

Nursing Students' Perceptions and Attitudes about  
Humor and its Incorporation into Nursing Practice

by

Nancy Elizabeth Drewer

submitted to Salisbury State College

in conformity with the requirements for the degree of

Master of Science in Nursing

Salisbury, Maryland

1987

## Abstract

Humor is beginning to be seriously recognized as a basic human need and acknowledged for the adaptive behavior it is defining. Research focusing on the use of humor in nursing is limited and the use of humor by nursing students has not been investigated. The purpose of this study was to describe nursing students' perceptions and attitudes about humor and their use of humor in nursing practice.

A questionnaire, designed for this study, was used to collect data in three main areas: (1) humor's value as perceived by the nursing students, (2) the activities of nursing students which reflected the use of humor in their care, and (3) curricular emphasis on humor. Of the 100 enrolled Junior and Senior baccalaureate nursing students, 89% volunteered to participate in this descriptive study.

The data was analyzed using correlation coefficients and chi-square analysis. The large majority of the students viewed their sense of humor as "strong" but their beliefs about humor as a coping strategy and as a nursing intervention were less clear. This study found that the clinical use of humor by the nursing students was generally nonexistent and curricular emphasis on humor elicited overwhelmingly negative responses.

The research offers information for the population surveyed and has important implications for nursing practice, education, and research.

## Table of Contents

Chapter 1 - Introduction.....	1
Chapter 2 - Review of the Literature.....	6
Introduction.....	6
Coping and Humor.....	8
Clinical Use of Humor.....	11
Curricular Emphasis on Humor.....	19
Summary.....	20
Chapter 3 - Methodology.....	22
Introduction.....	22
Purpose of the Study.....	22
Definition of Variables.....	23
Study Design.....	24
Study Population.....	24
Instrumentation.....	25
Data Collection.....	26
Informed Consent.....	26
Data Analysis.....	27
Limitations of the Study.....	27
Chapter 4 - Data Analysis.....	29
Introduction.....	29
Sociodemographic Data.....	29
Nursing Students' Description of Their Sense of Humor.....	30
Nursing Students' Perception of Humor as a Coping Strategy.....	34
Comfort with Humor in the Clinical Setting....	38

Table of Contents (Continued)

Perceptions of the Appropriateness of Humor Use in Nursing Practice.....	41
Clinical Use of Humor.....	42
Curricular Emphasis on Humor.....	55
Summary.....	55
Chapter 5 - Summary.....	60
Introduction.....	60
Discussion of the Findings.....	61
Conclusions and Implications for Nursing.....	66
Recommendations for Further Study.....	67
Appendix A- Questionnaire to Nursing Students.....	69
References .....	77

List of Tables

	Page
Table 1 - Characteristics of the Nursing Student Population .....	31
Table 2 - Subjects' Responses for Beliefs about Sense of Humor.....	33
Table 3 - Correlations Among Answers to Questions Surveying "Sense of Humor".....	35
Table 4 - Subject Responses for Beliefs about Humor as a Coping Strategy.....	37
Table 5 - Correlations Among Answers to Questions Surveying Beliefs about Humor as a Coping Strategy.....	39
Table 6 - Subjects' Attitudes About How Comfortable They are with Humor in the Clinical Setting...	40
Table 7 - Nursing Students' Perceptions of the Appropriateness of the Use of Humor in Nursing Practice.....	43

List of Tables (Continued)

	Page
Table 8 - Assessment of their Clients' Sense of Humor by Nursing Students.....	44
Table 9 - Comparison of Feeling Comfortable when Revealing Sense of Humor to Patients and Including an Assessment for Humor on the Nursing Care Plan.....	46
Table 10- Nursing Students' Inclusion of Humor as an Intervention on Nursing Care Plans.....	48
Table 11- Comparison of Attitudes About Using Humor as a Planned Intervention and the Frequency of Including Humor as an Intervention on the Nursing Care Plan.....	49
Table 12- Nursing Students' Use of Humor as a Communication Tool.....	50
Table 13- Comparison of Feeling Comfortable when Revealing Sense of Humor to Patients and the Use of Humor when Communicating with Patients.	52

List of Tables (Continued)

	Page
Table 14- Comparison of Students' Sense of Humor and Their Use of Humor when Communicating with Patients .....	53
Table 15- A Comparison of Attitudes About Humor Use and the Use of Humor when Communicating with a Patient.....	54
Table 16- Subjects' Responses About the Extensiveness of Humor Content in the Curriculum .....	57
Table 17- The Extent of Humor Content in the Curriculum: Correlations Among Survey Responses.....	59

Introduction

Philosophers, writers, and humanitarians have all identified a sense of humor as the cornerstone for a healthy personality. But humor recognized seriously as a basic human need, especially in the scientific community and in the health professions, has been noticeably lacking. Humor is a form of communication extensively used by humans as a coping mechanism in a variety of situations, including times of illness and hospitalization. The insight which allows man to laugh at himself and his situation also reflects a successful adaptation to the stressors around him. Nevertheless, a conscious assessment of a patient's sense of humor and support or recognition of this behavior are rarely identified as pertinent. There has been little deliberate use of humor as a planned communication tool or planned intervention by health professionals.

Is it incongruous to more closely combine nursing and humor as the profession focuses on relating holistically with patients? It is believed by many that to understand laughter is to go a long way in understanding humanity. Maslow (1970) describes a philosophical, unhostile sense of humor which views the human situation as amusing, humorous, even funny as one of the essential components of the self-actualizing people he studied. In contrast to his negative attitude

about wit, Freud (1928, 1959) depicted humor as the most adaptive, nonpathological defense against suffering, describing the humorist as disdaining the use of excessive repression and humor as "a rare and precious gift" (p. 221). He further theorized:

Like wit and the comic, humor has in it a liberating element. But it has also something fine and elevating, which is lacking in the other two ways of deriving pleasure from intellectual activity. Obviously what is fine about it is the triumph of narcissism, the ego's victorious assertion of its own invulnerability. It refuses to be hurt by the arrows of reality or to be compelled to suffer. It insists that it is impervious to wounds dealt by the outside world, in fact, that these are merely occasions for affording it pleasure (p. 217).

Norman Cousins (1979) is a more recent proponent of the benefits of positive emotions. In his books Anatomy of An Illness and The Healing Heart, he stresses the need for health professionals to take humor seriously and give attention to basic values in living, not just therapy confined to the "disease". Humor is viewed as an essential component of the holistic approach to support quality of life, even affecting healing and regeneration.

A physician and author, Dr. Raymond Moody (1978), of the

University of Virginia, identifies that the role of humor in health is rarely openly and explicitly discussed and believes that there is a need for doctors to be taught to pay more attention to humor and laughter, both as diagnostic and therapeutic aids. Reflecting on his experiences in medical school, he asserts:

I was told during my training that I should try to find out about each patient's appetite, sexual functioning, habits of sleep, nutrition and elimination. I was carefully instructed to take note of any peculiarities of language, appearance, complexion, posture, and gait. Great emphasis was placed on how essential it was to record carefully on hospital charts and various other forms, the patient's age, occupation, marital status, general level of intelligence, weight, blood pressure, heart rate, respirations, and a host of other parameters, evaluating each as to whether it was normal or abnormal. In fact, at one time or other I was explicitly directed to take note of almost every kind of information about my patients that one can imagine. However, not once in all those years of training do I remember anyone reminding me to probe into their sense of humor or to observe and to record how willing they were to smile or laugh. Yet, as time has gone on, I have come to feel that a human being's ability to laugh

and to appreciate funny material is just as important a fact about him, and just as valuable and valid an indication of the state of his health, as all those other things (p. xii).

The use of humor in nursing has been infrequently addressed, but in the 1970's an extensive study of humor and the health professions was done by Vera Robinson (1977). She proposed that members of the helping professions have concentrated on behaviors such as anxiety, conflict, and grief while minimizing or ignoring the importance of a behavior which permeates every aspect of our existence - humor. "We have recognized man's need to cry and to grieve... We have not, however, given the same degree of attention to grief's counterpart: man's need to laugh!" (intro) Identifying the functions of humor in health care settings as having: a communication function, a social function, and a psychological function, she advocated the planned use of humor in our interactions and interventions with patients. Robinson also recognized that humor has not been a concept traditionally included in the education of the health professional and included suggestions for teaching this concept. "The modeling of the use of humor by the instructor is also a first step in teaching the student in the helping professions how to utilize humor as a communication tool in intervening with patients in times of

stress"(p. 91).

Many hospitals, nursing homes, and retirement complexes are now utilizing humor and laughter as forms of therapeutic treatment (Barra, 1986; Cohen, 1985; Hart, 1984; Leiber, 1986; Williams, 1986). A sense of humor is beginning to be seriously recognized and acknowledged by the scientific community for the adaptive behavior it is defining (Fry, 1977; Gruner, 1978; McGhee, 1979). Research conducted in nursing and nursing education focusing on humor is noticeably lacking while studies conducted in other disciplines are increasing (Chapman and Foot, 1977).

There is a need to examine and analyze systematically nurses' uses of laughter and humor and the context in which they include humor when planning and implementing plans of care for their patients.

This descriptive research provides information on an aspect of the relationship between humor and the health professions. The results of this study could have implications for innovative curricular design and program planning in similar baccalaureate programs of nursing and could serve as a base for more empirical studies.

Review of the LiteratureIntroduction

Chapman (1976) in the text on current theory and research in humor which he edited, reflects on the easily recognizable emotional needs which comedy fulfills in our lives and how striking it is that comparatively little research has been done in the areas of humor and laughter. He also describes a 'tenderness tabu' as being partly responsible for the lack of interest in humor research by investigators and concludes that most research workers are preoccupied with unpleasant emotions. Nurse researchers interested in humor have agreed with this assessment (Robinson, 1977).

Humor is also a difficult area to investigate. Its nature is complex and researchers are a long way from formulating an acceptable theoretical framework. Descriptive studies are the most common design as investigators strive to conceptualize this elusive phenomena. Most theories of humor and laughter are concerned with those situations which elicit laughter, a behavior frequently having nothing to do with humor. The researchers most frequently look at how funny a joke is rated, how jokes might be classified into different types of humor, and how humor can be described in terms of its

social, psychological, and physiological functions (Chapman, 1976).

The literature on the healthy aspects of humor has been predominantly based on the personal accounts of the patients (Cousins, 1979, 1984), providers (Moody, 1978; Robinson, 1974, 1977, 1986), or on personal observations in health care settings such as Coser's 1959 study. Nurses who have written about the positive effects of humor and its importance in health care have frequently used anecdotal or case - study approaches to support their beliefs about humor's role in health and illness. Empirical research and the analysis of humor's nature and functions are almost nonexistent.

Major theories of humor have either addressed the concepts of superiority, incongruity, or relief but recently modern analysts are questioning the validity in their simplicity when applied alone to explain humor. Morreall (1983) has introduced a new theory of humor which combines parts of earlier theoretical bases with components of these theories in an attempt at a comprehensive theory which explains laughter as having voluntary and involuntary responses. Chapman (1976) expresses concern that humor has not been as thoroughly studied via an analysis of its nature rather than its function. Further confusing the theories is the problem

with researching humor and laughter together or the confusion which results when using one (laughter) to define the other (humor).

In the midst of this controversy, humor's effects on health and illness have been explored and the physiological and psychological effects it evokes, studied (Peter, 1982; Walsh, 1983; Fry, 1976; Mindess, 1976). Physiological effects of laughter on the respiratory, circulatory, and muscular systems and on the production of endorphins have been identified. Hypothesized are the psychological effects of humor as a positive healing force, providing a relaxed atmosphere, an escape outlet, a method of communication, and self - insight.

It was the purpose of this research to describe nursing students' perceptions and attitudes about humor and their incorporation of humor into nursing practice. There was no published research found which looked at these areas. The research reviewed in this chapter is grouped into those studies investigating the relationship of humor and coping, the clinical use of humor, and curricular emphasis on humor.

### Coping and Humor

There are few studies focusing on the relationship between sense of humor and mental health but what has been

done supports the view that humor is positively related to healthy adjustment (O'Connell, 1960). Various reports and case studies have suggested that humor can help you cope with stress (Cousins, 1979, 1983; Peter, 1982). Humor has been proposed as a cognitive alternative to stress (Dixon, 1980) and investigated as a moderator for the effects of general stressful life events (Safranek, 1981; Safranek and Schill, 1982; Martin, 1984). Coping with specific stressful events and humor preferences have been researched (Schill and O'Laughlin, 1984; Trutt, 1883) but the data is inconclusive and the need for continuing research is apparent. In addition to methodological problems with measurement, the validity of basing conclusions about humor used as a coping strategy on data from the college freshmen studied can be raised.

The use of humor by patients has also been studied by nurse researchers. An early, major sociological analysis of humor was done by Coser (1959) who observed the social functions of humor among patients in a hospital setting while she was studying the social structure of a hospital ward. Daily observations over a three month period revealed humorous interactions reflecting an expression of the collective experiences and common concerns of the patients. After analysis of these interactions, it was hypothesized that "jocular talk" and humor "stresses the

equality of all patients within a social structure otherwise characterized by its rigid hierarchy; it brings about consensus and strengthens group identification among persons whose relationships are only transitory" (p. 179). This exploratory study concluded that humor in the changing, threatening environment of a hospital ward had, in a few minutes, entertained, reassured, conveyed information, and relieved tension in the patients that were observed. This study was not designed to study humor but incidental observations on the use of humor occurred and led to the formulation of hypothesis. There are weaknesses in the interpretations derived from the data and in the bias of the observer and these interpretations should not be applied to any other setting or subjects. The researcher cautions that the hypotheses are meant solely as suggestions for stimulating research (Coser, p. 173). Cited as a classic study on humor in most references on humor use, the limitations are not usually identified.

Related research exploring this topic was designed using a case - study approach. Wessell (1975) described the use of humor by a fifteen - year - old girl who was hospitalized and immobilized for treatment of scoliosis. Observed during the sixty nine day hospitalization, the young subject was found to be consistent in her manner of

dealing with controllable anxiety. Wessell asserts that "it became obvious that humor held a unique place in her way of behaving and arising above this anxiety - provoking situation" (p. 36). As Coser (1959) had previously described, this researcher found that a subject's humorous approach contributed to social interaction by giving other patients in the environment the opportunity to share laughter. Extensive interviewing of the subject in a variety of situations added to the depth of data obtained. Because the case - study approach lacks generalizability, this study cannot be used to test Coser's hypothesis but a concept of humor use which brings together patients in a threatening environment was clarified.

#### Clinical Use of Humor

Recognition of the purposes humor serves, when used in nurse - patient interactions, is attributed to Vera Robinson. After extensively researching and studying the concept of humor and becoming convinced of its value, Robinson (1977) writes that she was "in bed" with the concept and "faced with the reality of my desire to establish humor as having an important and unexploited place in nursing" (p. 191). Her approach to the study of humor included a broad, historical review of the literature which served to strengthen the analysis of the

data she had collected from numerous case studies and clinical observations. She suggests that after recognizing humor as a coping strategy and, more importantly, as a basic human need that humor with patients be used to (1) establish warm, interpersonal relationships, (2) relieve anxiety, stress, and tension, (3) release anger, hostility, and aggression in a socially acceptable way, (4) allow the patient or family to avoid feelings too painful or frightening to face, (5) manage shame and embarrassment, and (6) facilitate the learning process. Using the nursing process as a conceptual model, she advocates the planned use of humor in our interactions and interventions with patients employing the same problem-solving process utilized in planning other nursing interventions. Robinson concludes that her initial exploratory studies have identified many areas for further research. All of the studies found related to humor use in nursing identify her pioneering efforts and recognize her theories of planned humor use.

Reflecting Robinson's theory of the need for humor to be included in the nursing process, Williams (1986) identifies implications for care givers within the framework of a problem - solving approach to patient care. After a review of the literature on the theoretical base of humor, humor's physiological and psychological

effects, and the use of humor in communication, the author proposes the deliberate use of humor as a nursing technique to be used in relationships with elderly patients. According to Williams, assessing for a sense of humor or its absence, while paying attention to Maslow's hierarchy of needs and the psychosocial status of the patient, will allow identification of short and long - term goals. Construing validity from the theorists reviewed, the author, nonetheless, warns caregivers that to rely exclusively on instinct for the use of humor is a mistake and suggests that the continuing exploration of definitions, theories, interventions and evaluations of humor makes ongoing research important (p. 17).

Except for the paper by Williams (1986), humor as a human need to be routinely assessed for has not been generally addressed in the health professions. Attempts to gather this data systematically are noticeably lacking. Assessment tools designed to take humor histories have been developed by Moody (1978) and Herth (1984) but are presented in the literature as personal tools used in their own practices. They were not developed as research instruments and their psychometric properties are unknown.

Humor incorporated into a therapeutic modality for use in counseling and psychotherapy has been explored. In an important paper which attempts to provide a theory of

the nature and potential of therapeutic humor, Burbridge (1978) proposed that humor can bypass defenses and expand a limiting self - concept thus providing the therapist with ways to relate therapeutically with clients. Strategies to use to express therapeutic humor are identified but the author cautions that humor is more than a collection of techniques. He expresses the belief that humanistic rather than analytic therapists tend to stress the value of humor when communicating. Supporting Burbridge's belief that humor is most valuable when an equal relationship is sought by the counselor, Warner (1984) emphasizes that "laughing with" is not the same as "laughing at" and encourages an open system where humor is "acknowledged and used to benefit the client through mutual self-disclosures and shared laughter" (p. 21). Warner views the use of humor in the mental health setting as an adjunct to self - disclosure of the client and presents a systems model as the theoretical framework to facilitate the reintegration process. No research could be found that tested Warner's theoretical model.

Another recent study investigated the appropriateness of humor when communicating with patients. Linn (1983) attempted to measure communication style preferences in physician - patient interactions using an instrument developed to measure the degree to which a physician uses

or would be willing to use humor as well as other communication styles. All of the 105 interns and residents at a major teaching hospital were asked to participate and 75% actually responded. The paper-and-pencil measure consisted of six scenes depicting physician - patient interactions, each followed by four potential verbal responses from the physician. The four communication styles -- humor, hostility, reassurance, and neutrality -- were ranked by the respondents according to their preferences. Using tests of face validity and anecdotal evidence to support reliability of the instrument, it was concluded that the tool measured preferences in the physician - consumer groups. Results indicated that reassuring responses, followed by neutral and humorous choices were the order of preference. A major weakness of this exploratory study was the research tool and method used to gather the data. Since the instrument does not attempt to measure how funny, how neutral, or how reassuring the choices actually were, the influence of individual response to these nuances must be considered. Direct observation of physician behavior or peer ranking of usual communication style may have improved the validation technique. It was concluded that future research should focus on administering the tool to patient populations and exploring the relationship between

patient and provider scores and health outcomes such as satisfaction or symptom relief. If different communication styles do have potential therapeutic value for patients, the development of an empirical measure of these styles would greatly impact on the quality of research and subsequent clinical use of humor.

Communication patterns evident in interactions between health visitors (nurses) and clients were identified in a significant study conducted in British child health clinics by U. Warner in 1984. Humor was identified by the study as one of the interactional patterns. Non - participant observers directly observed and tape recorded 230 encounters of the 15 health visitors who volunteered to participate in the four - month study. Client consent to participate was requested earlier by the clinic receptionist to reduce distortion of normal health visitor/client interaction. It was discovered that clients rarely demonstrated overt concern with either the tape recorder or observer, a frequent problem with this type of research design. This may have been due to the fact that observers are frequently a part of the usual clinic environment. Participant health visitors, in their concern with establishing relationships with their clients and their need to see up to 25 clients in a 3 - hour clinic, were also assessed as being overtly unaware of the

research taking place.

The nurse researcher found that humor was rarely used, but when evident during the interaction, revealed a planned use which was most often in the opening stages of conversation. Analysis concentrated on the verbal material gathered from the taped conversations. But a weakness of the study is the omission of non-verbal behavior, essential to understand the interactions. Data analysis concentrated on interactional patterns which emerged during repeated listenings to the tapes. This is a subjective, loosely controlled measure, but one defended by the researcher as being necessary because of the variety of interactions identified in the hours of taped conversations. Identifying that humor was usually employed when there was a potential for conflict over professional versus client goals, the researcher concluded that the use of humor was a way for the health professional to "test-out" or negotiate the acceptability of potentially difficult topics with clients and set achievable goals.

Empirical studies are noticeably lacking but descriptive accounts of humor and laughter used as nursing interventions are becoming more frequent in the literature. Hart (1984) describes specific techniques of imagery and laughter which are part of a team approach

used by a pain management center to meet the physical and psychological needs of patients experiencing chronic pain. The author asserts that in over three years of observing patients in pain, reduced tensions and stated pain levels have repeatedly occurred after 15 - 20 minutes of laughter. There is no attempt at objectivity and the subjects' characteristics as well as other team approaches used for their pain are not identified. These results recall the personal experience of Norman Cousins (1979) who found that regular periods of laughter worked as an anesthetic to provide hours of painless sleep.

Humor use as therapeutic for the patient as well as conducive to forming a good nurse - patient relationship is cited in clinical observations (Campbell, 1981; Osterlund, 1983) and in guidelines for use as a therapeutic tool (Crane, 1987). The clinical use of humor as a therapeutic intervention in critical care areas is being explored (Barra, 1986; Leiber, 1986) and criteria for determining appropriate and inappropriate humor use in critical care areas identified (Leiber, 1986). Recently, creative approaches to the clinical use of humor have involved clowning. These practitioners are not portraying the nurse as a comic performer but using the clown as a non - threatening and supportive resource. Jackson (1980) in a paper presented at the 1979 MNA Convention introduced

the analogy of nurse as clown. Asked to explore the future of nursing in the health care system of the year 2004, Jackson hypothesizes that the use of humor as a deliberate nursing technique benefits the patient's outcome and enhances the nurses' therapeutic self image. One could question the use of clowning techniques in the hands of a novice and imagine the scene where the nurse - clown intimidates or frightens because of approaching someone's privacy space too quickly. Controlled studies are needed to survey and compare the effectiveness of this approach in the hands of professionals and as a strategy for clinicians.

#### Curricular Emphasis on Humor

Robinson (1977), in her pioneering book, proposed that educators of health professionals should teach the concept of humor as a communication tool. She also hypothesized that modeling the use of humor was the first step in teaching students in the health professions how to use humor as a communication strategy with patients in times of stress. Humor and its place in nursing education has recently generated more interest but the research focus is on teaching strategies (Civikly, 1986; Moses and Friedman, 1986). No published research could be located that related to curricular emphasis on humor use in

nursing.

### Summary

The research on humor use is indeed scarce and empirical studies on humor in nursing are noticeably lacking. The editor of a definitive text on theory and research in humor has asserted that the elusive nature of humor and laughter demands a broad-based methodology if research as a whole is to progress fruitfully (Chapman, 1976). The studies reviewed have their limitations. Sample sizes are small and data analysis is usually restricted to distributions and frequencies. Randomization is frequently absent and the study designs frequently preclude generalizability to other populations. The need for well-designed qualitative studies to further explore humor's value and use in nursing is needed.

Studies looking at humor as a personality variable related to positive adjustment of the individual (O'Connell, 1960; Chapman, 1976; Gruner, 1978; McGhee, 1979) are scattered across disciplines as increased attention is beginning to be given to humor and its adaptive, positive functions. This current interest and research in humor is encouraging and should serve to provide impetus for new investigations of humor's role in health care. The time appears opportune for well -

designed studies from nurse researchers interested in expanding and documenting the recognition and importance of humor in nursing.

This review of the literature focused on the areas of humor and coping, the clinical use of humor in nursing, and curricular emphasis on humor use. In addition, the area of humor research was reviewed.

MethodologyIntroduction

Humor has been infrequently recognized in the health professions as a basic human need which needs to be acknowledged, assessed for, and used deliberately as a communication tool or planned intervention with patients.

Research on humor in nursing is limited and the use of humor by nursing students has not been investigated. A descriptive approach to a study of nursing students' attitudes toward humor and its application to their practice has implications and potential for new knowledge. A descriptive/correlational study also will provide information about how essentially nonmanipulable variables are interrelated.

Purpose of the Study

It was the purpose of this study to describe the uses of humor by baccalaureate nursing students in their nursing practice and their attitudes and perceptions about humor by exploring the following questions:

1. How do nursing students describe their sense of humor?
2. How strongly do they view humor as a coping strategy?

3. How comfortable with humor are nursing students in the clinical setting?
4. What are the nursing students' perceptions of the appropriateness of the use of humor in nursing practice?
5. How extensive is the inclusion of humor content in the curriculum?
6. Do nursing students assess for their clients' sense of humor when planning care?
7. Do nursing students include the use of humor in their written plans of care?
8. Do nursing students use humor as a tool when communicating with their clients?

#### Definition of Variables

The following variables are operationally defined for the purpose of this study:

Nursing students: Those students currently enrolled full-or part time in a baccalaureate nursing program.

Nursing practice: Used broadly to encompass any assigned clinical experience where the nursing student and patient interact in a professional-client relationship.

Clinical use of humor: Nursing Practice utilizing humor in three areas: assessment, written plans of care, and actual interventions.

Humor: In this study, humor is defined as that which is determined to be humorous by the subject.

Nursing students' perceptions about humor: A rating determined by a questionnaire developed by this investigator.

Nursing students' attitudes about humor: A rating determined by a questionnaire developed by this investigator.

### Study Design

The research was conducted using a descriptive, cross-sectional design in order to gather data about nursing students and their perceptions and attitudes about humor and its use in nursing practice. The descriptive approach was chosen because data concerning the perceptions and attitudes of nursing students about humor are nonexistent. The setting was a baccalaureate nursing program in a state college. Data was collected using a questionnaire designed for the study. A pilot study had been conducted in a nearby nursing school in order to finalize the research instrument.

### Study Population

A convenience sample of Baccalaureate nursing students enrolled in the four required Junior and Senior

level nursing courses at Salisbury State College were included in the study. These students had weekly clinical experiences and were required to develop written plans of care for their patients. An effort was made to include all Junior and Senior nursing students in the study, 100 students. Eighty-nine students returned questionnaires yielding a response rate of 89%.

#### Instrumentation

A questionnaire with 35 questions was developed to collect data in three main areas: (1) nursing students' perceptions and attitudes about humor, (2) curricular emphasis on humor, and (3) the activities of nursing students which reflected the inclusion of humor in their care. The content of the questionnaire was derived from accepted theories of humor and the recognized relevance of humor in health care. The questionnaire was critiqued by a statistician and other experts in research methodology for form. A pilot study was conducted during which the questionnaire was administered to 20 students enrolled in a school of nursing in a nearby town to assess the format of the instrument, the distribution of answers, and to identify problems in the interpretation of the questions. Revisions in the questionnaire were made prior to its use in this study.

### Data Collection

The questionnaires (Appendix A) were distributed by this researcher at the beginning of the class periods. Approximately 10-15 minutes were necessary for completion of the form. Written instructions and a statement regarding the confidentiality of the individual data were included on the form. A large envelope was used to collect the questionnaires so that they could be returned before the class began. Questionnaires were left with the individual faculty for distribution to those students who were absent from class that day. Included were written instructions explaining when and where to leave the completed forms and envelopes.

### Informed Consent

Permission to administer the questionnaires to the nursing students was obtained from the Dean of the School, the Course Coordinators, and the College's Human Volunteers Committee.

Each student received a cover letter attached to the questionnaire which assured anonymity and confidentiality. The letter also explained that participation was voluntary and not a requirement of any course and participation, or not, would not affect his or her grade. Consent to

participate was indicated by the completion of the questionnaire.

### Data Analysis

The SPSSX Computer Program at Salisbury State College was used for data analysis. The demographic characteristics of the nursing students in a baccalaureate nursing program were examined. Initial analysis included frequencies and cross-tabs to examine the distribution of variables. Bivariate correlations were done to examine the relationships between variables. (Tables and diagrams illustrate the relationships.) Differences in attitudes and perceptions about humor and their relationship to student behaviors were also examined using chi-square analysis.

### Limitations of the Study

This study was not designed to enable generalizing to a larger population. It was descriptive research and the study population was a convenience sample, lacking randomization. The response rate was 89% and no data is available on the non-responders to see how they differed from the participants. The data thus obtained applies only to the specific nursing program and groups of students from which it was drawn. The research instrument

was developed to collect data for this qualitative study  
and an empirical measure of reliability is nonexistent.

## Data Analysis

### Introduction

It was the purpose of this research to describe nursing students' perceptions and attitudes about humor and their incorporation of humor into nursing practice. A survey questionnaire was developed by this researcher to collect data in three main areas: (1) humor's value as perceived by the nursing students (2) the activities of nursing students which reflect the inclusion of humor in their care, and (3) curricular emphasis on humor.

### Sociodemographic Data

One hundred questionnaires were distributed to the Junior and Senior level nursing students enrolled in four nursing courses required in the major at Salisbury State College. Eighty-nine students agreed to participate in the study. Eleven students did not return the questionnaires. This was a return rate of 89% and all of the data from the 89 participants was used in the study.

The nursing students were almost evenly divided between Junior level (N = 46) and Senior level (N = 43) courses. The majority of the students were 20-25 years old (82%) and female (92%). Seventy-five percent had never been married. Eighty-eight percent of the students reported a grade point

average of 2.6 or above. Characteristics of the sample including course enrolled, age, sex, marital status and cumulative GPA are described in Table 1. Eight of the participants had previously graduated from an LPN, Diploma, or Associate degree program and 10 had been enrolled in a nursing program other than the one at Salisbury State College.

#### Nursing Students' Description of Their Sense of Humor

Sense of humor is a strong value-oriented concept. The relationship between the students' attitude about sense of humor and the incorporation of humor into the student's nursing practice was of major interest in this exploratory study.

The students were asked to describe their sense of humor on a Likert scale where 1 was "not too strong" and 4 was "very strong". The majority of the students (87.7%) described their sense of humor positively and (27%) of these indicated a "very strong" sense of humor. Three students did not answer this question and are considered neutral on the 4-point Likert scale used. Eighty-five percent of the students also felt that their friends would describe them as having a positive sense of humor and 87% thought that their family would. Two students reported that their family would describe their sense of humor as "not too strong". Table 2

Table 1  
 Characteristics of the Nursing Student Population

	Number of Responses (N = 89)	Percentage
Course enrolled		
Nursing I	20	22.5
Nursing II	26	29.2
Nursing III	14	15.7
Nursing IV	29	32.6
Age (in years)		
17-19	3	3.4
20-22	59	66.3
23-25	14	15.7
26-30	8	9.0
31-35	3	3.4
36+	2	2.2
Sex		
Female	82	92.1
Male	3	3.4
Omitted	4	4.5

table continues

	Number of Responses (N = 89)	Percentage
Marital status		
Never married	67	75.3
Married	20	22.5
Separated	2	2.2
Cumulative GPA		
1.1 - 1.5	1	1.1
1.6 - 2.0	-	---
2.1 - 2.5	9	10.1
2.6 - 3.0	44	49.4
3.1 - 3.5	31	34.8
3.6 - 4.0	4	4.5

Table 2

## Subjects' Responses for Beliefs about Sense of Humor

(N = 89)

Statement	Not Too Strong 1	2	3	Very Strong 4
In general, how would you describe your sense of humor? <sup>1</sup>	-	8 (9%)	54 (60.7%)	24 (27.0%)
How do you think your friends would describe your sense of humor?	-	13 (14.6%)	53 (59.6%)	23 (25.8%)
How do you think your family would describe your sense of humor?	2 (2.2%)	10 (11.2%)	48 (53.9%)	29 (32.6%)

<sup>1</sup>Three did not answer (3.4%)

outlines the subjects' responses for these beliefs about sense of humor. Self-described sense of humor and students' perceptions of how their family and their friends would describe the students' sense of humor demonstrated significant positive relationships ( $p \leq .000$ ). This indicated that students' own descriptions of their sense of humor were congruent with the descriptions they felt their family and friends would give (Table 3). A sense of humor is an attribute usually viewed as desirable and it was not unexpected that these results reflected this positive value.

#### Nursing Students' Perception of Humor as a Coping Strategy

Humor used as a coping strategy during illness is described in recent literature (Cousins, 1976; Osterlund, 1983; Jackson, 1980). To measure the students' perception of this use of humor, they were asked to respond to three statements about humor as a coping mechanism.

Of the 89 responses, 70 (78.7%) of the nursing students perceived the statement "humor has a healing power, physiological as well as psychological" to be "generally true" and 8 (9%) reported that this was "not usually true". Eleven expressed "no opinion". When asked for their beliefs about "...humor can help you cope with anything", 44 (49.4%) stated that this was "generally true" and 23 (25.8%) perceived this to be "not usually true". Twenty-two (24.7%)

Table 3  
Correlations Among Answers to Questions Surveying  
"Sense of Humor" (N = 89)

	Sense	Friend
Friend	.66681	
Family	.5710 <sup>1</sup>	.52101

---

<sup>1</sup>p ≤ .000

had "no opinion". No student identified the statement "...humor has significantly reduced the need for pain medicine" as "far-fetched" but 25 (28.1%) found it "questionable". The frequencies and percentages of the different responses are outlined in Table 4. No apparent trends can be discerned. The statement, "From the loss of a loved one to the loss of your hair, humor can help you cope with anything", showed the most variability in the responses and revealed the greatest reluctance to indicate a positive belief in humor when specific examples of loss were identified. It is to be noted that the more general, non-specific statement, "humor has a healing power, physiological as well as psychological" received 26 more positive answers.

Responses to the statements about humor having a healing power and the ability to reduce the need for pain medicine had a significant positive relationship ( $r = .33, p \leq .001$ ) indicating a similarity in beliefs about the uses of humor as a positive coping strategy. There was a weaker positive relationship ( $r = .21, p \leq .05$ ) between the statements describing humor as having a healing power and humor helping you cope with anything. Although significant, there is little meaning to be derived from this relationship because the amount of shared variance is so small. There was no significant correlation between the statements describing

Table 4

## Subject Responses for Beliefs about Humor as a Coping Strategy

(N = 89)

Statement	No opinion	Not usually true	Generally true
Do you feel that the statement "From the loss of a loved one to the loss of your hair, humor can help you cope with anything" is:	22 (24.7%)	23 (25.8%)	44 (49.4%)
Do you feel that the statement "humor has a healing power, physiological as well as psychological" is:	11 (12.4%)	8 (9.0%)	70 (78.8%)
Statement	Far-fetched	Questionable	Believable
In your opinion, the claim that humor has significantly reduced the need for pain medicine is:	---	25 (28.1%)	64 (71.9%)

humor as reducing the need for pain medicine and humor helping you cope with anything (Table 5).

#### Comfort with Humor in the Clinical Setting

Historically, descriptions of nursing and the assumption of a professional demeanor, have emphasized a seriousness of purpose with regard to empathetic interaction. Revealing one's sense of humor to patients--perhaps, even by laughing!--has not been recognized as an important attribute until recently (Robinson, 1977; Moody, 1978). This lack of traditional credibility may impact on how comfortable the nursing student is in revealing or acknowledging a sense of humor in the clinical setting.

The ratings given by the students about how comfortable they were revealing their sense of humor in the clinical setting are presented in Table 6. These attitudes tended to be positive (76.4%) when looking at comfort with "revealing my sense of humor to my patients". Revealing "my sense of humor to my clinical instructor" did not have as strong a positive response (52.8%) and 42 students (47.2%) indicated they "almost never" or rarely felt comfortable revealing their sense of humor to their clinical instructor. A significant positive relationship between the responses ( $r = .43$ ,  $p \leq .000$ ) indicates some relationship between being comfortable revealing sense of humor to patients and being

Table 5  
Correlations Among Answers to Questions Surveying Beliefs  
about Humor as a Coping Strategy (N = 89)

	Hair	Pain
Pain	.0677 <sup>3</sup>	
Heal	.2060 <sup>2</sup>	.3254 <sup>1</sup>

---

<sup>1</sup> $p \leq .001$

<sup>2</sup> $p \leq .05$

<sup>3</sup>not significant

Table 6

Subjects' Attitudes About How Comfortable They are With Humor  
in the Clinical Setting (N = 89)

Statement	Almost Never 1	2	3	Almost all of the time 4
During my clinical experiences, I feel comfortable revealing my sense of humor to my patients.	1 (1.1%)	20 (22.5%)	52 (58.4%)	16 (18.0%)
During my clinical experiences, I feel comfortable revealing my sense of humor to my clinical instructor.	12 (13.5%)	30 (33.7%)	28 (31.5%)	19 (21.3%)

comfortable revealing sense of humor to instructor. Because  $r^2 = .18$ , the number of influencing factors not identified appear to be large, and there is limited meaning which can be construed from the relationship between the two identified variables. Importantly, the findings do support a reluctance of nursing students to reveal their sense of humor to their instructor in the clinical setting. A question exploring why they feel uncomfortable would have added more information.

#### Perceptions of the Appropriateness of Humor Use in Nursing Practice

Nursing textbooks are noticeably lacking in their references to humor use in nursing. There are infrequent journal references and a dearth of published research. Lacking these acknowledgements of its place in nursing, how do nursing students rate the appropriateness of humor use? Eighty two per cent of the nursing students responded that humor is most appropriate if it is initiated by the patient. Similarly, humor as a communication tool or therapeutic modality was determined by 62% to "be appreciated if it occurs by chance". Conversely, 84% thought it was appropriate for the nurse to use humor as a planned nursing intervention. Although the nursing students were strongly positive in their beliefs about planned humor use being appropriate, only 34% responded that humor use when caring

for patients should reflect a conscious, deliberate use of planned humor (See Table 7). It may be that the closed-ended question format used restricted the descriptiveness of the responses gathered. The majority of the nursing students responded that planned humor use by the nurse is appropriate but the use of humor is most appropriate if initiated by the patient or appreciated if it occurs by chance. Only 38% of the nursing students were willing to state that their care of patients should reflect a "conscious, deliberate use of planned humor".

#### Clinical Use of Humor

Nursing students are instructed to use the nursing process as the basis for the care they provide. An inherent part of this process is the assessment, initial and on-going, which they are taught to do. Written plans of care, outlining the nursing care to be given each patient, are routinely required in nursing courses. Therapeutic communication is another essential component of their clinical responsibilities as nursing students. When surveying the nursing students' clinical use of humor in their nursing practice, these three activities were explored.

The nursing students were surveyed to determine if they assessed for their client's sense of humor when they were planning care (Table 8). Fifty-two percent of the students

Table 7

Nursing Students' Perceptions of the Appropriateness of the  
Use of Humor in Nursing Practice (N = 89)

---

A. I feel humor is most appropriate if it is  
initiated by my patient.

No = 16 (18%)      Yes = 73 (82%)

B. Using humor as a planned nursing intervention:<sup>1</sup>

- |  |            |
|--|------------|
| 1. is appropriate for the nurse to<br>use in her care.   | 76 (84%)   |
| 2. is inappropriate for the nurse to<br>use in her care. | 10 (11.2%) |

C. Humor as a communication tool or therapeutic  
modality in caring for patients should:<sup>2</sup>

- |   |            |
|---|------------|
| 1. be appreciated if it occurs by chance.                   | 55 (61.8%) |
| 2. reflect a conscious, deliberate use of<br>planned humor. | 30 (33.7%) |
| 3. not be taken seriously.                                  | 2 (2.2%)   |
- 

<sup>1</sup> 3 (3.4%) did not answer

<sup>2</sup> 2 (2.2%) did not answer

Table 8

Assessment of their Clients' Sense of Humor by Nursing Students

(N = 89)

-----  
Frequency Of Assessing in their Role as Nursing Students  
-----

Rarely	Sometimes	Usually	Always
9	37	32	11
(10.1%)	(41.6%)	(36%)	(12.4%)

-----  
Including Assessment for Humor on Nursing Care PPlan  
-----

No	Yes
80	9
(89.9%)	(10.1%)

answered "rarely" or "sometimes" when asked if they assessed for their clients' sense of humor during the planning of care. Eighty students (90%) stated that they had never included an assessment for humor on their written nursing care plans. Of the 10% who had included an assessment on a care plan, only one responded that this was "usually" done and seven stated that they included this assessment "sometimes".

A significant relationship was found between feeling comfortable when revealing their sense of humor to patients and including an assessment for humor on the nursing care plan ( $\chi^2=10.56$ ,  $p < .05$ ) (Table 9). Those students ( $n = 21$ ) who "almost never" or "rarely" felt comfortable revealing their sense of humor did not include an assessment for humor on the care plan. Sixteen nursing students indicated that they were very comfortable revealing their sense of humor to their patients and one-third of these included an assessment for humor on the care plan. Only 4 of the 52 students responding that they were "sometimes" comfortable revealing their sense of humor included an assessment for humor on the care plans. This seems to imply that those students who were most comfortable revealing their sense of humor to their patients were most apt to assess for their patients sense of humor.

Another area of clinical use would be the use of humor

Table 9

Comparison of Feeling Comfortable when Revealing Sense of Humor to Patients and Including an Assessment for Humor on the Nursing Care Plan (N = 89)

<u>Comfortable Revealing</u> <u>Sense of Humor</u>	<u>Including Assessment for</u> <u>Humor on the Care Plan</u>		
	No	Yes	Row Total
Almost never	1	--	1
Rarely	20	--	20
Sometimes	48	4	52
Almost all of the time	11	5	16
Column total	80	9	89

$$\chi^2 = 10.56, p < .05$$

included on written plans of care. When asked if they had ever included humor as an intervention on their nursing care plans, seventy-three students (82%) responded "no" and fifteen responded "yes". Fourteen of fifteen students who indicated they included the use of humor in their written plans, responded "sometimes" when asked how frequently. This data is summarized in Table 10. In addition, a chi square test used to examine the relationship between the inclusion of humor as an intervention on the nursing care plan and an attitude that humor as a planned intervention was appropriate or inappropriate was statistically significant (Table 11) indicating that students' beliefs about the planned use of humor coincided with their actual inclusion of humor as an intervention on their plans. Of the 15 nursing students who had included humor as an intervention on a nursing care plan, 14 had indicated that the use of humor as a planned intervention with patients was "appropriate".

Do nursing students use humor as a tool when communicating with their clients? The majority of the students (67%) stated that they "frequently" use humor when communicating but this humor appears to be "spontaneous" (83%) or "unintentional" (7%) rather than as a "deliberately" used tool (10%). Although 53% indicated that they are apt to use humor when interacting with any age group, 39% (35 students) stated a preference for using humor when interacting with "people my own age" (Table 12). Chi square analysis revealed that a significantly larger ( $p < .05$ )

Table 10

Nursing Students' Inclusion of Humor as an Intervention on Nursing Care Plans (N = 89)

<u>No</u>	<u>Yes</u>	<u>Omit</u>
73	15	1
(82%)	(16.9%)	(1.1%)

Frequency of Including Humor as an Intervention on Nursing Care Plan

<u>Never</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>
4	14	1	0
(4.5%)	(15.7%)	(1.1%)	(0%)

Table 11

Comparison of Attitudes About Using Humor as a Planned Intervention and the Frequency of Including Humor as an Intervention on the Nursing Care Plan (N = 86)

<u>Use of Humor As a</u> Planned Intervention	<u>Including Humor on a Nursing Care Plan</u>		Row Total
	No	Yes	
Inappropriate	9	1	10
Appropriate	62	14	76
Column Total	71	15	86

$$\chi^2 = 29.73, p < .001$$

Number of Missing Observations = 3

Table 12

Nursing Students' Use of Humor as a Communication Tool (N = 89)

---

How Often				
<u>Never</u>	<u>Rarely</u>	<u>Frequently</u>		
---	29	60		
	(32.6%)	(67.4%)		

---

Type		
<u>Unintentional</u>	<u>Spontaneous</u>	<u>Deliberate</u>
6	74	9
(6.7%)	(83.1%)	(10.2%)

---

Ages Apt to be Used With				
<u>Children</u>	<u>People my own age</u>	<u>People my parents age</u>	<u>Elderly</u>	<u>Any age</u>
7	35	---	---	47
(7.9%)	(39.3%)			(52.8%)

proportion of nursing students who felt comfortable revealing their sense of humor to patients were "sometimes" or "almost all of the time" using humor when communicating with patients (Table 13). In this same vein, a comparison of students' sense of humor and their use of humor when communicating with their patients showed a significantly higher proportion of those with a strong sense of humor reported a more frequent use of humor when communicating with their patients ( $\chi^2 = 14.65, p < .01$ ) (Table 14). This may indicate that humor as a communication tool is more apt to be used when a student has a strong sense of humor and is comfortable revealing this to patients.

The nursing students' deliberate versus spontaneous uses of humor when communicating as delineated by Robinson (1977) were also investigated and compared to their attitudes about humor use in caring for patients. A significantly greater proportion of nursing students whose attitude about humor use in caring for patients was "appreciate if it occurs by chance" were also more apt to use humor "spontaneously" when communicating with patients (Table 15). Vera Robinson clearly describes the need to include humor as a planned communication strategy. The students' responses indicate that those whose attitudes are to appreciate humor if it occurs by chance were reluctant to deliberately use humor when communicating with their patients.

Table 13

Comparison of Feeling Comfortable when Revealing Sense of Humor to Patients and the Use of Humor when Communicating with Patients  
(N = 89)

<u>Comfortable Revealing</u>	<u>Use of Humor When Communicating</u>		
<u>Sense of Humor</u>	Rarely	Frequently	Row Total
Almost never	--	1	1
Rarely	11	9	20
Sometimes	16	36	52
Almost all of the time	2	14	16
Column total	29	60	89

$$\chi^2 = 8.07, p < .05$$

\*Table 14

Comparison of Students' Sense of Humor and Their Use of Humor when  
Communicating with Patients (N = 86)

<u>Sense of Humor</u>	<u>Use of Humor with Patients</u>		Row Total
	Rarely	Frequently	
Fair	7	1	8
Strong	15	39	54
Very Strong	5	19	24
Column Total	27	59	86

$$\chi^2 = 14.65, p < .01$$

Number of Missing Observations = 3

Table 15

A Comparison of Attitudes About Humor Use and the Use of Humor  
when Communicating with a Patient (N = 87)

<u>Attitudes about</u> <u>Humor Use in</u>	<u>Use of Humor When Communicating</u>			Row Total
	Uninten <sup>1</sup>	Spont <sup>2</sup>	Delib <sup>3</sup>	
<u>Caring for Patients</u>				
Not be taken Seriously	--	2	--	2
Appreciate if Occurs				
by Chance	6	47	2	55
Deliberately Use	--	24	6	30
Column Total	6	73	8	87

$$\chi^2 = 12.64, p < .05$$

<sup>1</sup>Unintentionally

<sup>2</sup>Spontaneously

<sup>3</sup>Deliberately

Number of Missing Observations = 2

### Curricular Emphasis on Humor

Recognizing and accepting the value of humor's use in nursing practice and then legitimizing this belief by using humor clinically are behaviors and attitudes which are influenced greatly by the curricular emphasis of the nursing program. Table 16 summarizes the nursing students' responses about the extensiveness of humor content in the curriculum. The majority of nursing students reported a negative or nonexistent emphasis on humor content. Greater than 95% revealed that they were not taught to assess for their patient's sense of humor and 82% reported that the use of humor as a viable tool for communicating with patients was not presented. Written comments from instructors also reinforced this lack of emphasis as did lack of mention in syllabi. Over 65% reported that the subject of humor and its use in nursing care had not been discussed in the nursing program. Eighty five per cent stated that in their present nursing course, required and/or recommended readings about humor and its use had "never" occurred. The findings were consistent in all areas of curricular emphasis surveyed and significant correlations were found among the survey responses (Table 17) as would be expected.

### Summary

A detailed description of nursing students' perceptions

and attitudes about humor and the use of humor in their nursing care was compiled. The degree of curricular emphasis was explored. The sample was described. Relationships among perceptions and values, clinical use, and curricular emphasis were looked at using contingency tables and chi square analysis. The intent of this research was to gather data on humor use in nursing; specifically, humor use among nursing students. Conclusions made and presented in the next chapter will be general because of the nature of this exploratory study and the very descriptive data gathered.

Table 16

Subjects' Responses About the Extensiveness of Humor Content  
in the Curriculum (N = 89)

Statement	Yes	No
In the course in which you are presently enrolled, have your instructors taught you to assess for your patient's sense of humor?	3 (3.4%)	85 (95.5%)
In the course in which you are presently enrolled, have your instructors presented the use of humor as a viable tool for communicating with patients?	15 (16.9%)	73 (82.0%)
Is the use of humor mentioned in the syllabus?	3 (3.4%)	86 (96.6%)
Is the use of humor included on sample care plans?	1 (1.1%)	88 (98.9%)
Is the use of humor reinforced in written comments on your nursing care plans?	4 (4.5%)	85 (95.5%)

table continues

Statement	Discussed	Mentioned	Not Discussed
In the course in which you are presently enrolled, the subject of humor and its use in nursing care have been:	4 (4.5%)	23 (25.8%)	62 (69.7%)

In your nursing program, the subject of humor and its use in nursing care have been:	1 (1.1%)	30 (33.7%)	58 (65.2%)
--	----------	------------	------------

Statement	Usually	Sometimes	Never
In your <u>present</u> nursing course, required and/or recommended readings about humor and its use in nursing care occur:	---	13 (14.6%)	76 (85.4%)

Table 17

The Extent of Humor Content in the Curriculum: Correlations  
Among Survey Responses (N = 89)

---

	Taught	Tool	Syll	Sample	Reinf	Cour	Prog
Bibliog	ns <sup>5</sup>	ns <sup>5</sup>	.28 <sup>3</sup>	ns <sup>5</sup>	ns <sup>5</sup>	ns <sup>5</sup>	ns <sup>5</sup>
Program	ns <sup>5</sup>	.26 <sup>3</sup>	ns <sup>5</sup>	ns <sup>5</sup>	.18 <sup>4</sup>	.52 <sup>1</sup>	
Course	.19 <sup>4</sup>	.47 <sup>1</sup>	.26 <sup>3</sup>	ns <sup>5</sup>	.23 <sup>4</sup>		
Reinforced	.21 <sup>4</sup>	.32 <sup>2</sup>	.26 <sup>3</sup>	.49 <sup>1</sup>			
Sample	ns <sup>5</sup>	ns <sup>5</sup>	.57 <sup>1</sup>				
Syllabus	ns <sup>5</sup>	.23 <sup>3</sup>					
Tool	.34 <sup>1</sup>						

---

<sup>1</sup>p ≤ .000

<sup>2</sup>p ≤ .001

<sup>3</sup>p < .01

<sup>4</sup>p < .05

<sup>5</sup>not significant

SummaryIntroduction

The purpose of this research was to describe nursing students' perceptions and attitudes about humor and their use of humor in nursing practice. The serious recognition of humor as a basic human need has been noticeably lacking, especially in the scientific community and in the health professions. An extensive literature review revealed that research focusing on the use of humor in nursing is limited and the use of humor by nursing students has not been investigated.

The study population consisted of Junior and Senior nursing students enrolled in the baccalaureate nursing program at Salisbury State College. Of the 100 enrolled students, 89 % completed the questionnaire. The questionnaire was developed using the concept of humor use in nursing proposed by Vera Robinson(1974, 1977), and the works and theories of Freud(1959), Maslow(1970), and Moody(1978). The questionnaire was designed by this researcher to survey the attitudes and perceptions about and uses of humor by baccalaureate nursing students in their nursing practice. Data was collected in three main areas: (1) humor's value as perceived by the nursing students, (2) the activities of nursing students which reflect the inclusion of humor in

their care, and (3) curricular emphasis on humor.

### Discussion of the Findings

A sense of humor has been identified as the cornerstone for a healthy personality and, as such, a basic human need by philosophers, writers, and humanitarians. Humor has been infrequently identified in the health professions as a need which should be acknowledged, assessed for, and used deliberately as a communication tool or planned intervention with patients. Since the publication of Vera Robinson's theories about the use of humor in nursing (1977), there has been a small, but growing, interest in humor and its role as an integral component of holistic nursing care. A review of the literature revealed that humor in nursing had not been extensively researched, and there was a paucity of empirical studies; in main, due to the nature of the subject.

Perceived value of humor. In this study, humor's value as perceived by the nursing student was surveyed by questions examining: (1) nursing students' description of their sense of humor, (2) nursing students' perception of humor as a coping strategy, (3) comfort with acknowledging humor in the clinical setting, and (4) nursing students' perceptions of the appropriateness of humor use in nursing practice.

Consistent with our propensity to view a sense of humor as a positive attribute, a large majority of the students

viewed their sense of humor as "strong". The nursing students' perception of humor as a coping strategy was less clear and analysis of the data revealed less consensus among the students. Approximately one - half of the nursing students responded negatively to a statement that "from the loss of a loved one to the loss of your hair, humor can help you cope with anything" and 28 % felt that it was questionable that humor could "significantly reduce the need for pain medicine". The more general statement, "humor has a healing power, physiological as well as psychological," elicited a much more positive response. The reluctance to acknowledge humor's value when specific examples of serious loss are identified may imply a lack of comfort with the validity of the health and humor relationship and acceptance of the more abstract term was less threatening. Also, the results may indicate an unfamiliarity with the literature describing humor used as a coping strategy during illness (Cousins, 1976, 1984; Osterlund, 1983; Peter, 1982; Jackson, 1980). In addition, the nursing students may be rejecting the concept because of the lack of empirical evidence to support humor use. It is also interesting that in this study the lack of validation of humor's use by faculty-role models was identified. This may have had a strong influence on the responses of the students.

The findings that nursing students had difficulty

revealing their sense of humor to their instructors may reflect an awareness of the historically acceptable professional nursing demeanor which does not embrace levity as a component of empathetic interaction. Recent articles about humor use in nursing identify a concern about displaying a good sense of humor because it isn't "professional" (Osterlund, 1983) and one nurse expressed concern that she may be observed having a good laugh with clients and thought "unprofessional" (Warner, 1984). Because of this reluctance to reveal their sense of humor to their instructor, an open - ended question exploring why they feel uncomfortable may add much more specific information. Students were more comfortable revealing their sense of humor to their patients (76.4 %) and only one respondent answered this occurred "almost never". Nursing students comfortable revealing their sense of humor to their patients tended to be more comfortable revealing their sense of humor to their instructor, but although statistically significant, the relationship was weak and perhaps not practically significant.

The majority of nursing students indicated that humor is most appropriate if initiated by the patients and humor as a communication tool or therapeutic modality is to be appreciated if it occurs by chance rather than to reflect a deliberate use by the nurse. In addition, in response to an

open - ended question, some students identified that humor should not be used when there was lack of mutuality, or when the person was seriously ill or dying. Although descriptions of deliberate, planned humor use in nursing are increasing, the acceptance of clinical use of humor lacks some credibility as evidenced by an absence in nursing textbooks and the limited published research. Because of the lack of reference, the results are not surprising. Conversely, a large majority of students answered that it was appropriate to use humor as a planned nursing intervention. These results may indicate a difference in response to the terms "deliberate" and "planned". Planned nursing interventions imply mutuality and respect within the context of the nursing process, an area very familiar to the nursing students.

Inclusion of humor in care. The nursing students were surveyed about their activities which would reflect the use of humor in their care of patients. The questions examined: (1) assessment of their client's sense of humor, (2) including the assessment of humor or the use of humor as an intervention on the nursing care plan, and (3) the students' use of humor as a communication tool.

This study revealed that the clinical use of humor by the nursing students was generally nonexistent. Ninety percent had never included an assessment for humor on their care plans and 82 % responded "no" when asked if they had

ever included humor as an intervention on their plans of care for their patients. Only 10 % deliberately used humor as a tool when communicating with their patients. These findings are striking but not surprising and reflect the usual behaviors of the health care and nursing professionals attempting to provide holistic care to their clients.

Cross-tabulations indicated that those students who were most comfortable revealing their sense of humor to their patients were most apt to assess for their patients' sense of humor. Also, students' beliefs about the planned use of humor coincided with their actual inclusion of humor as an intervention on their plans. A chi - square analysis indicated that when a student has a strong sense of humor and is comfortable revealing this to patients, humor as a communication tool is more apt to be used. This use of humor is spontaneous (83 %) or unintentional (7%) rather than a deliberately used tool for communicating.

Overall, for the population of nursing students surveyed, the clinical use of humor is infrequent or spontaneous, when it occurs. The inclusion of humor as part of the nursing care plan is noticeably absent.

Curricular emphasis. In this study, data gathered on curricular emphasis on humor revealed an overwhelming negative response in all areas of curricular emphasis surveyed. Greater than 95 % of the nursing students had not

been taught to assess for the presence of a sense of humor in their clients. The use of humor as a tool for communicating with patients had not been presented by faculty; nor had the subject of humor and its use in nursing care been discussed. Syllabi did not identify humor content and 85 % of the students stated that, in their present nursing course, required and/or recommended readings about humor and its use in health care had "never" occurred. From the review of the literature, it appears that this is not an unusual lack of academic interest, but these findings can only be interpreted within the context of the curriculum studied and not generalized to other schools of nursing.

#### Conclusions and Implications for Nursing

This research study has provided descriptive data about one aspect of humor use in nursing. The nursing students in the baccalaureate program surveyed had not been introduced to humor concepts and health care, and the majority of the students were not including the planned use of humor when providing care. They identified that they had a sense of humor but they were not using it. The students did not recognize the value of humor in specified situations and they were not being encouraged to use it in their practice.

This study could have important implications for nursing practice. As we strive to provide holistic nursing care, it

is important that we recognize and validate an integral part of our clients' humanism - the need for humor. This research also raises the issue of the components of the professional role in nursing and identifies the need for strengthening reciprocal, honest communication with our clients, of which humor is an integral part. The recognition that nursing professionals and their clients need to be surveyed for their use of and attitudes about humor may serve as an impetus for increased nursing research. The descriptive data from this study could also have important implications for innovative curricular design and program planning in similar baccalaureate programs of nursing. Curricular models, based, in part, on need theory and grounded in the tenet of holistic nursing could include humor theory in the theoretical and clinical components of the courses.

#### Recommendations for Further Study

For future studies, it is suggested that a larger sample size with a random sampling of nursing students from a variety of schools be used to increase the generalizability of the findings.

The tool could be strengthened by deleting some of the questions which are essentially measuring the same variable. The scale for the closed - ended format question should be made uniform in order that more sophisticated analysis can be

performed. Since the questionnaire was developed by this investigator, further testing of this tool is suggested to support its reliability.

An experimental study to further investigate the variables influencing the use of humor by nursing students could be designed with the control group being those students not introduced to humor theory and its application to nursing.

In order to expand the focus of this research and explore the current use of humor in nursing, the instrument could be adapted by omitting the questions on curricular emphasis. Practicing professionals could then be surveyed.

I am currently conducting a study on humor in nursing. As part of the study, I am seeking the assistance of nursing students in completing a questionnaire concerned with their own feelings about humor and its place in nursing practice. Your input will be very valuable.

Your participation is important but it is voluntary and not a requirement of any course in your nursing curriculum and whether or not you participate will in no way affect your grade. The information collected on the individual questionnaires will be kept strictly confidential and, to insure anonymity, your names are not required.

Thank you for your participation in this study. If you have questions or are interested in the results of this study, please feel free to contact me at [301] 742-9655.

Betsy Tyler Drewer

-----

Please complete all of the questions by circling the number of the word or statement which best describes you. Circle only one of the provided numbers for each question. When given a scale as in question #1, circle either 1, 2, 3, or 4.

1. In general, how would you describe your sense of humor?

}	}	}	}
1	2	3	4
Not Too Strong		Very Strong	

2. When assessing your patient in your role as a nursing student, would you say that you assess his/her sense of humor?

- |              |            |
|--------------|------------|
| 1. Never     | 4. Usually |
| 2. Rarely    | 5. Always  |
| 3. Sometimes |            |

3. Do you feel that the statement "From the loss of a loved one to the loss of your hair, humor can help you cope with anything" is:

1. Generally true
2. Not usually true
3. No Opinion

4. In general, I am more apt to use humor when I am interacting with:

1. children.
2. people my own age.
3. people my parents' age.
4. the elderly.
5. any age group.

5. How do you think your friends would describe your sense of humor?

}	}	}	}
1	2	3	4
Not Too Strong			Very Strong

6. How do you think your family would describe your sense of humor?

}	}	}	}
1	2	3	4
Not Too Strong			Very Strong

7. When my patients are humorous with me:

1. I ignore their joking.
2. I try to change the subject.
3. I sometimes feel uncertain how to respond.
4. I frequently respond with humor.

8. As a general rule, when communicating with a patient, I use humor:

1. Never
2. Rarely
3. Frequently

9. As a general rule, when communicating with a patient, I use humor:

1. Deliberately
2. Spontaneously
3. Unintentionally

10. During my clinical experiences, I feel comfortable revealing my sense of humor to my patients.

}	}	}	}
1	2	3	4
Almost never			Almost all of the Time

11. During my clinical experiences, I feel comfortable revealing my sense of humor to my clinical instructor.

}	}	}	}
1	2	3	4
Almost never			Almost all of the Time

12. I feel humor is most appropriate if it is initiated by my patient.

1. Yes
2. No

13. Since you have been in the nursing program, have you ever included an assessment for humor on your nursing care plans?

1. Yes
2. No

If the answer to question 13 is yes, please answer the following:

14. I have included an assessment for humor on my nursing care plans:

1. Never
2. Sometimes
3. Usually
4. Always



22. Reinforced in written comments on your nursing care plans?
1. Yes
  2. No
23. In general, in the course in which you are presently enrolled, the subject of humor and its use in nursing care have been:
1. Not discussed
  2. Mentioned
  3. Discussed
24. In general, in your nursing program, the subject of humor and its use in nursing care have been:
1. Not discussed
  2. Mentioned
  3. Discussed
25. In your present nursing course, required and/or recommended readings about humor and its use in nursing care occur:
1. Never
  2. Sometimes
  3. Usually
  4. Always
26. In your opinion, humor as a communication tool or therapeutic modality in caring for patients should:
1. be appreciated if it occurs by chance.
  2. reflect a conscious, deliberate use of planned humor.
  3. not be taken seriously.

27. In your opinion, claims that humor has significantly reduced the need for pain medicine is:

1. Far-fetched
2. Questionable
3. Believeable

28. Do you feel that the statement "humor has a healing power, physiological as well as psychological" is:

1. Generally true
2. Not usually true
3. No opinion

Demographic Data

29. Age at last birthday:

- |       |       |          |         |
|-------|-------|----------|---------|
| 1. 17 | 4. 20 | 7. 23-25 | 10. 36+ |
| 2. 18 | 5. 21 | 8. 26-30 |         |
| 3. 19 | 6. 22 | 9. 31-35 |         |

30. Sex:      1. Male                      2. Female

31. Marital Status:

- |                  |             |              |
|------------------|-------------|--------------|
| 1. Never Married | 3. Widowed  | 5. Separated |
| 2. Married       | 4. Divorced |              |

32. Course in which enrolled:

- |               |                |
|---------------|----------------|
| 1. Nursing I  | 3. Nursing III |
| 2. Nursing II | 4. Nursing IV  |

33. Is SSC the only nursing program in which you have been enrolled?

1. Yes
2. No

If answer to question 33 is yes, continue on to question 35.

34. If answer to question 33 is no, in which type program were you enrolled?
1. LPN/LVN
  2. Diploma
  3. Associate degree
  4. Baccalaureate
35. Approximately how much of the program [question 34] did you complete?
1. 25%
  2. 50%
  3. 75%
  4. Over 75%
  5. Graduated
36. What is your cumulative GPA?
1. .6-1.0
  2. 1.1-1.5
  3. 1.6-2.0
  4. 2.1-2.5
  5. 2.6-3.0
  6. 3.1-3.5
  7. 3.6-4.0

The following questions are asked to collect general information.

37. The following diagram is based on Maslow's hierarchy of human needs. Indicate the level where you feel the behavior "sense of humor" would be expected or required for that specific need to be met.

1. Self-Actualization
2. Esteem and Recognition
3. Love and Belonging
4. Safety and Security
5. Physiological

38. Do you consider laughter in the clinical setting unprofessional?

1. Yes
2. No
3. No opinion

39. What kinds of humor make you feel uncomfortable?

40. In what situations do you feel that humor is inappropriate?

41. Think about the last week or so when you were in your role as a nursing student in class or clinical. How many times did you have a good laugh? What was it you thought was funny?

- Barra, J. M. (1986). High kicks in the ICU. RN, 49(4), 45-46.
- Black, D. (1984). Laughter. The Journal of the American Medical Association, 252(21), 2995-2998.
- Burbridge, R. T. (1978). The nature and potential of therapeutic humor. Dissertation Abstracts International, 39, 2974B.
- Campbell, C. (1981). Beans means laughs. Nursing Mirror, 152(25), 12.
- Chapman, A., & Foot, H. (Eds.). (1976). Humour and laughter: theory, research and application. London: John Wiley and Sons.
- Chapman, A., & Foot, H. (Eds.). (1977). It's a funny thing, humour. (Proceedings of the last International Conference on Humour and laughter). Oxford: Pergamon Press.
- Civikly, J. M. (1986). Humor and the enjoyment of college teaching. In J. M. Civikly (Ed.), Communicating in College Classrooms (pp. 61-70). San Francisco: Jossey-Bass Inc.
- Cohen, S. J. (1985). Reflections: laughter and high level wellness. Health Values, 9(4), 32.
- Coser, R. L. (1959). Some social functions of laughter: A study of humor in a hospital setting. Human Relations, 12, 171-182.
- Cousins, N. (1979). Anatomy of an illness: as perceived by the patient. New York: W.W. Norton and Co.
- Cousins, N. (1984). The healing heart. New York: Avon Books.
- Crane, A. L. (1987). Why sickness can be a laughing matter. RN, 50(2), 41-42.

- Dixon, N. T. (1980). Humor: a cognitive alternative to stress? In I. Sarason & C. D. Spielberger (Eds.), Stress and anxiety (pp. 281-289). New York: Hemisphere.
- Donnelly, G. (1981). Under stress? Try laughing it off. RN, 41-42.
- Freud, S. (1959). Humor. In Collected papers. (Vol. 5, pp. 215-221). New York: Basic Books. (Original work published 1928)
- Fry, W. F., Jr. The respiratory components of mirthful laughter. Journal of Biological Psychology, 19(2), 39-50.
- Gruner, C. (1978). Understanding laughter: the workings of wit and humor. Chicago: Nelson-Hall.
- Hart, M. A. (1984). Imagery and laughter: nursing interventions. PRN Forum: Newsletter for the Pain Research Nurse, 3(2), 5.
- Herth, K. A. (1984). Laughter: a nursing Rx. American Journal of Nursing, 84(8), 991-992.
- Jackson, M. (1980). The nurse who laughs, lasts: the comic spirit in nursing. The Michigan Nurse, 53(4), 12-14.
- Leiber, D. B. (1986). Laughter and humor in critical care. Dimensions of Critical Care Nursing, 5(3), 162-170.
- Linn, L. S. & DeMatteo, M. R. (1983). Humor and other communication preferences in physician-patient encounters. Medical Care, 21(12), 1223-1231.
- Martin, R. (1984). The sense of humor as a moderator of the relation between stressors and moods. Dissertation Abstracts International, 45, 1346A.
- Maslow, A. H. (1970). Motivation and personality (2nd ed.). New York: Harper and Row.

- McGhee, P. (1976). Humor: Its Origin and Development. San Francisco: W. H. Freeman.
- Mindess, H. (1976). The use and abuse of humor in psychotherapy. In A. J. Chapman & H. C. Foot (Eds.), Humour and laughter: theory, research and applications. London: Wiley.
- Moody, R. A. (1978). Laugh after laugh: the healing power of humor. Jacksonville, Florida: Headwaters Press.
- Morreall, J. (1983). Taking laughter seriously. Albany: State University of New York Press.
- Moses, N. W. & Friedman, M. M. (1986). Using humor in evaluating student performance. Journal of Nursing Education, 25(8), 328-333.
- O'Connell, W. (1960). The adaptive functions of wit and humor. Journal of Abnormal and Social Psychology, 61(2), 263-270.
- Osterlund, H. (1983). Humor: a serious approach to patient care. Nursing 83,13(12), 46-47.
- Peter, L. J., & Dana, B. (1982). The laughter prescription: the tools of humor and how to use them. New York: Ballantine Books.
- Robinson, V. M. (1974). The tactful use of humor in nursing. RN, 10, 38-39.
- Robinson, V. M. (1977). Humor and the health professions. Thorofare, N.J.: Slack Inc.
- Robinson, V. M. (1986). Humor is a serious business. Dimensions of Critical Care Nursing, 5(3), 132-133.
- Safranek, R. (1982). Humor as a moderator for the effects of stressful life events. Dissertation Abstracts International, 43, 534B.
- Safranek, R., & Schill, T. (1982). Coping with stress: does humor help? Psychological Reports, 51, 222.

- Schill, T. & O'Laughlin, S. (1984). Humor preference and coping with stress. Psychological Reports, 55, 309-310.
- Trutt, S. D. (1984). Psychological correlates of humor preferences in oncology patients. Dissertation Abstracts International, 44, 2886-B.
- Walsh, J. J. (1983). Laughter and health. New York: Appleton.
- Warner, S. L. (1984). Humor and self-disclosure within the milieu. Journal of Psychosocial Nursing, 22(4), 17-21.
- Warner, U. (1984). The serious import of humour in health visiting. Journal of Advanced Nursing, 9, 83-87.
- Wessell, S. M. (1975). Use of humor by an immobilized adolescent girl during hospitalization. Maternal-Child Nursing Journal, 4(1), 35-48
- Williams, H. (1986). Humor and healing: therapeutic effects in geriatrics. Gerontion, 1(3), 14-17.

CURRICULUM VITAE

Nancy Tyler Drewer  
802 King Richards Ct.  
Salisbury, Md. 21801  
SS# 214-42-9464 (301) 742-9655

EDUCATION:

1976                      Master of Education  
                            Concentration in Psychology  
                            Salisbury State College  
                            Salisbury, Maryland

1970                      Bachelor of Science in Nursing  
                            The Johns Hopkins University  
                            Baltimore, Maryland

1965                      Diploma in Nursing  
                            The Johns Hopkins Hospital School of  
                            Nursing, Baltimore, Maryland

EXPERIENCE:

1978-1987                Instructor  
                            Salisbury State College  
                            School of Nursing & Health Sciences  
                            Salisbury, Maryland

1978, Spring            Instructor (part-time)  
                            Peninsula General Hospital  
                            School of Nursing  
                            Salisbury, Maryland

1970-1973                Coordinator  
                            Advanced Medical & Surgical Nursing  
                            Peninsula General Hospital School of  
                            Nursing, Salisbury, Maryland

1970-1971                Instructor in Anatomy & Physiology,  
                            and Instructor in Nursing Procedures  
                            Peninsula General Hospital  
                            School of Radiologic Technology  
                            Salisbury, Maryland

1966-1970

Critical Care Coordinator,  
Medical-Surgical Nursing  
The Johns Hopkins School of Nursing  
Baltimore, Maryland

1965-1966

Assistant Head Nurse  
Neurosurgical Operating Rooms  
The Johns Hopkins Hospital  
Baltimore, Maryland

COMMUNITY SERVICES:

Instructor/Preceptor for the American  
Heart Association  
"The Hypertension Program"

Member-Advisory Board  
Beaver Run School

Advisory Committee  
Wicomico Junior High School

Appointed, Wicomico County Health  
Planning Committee, fall, 1985 for 3  
year term

Member, Health Planning Council of  
the Eastern Shore, spring, 1986 to  
summer, 1987

Elected member, Executive Committee,  
Health Planning Council of the  
Eastern Shore, fall, 1986 and spring,  
1987

PROFESSIONAL ORGANIZATIONS:

American Nurses' Association

Maryland Nurses' Association

American Public Health Association

American Association of University  
Professors