to Greenberg (2006), humour evokes laughter and positive reactions and enhances the patient's ability to perceive incongruity as entertaining. Laughter and humour help the patients to distance negative feelings and gain positive feelings. Nurses used humour to take care of patients and realise therapeutic goals. Humour can reduce anxiety from patients and manage difficult situations that otherwise may be impossible when it is utilised in a spontaneous and light-hearted manner. Patients described that without laughter it was difficult to cope. For instance, one of the patients stated that laughter is the most important thing and it helps to get out of the depths. Some patients recognised that laughter relieved them in coping even with depression. Thus, patients agreed with the therapeutic

ability of laughter and presented testimonials to laughter's healing power, especially the simulation of endorphins. Humour was an important part of self-care strategy during hospitalization. Patients are convinced that it is essential to develop a sense of humour for coping with illness and to support their well-beings. A greater appreciation for humour is shown by nurses when the nurse's professional experiences and maturity are increased. Nurses experienced relaxation when they dealt with "easy-going" patients who are cooperative and understood the work nature of nurses such as limitations on nurse's time. Both patients and nurses have achieved a sense of well-being resulting from positive emotions. (Greenberg 2006)

As Bennett, Parsons, Ben-Moshe, Neal, Weinberg, Gilbert, Ockerby, Rawson, Herbu and Hutchinson (2015) described the benefits from laughter yoga experiences, the large number of the respondents acknowledged that laughter yoga resulted in positive effects on their patient's mood and the respondents would suggest laughter yoga to future patients.

Another study has been conducted through humour therapy program, which showed that significant decreases in pain and perception of loneliness, and significant increases in happiness and life satisfaction upon the completion of humour therapy program. Thus, it demonstrated drastic improvements in pain reduction and psychological parameters. (Tse, Lo, Chan, Cheng, Chan & Chung 2010)

Laughter helped the patients to cope better instead of taking their situations too seriously. A patient mentioned as below;

*“ . . . you have to laugh at some of the things . . . just to get through them . . . because there is a lot of things that are funny. . . if you can laugh and take away from the seriousness of it, you really are a survivor at that point, if patients did not laugh, they would get depressed”*

Another patient described as below;

*“Humour makes you feel better and enhances treatment. In my opinion everything goes better with laughter. I want to be positive, cheerful and happy and find humorous and happy things in my life.”*

Humour provides patients with healing and hopes to survive through the moment. Some patients use humour to make others laugh. Many of the female cancer patients felt it was necessary to ease their family's worries about the diagnosis and protect them from the fear of cancers and dying. In such cases, many of them joked about the loss of hair with their children to make them feel at ease, which helped the patients themselves to cope. (Johnson 2002)

## **6 Discussion**

### **6.1 Discussion of Main Results**

#### **Analysis**

From all of the articles selected (N=7), the two main themes that emerged were: the nurses' utilisation of humour and laughter in their work and humour and laughter in patient care. As discussed in the results, humour is holistic, depending on the setting and varied in intensities. The findings have addressed that laughter can be seen as an essential part of a patient's recovery phase in clinical settings. The results were for the most part conclusive about the risks associated with the use of humour. Furthermore, the benefits were still greater than the risks.

#### **Conclusion**

The findings of this research have answered to some extent the research question, and the discussion section has clarified more on the relationship between humour and laughter with healthcare treatment in clinical environment. The analysis of the data from the selected articles led to the conclusion that humour and laughter are valuable in nursing care and healthcare in general. Nurses and patients alike, have experienced humour to have a positive impact when used appropriately. Inappropriate use of

humour may have a negative impact on the relationship between the nurse and the patient, thus compromising professionalism.

### **Limitations**

Some of the biases which are obligatory in the selection of the articles included languages, availability, sampling scales and cost of the article. The language selection was only in English, so that the research team and supervisors to comprehend one another. The search of the articles was obtained from databases which are available for the students of the Jyväskylä University of Applied Sciences. Therefore, articles that require permission or are not accessible were omitted. The search was limited to full text articles only. The sampling scale in some of the articles was minor, thus, the reliability is questionable.

### **6.2 Ethical Considerations**

General ethical principles must be followed, referring to the Finnish Advisory Board on Research Integrity. To conduct an ethically acceptable and reliable research, it should be conducted according to the responsible guidelines and conducts of the research. The responsible conduct of the research is an integral part of the quality assurance.

*"Fabrication refers to reporting invented observations to the research community"*  
(Finnish Advisory Board on Research and Integrity, 2012-2014).

In this literature review fabrication was avoided by using the claimed methods of conducting this thesis. Integrity was maintained by keeping all the text, which was not composed by the research team, was accordingly referenced (including intext citation) thus giving the credit to the original authors. Furthermore, all the data used for this thesis must be current and based on scientific evidence.

Falsification is a misrepresentation of information. Falsification is leaving out information and deliberately distorting observations. Negligence in record keeping, storing of results, and data research are an act of falsification. Falsification will be avoided by following the ethical principles according to the Finnish Advisory Board on Research and Integrity (2012-2014).

This literature review will be submitted through plagiarism detector called Urkund System, which is used at Jyväskylän University of Applied Science. (JAMK University of Applied Sciences 2014.)

### **6.3 Recommendations**

Limited research has been done on the uses of humour and laughter in nursing care. More education is required for the topic, specifically about the appropriate use of humour, possible risks and beneficial aspects. Cultural differences must be taken into consideration and both the nurse and the patient need to have a mutual understanding of what is considered as appropriate humour.

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## Appendices

Hawker points	Masa e	Paula	Vinh	Eveliina	Average Score
A time to weep and a time to laugh: humour in the nurse-patient relationship in an adult cancer setting	35	33	34	34	34
The use of humour and its influences on spirituality and coping in breast cancer survivors.	29	27	28	26	28
Therapeutic play: developing humour in the nurse-patient relationship.	27	29	27	26	27
Humor therapy: relieving chronic pain and enhancing happiness for older adults	35	35	35	34	35
Joyful and serious intentions in the work of hospital clowns: a meta-analysis based on a 7-year research project conducted in three parts.	32	29	31	31	31

Nurses' Experiences of humour in clinical settings	32	31	32	31	32
Intradialytic Laughter Yoga therapy for haemodialysis patients: a pre-post intervention feasibility study	31	32	30	33	32

**Appendix 1. Summary of Critical Appraisal Scores**