

The Nursing intervention “humor” in an orthopedic ward: strategies and benefits

La intervención humor en enfermería: estrategias y beneficios en ortopedia

A intervenção humor em enfermagem num serviço de ortopedia: estratégias e benefícios

ABSTRACT

Objective: to know the nursing intervention “humor” in an orthopedic ward. **Materials and Methods:** search with a qualitative and descriptive approach, performed in an orthopedic ward of a Lisbon hospital, during July and August 2013. Semi-structured interviews were applied. The analysis was based on Bardin. **Results and Discussion:** two categories emerged, the intervention “humor” and the benefits of the intervention. The care required during the initial evaluation, planning, implementation of the intervention and its direct and indirect benefits were evidenced. **Conclusion:** similarly to other interventions, humor follows the clinical judgment of nursing and when it is applied adequately, there are benefits to the patient's health and wellbeing.

Descriptors: Wit and humor as topic; Nursing care; Nursing.

RESUMEN

Objetivo: conocer la intervención humor en enfermería en el servicio de ortopedia. **Materiales y Metodología:** la investigación con enfoque cualitativo y descriptivo, realizado en el servicio de ortopedia en un hospital de Lisboa, entre julio y agosto de 2013. Se aplicaron entrevistas semiestructuradas. El análisis se basó en Bardin. **Resultado y Discusión:** emergieron dos categorías, la intervención del humor y los beneficios de la intervención. Se demostraron los cuidados a realizar en la evaluación inicial, planificación, implementación de dicha intervención y sus beneficios directos y indirectos. **Conclusión:** al igual que otras intervenciones, el humor sigue el razonamiento clínico de la enfermería y cuando se aplica correctamente tiene beneficios en la salud y el bienestar de los pacientes.

Descriptor: Ingenio y humor como asunto; Atención de enfermería; Enfermería.

RESUMO

Objetivo: conhecer a intervenção humor em enfermagem num serviço de ortopedia. **Materiais e Métodos:** pesquisa com abordagem qualitativa e descritiva, realizada num serviço de ortopedia de um hospital de Lisboa, no período de julho e agosto de 2013. Foram aplicadas entrevistas semiestructuradas. A análise foi baseada em Bardin. **Resultados e Discussão:** emergiram duas categorias, a intervenção humor e os benefícios da intervenção. Evidenciou-se os cuidados a ter na avaliação inicial, planeamento, implementação desta intervenção e seus benefícios indirectos e directos. **Conclusão:** à semelhança de outras intervenções, o humor segue o

raciocínio clínico de enfermagem e quando aplicado adequadamente tem benefícios na saúde e bem-estar dos pacientes.

Descritores: Senso de humor e humor como assunto; Cuidados de enfermagem; Enfermagem.

INTRODUCTION

The intervention “humor” in Nursing has been the object of study in the last decades, which permitted the verification of health and well-being benefits for the clients.¹ This intervention which is integrated in the *Nursing Interventions Classification* (NIC)² and in the International Classification for Nursing Practice, version 2 (CIPE[®])³ is considered as an intervention and a resource. In NIC, the intervention humor belongs to Level 1 (Domain), code 3 behavioral, Level 2 (Class), code R assistance in coping and Level 3 (Interventions), code 5320 Humor, with 15 planned activities². Furthermore, in the diagnosis of the *North American Nursing Diagnosis Association International* (NANDA – I) this intervention is suggested in 7 diagnoses and optional in 20 diagnoses.

Despite the long discussion that has occurred around humor, its nature, factors which influence it, objectives and benefits, the definition of humor has not been consensual.⁴

The clinical rationale is present in all healthcare actions and decisions of the nurse namely, in the diagnosis of phenomena, in the selection of appropriate interventions and in the evaluation of the results obtained⁵, hence, this is also present in the intervention humor. In this sense, it is necessary to evaluate the type of humor appreciated by the person, their receptivity, the timing, aspects to which they are sensitive² and if the circumstances are adequate.⁶ During the implementation the nurse may select various resources, namely humoristic material that can raise the person’s interest, games, drawings, jokes, videos, recordings, books and other humoristic materials, incoherencies that arise in a situation², analogies, anecdotes, games, verbal and non-verbal communication, films/comedies, funny stories, comic books, music, jokes, red nose, blinking,⁴ place subtitles or commentaries about photographs and use humoristic props available, namely, sponge noses and humorous buttons.⁷ The nurse should monitor the client’s response and interrupt the strategy if it is inefficient.²

The intervention “humor” may have benefits on people’s health and life, namely, in the promotion of well-being, in the adjustment to difficult situations, in the reduction of tension, stress and discomfort, in the increase in pain tolerance and, strengthening of the immune system¹

For this, it is relevant to know the resources and activities used in the intervention “humor”, as well as, the benefits for the person in the perspective of a nurse working in an orthopedic department. Considering this, the present study intends to identify the nursing intervention “humor” in an orthopedic department.

MATERIALS AND METHODS

This is a qualitative and descriptive study, which counted on the participation of eleven nurses between July and August 2013. The inclusion criteria were: use humor in their professional practice and at least 5 years of professional experience.

Data collection was started after authorization was received from the Administrative Council of the Central Lisbon Hospital Center. As it did not involve patients, the opinion of the Ethical Commission was dismissed. The ethical principles described in the Helsinki Declaration were respected, specifically, privacy, confidentiality, free and clear informed consent, with the possibility of interrupting the interview if they wanted. The consent was obtained in a free and clear form, and each participant signed an authorization after reading an explicative letter and the objectives of the study. The data for this study were collected through an individual interview, previously scheduled with each nurse that agreed in participating in the study. They were performed in a reserved location and with a duration of approximately 20 minutes. A semi structured interview was used, a digital recorder was also used and an integral transcription occurred afterwards. The data analysis had as the methodological referential, the Bardin content analysis technique.⁸ In this sense, in the first phase, there was a pre-exploration of the material through “buoyant” reading whose objective was to establish contact with the documents and to know the text, searching for impressions and orientations. In the next phase, exploration of the material occurred. In this step of codification, cuts were made in register units and in context. Next, categorization was performed; this corresponds to an operation of classifying the constituent elements of a set by differentiation and, posteriorly, by regrouping. To maintain anonymity the interviews were codified with EM (male) and

EF (female). In the text an E is followed by the number of the interview, M or F if male or female and finally, by the number of the register unit.

RESULTS AND DISCUSSION

The sample of this study comprised of 11 nurses, 6 female and 5 male, which work in an orthopedic department in the Central Lisbon Hospital Center and who use humor daily in their nursing care. The mean age is 35 years, with a deviation around the mean of 4.8 years. The average time of professional experience is 11.8 years, with a standard deviation of 4 years.

Of the analysis, two categories arose: the intervention “humor” and the benefits of the intervention “humor”.

Humor intervention

In the category *humor intervention* four subcategories arose: evaluation and planning; factors that influence humor; strategies and resources; and limitations to the use of humor.

Evaluation and planning

Before the nurse implements the intervention “humor”, they must evaluate the person and plan the intervention. The subcategory *evaluation* and *planning* is composed of the context units: humor is individual, humor may have various interpretations, what makes you laugh, evaluate the person, evaluate the strategies, create the conditions and the reaction to humor.

In the context unit “humor is individual”, a testimony reveals:

[...] *a large portion is adapted to that patient, and only that patient.* (E5F:26).

In order for the “humor” intervention to be efficient it should be planned and individualized. The evaluation should include the discovery of the person’s preferences regarding specific humorous stimuli.⁹

The context unit “humor may have various interpretations”, presents some register units such as:

It is difficult to define the word humor, [...] (E2F:1)

[...] *let us say, a subjective dimension may have various interpretations* (E11M:5).

In this sense, the “humor” intervention may be interpreted in a positive or negative fashion depending on the person. Humor, as expressed by the nurse, may induce liking in the client due to a shared experience or a shared frustration.⁹ What may be comical for one person may not be for another because humor is situational and paradoxal.¹

In the context unit “what makes you laugh”, one of the participants states that, in the first place, it is important to understand what makes one laugh in order to evaluate what make the other person laugh.

Firstly, I reflect upon what makes me laugh (E10M:14).

The nurse should make a self-reflection in this context and identify what makes them laugh and relax, as well as, observe what makes others around them smile and laugh.¹⁰

The “evaluation of the person” is another context unit, which is illustrated by the register unit:

Like in any Nursing intervention, I have to evaluate the person before I intervene (E1M:14).

The evaluation should include de discovery of the person’s preferences regarding specific humorous stimuli.⁹

In the “strategy” register unit, surged the idea that after the use of a determined humoristic strategy it is important to evaluate if this was adequate or not for the person, as can be verified in the register unit:

In the end I always make an evaluation, if there were results. If the strategy was adequate. If I should use humor again with that person (E10M:31).

The nurse must evaluate the role of humor in the life of the person and to which type of humor they react.⁶

In the context unit “create conditions”, one nurse states:

[...] my objective is to create a positive and lively environment in order to enhance individual capabilities (E2F:10).

The nurse must consider the culture and the necessities of the people, the context and environment in which it occurs and the means that involve the person, since these will condition the humorous stimuli and its user.⁹

In the context unit “reaction to humor”, a nurse affirms that they must know:

[...] *how they react to funny situations, anecdotes, puns, for example* (E10M:16).

The nurse, during the evaluation of the person should analyze how the person reacts to most types of humor used or desired by them.¹⁰

Factors that influence humor

The subcategory *factors that influence humor* is composed by the following context units that emerged from the data retrieved from the interviews: appreciate humor, adequate context and situation, adequate moment, type of personality and humor comprehension.

The context unit “appreciate humor” is highlighted by the participant as one of the factors that influences this intervention:

Of course I do not use humor with all people, it is necessary to know if that person likes humor, [...] (E1M:12).

I always have present whether or not the person appreciates humor [...] (E10M:11).

In people with Parkinson’s, humor appreciation is decreased¹¹ as in situations of great angst, humor may not be appreciated.¹

“Adequate context and situation” is another context unit that surged from the participants’ interviews:

I need to always know the context of the person, [...] (E1M:16)

If the person’s situation is adequate for the use of humor or not (E10M:19).

The adequate moment is reinforced by the register unit:

[...] *if that moment is adequate for humor, [...]* (E1M:18).

The participant states that there are moments and time periods that are more favorable for the use of humor. In the planning of the intervention the nurse must consider some aspects that may influence the intervention, namely, the environment where humor is made (to whom the intervention is aimed) and the time (if the moment is adequate to make humor).¹²

Personality is another factor that influences the use of humor. The respondents referred that the use of humor depends on:

[...] *the person’s personality, [...]* (E4M:6).

It can be a person's personality characteristic as can be verified in the following register unit:

[...] *and humor is a characteristic of the person and the person's personality,*
[...] (E11M:29).

Personality influences the styles and type of humor appreciated.¹³⁻¹⁴

Humor comprehension may be another factor that influences humor. A nurse states that:

[...] *the person may not understand my humor and think that I am being ill-mannered or even rude,*[...] (E4M:9).

Hence, the nurse must verify the disposition of the person for humor and if the circumstances are adequate⁶, if they understand the comments, jokes and cues.

Strategies and resources

In the subcategory *strategies and resources* emerged from the context units: play, clownery, jokes, anecdotes, puns, surprises, funny situations, personal experiences, comments, spontaneous expressions, music and movies.

Play emerged from the discourses as a strategy and resource to use in the humor intervention, as is the example:

Spontaneous play, [...] (E1M:7)

[...] *for example we play with the situation,*[...] (E5F:8).

Playing signifies having fun like children; have whimsical movements; folly; joking; mocking; undertake lightly.⁴

In the context unit "clownery", one of the respondents seeks to imitate something that is funny to him in order to make the observer laugh and relax. They state that they do:

[...] *clownery* [...] (E1M:8)

[...] *or I imitate a martial arts practitioner (clownery)* (E1M:11).

Jokes are resources that the respondents use in the intervention. A nurse states that:

[...] *I use circumstantial jokes that have to do with the moment that is why, at times, it is difficult to reproduce, rarely you can reproduce them,* [...] (E5F:6).

Anecdotes, were referred as another resource, some answers refer:

I seek to find a set of situation types, of anecdotes, , [...] (E10M:15) and [...] or
[...] *it reminds me of some anecdote* [...] (E4M:15).

Puns were referred by a nurse as a resource, as is the example:

I use puns, in other words, expressions with a double meaning, which must be adequate to the person's literacy and culture (E10M:26).

[...] play on words (puns) that permit funny situations that can trigger, or not, laughter, [...] (E10M:5).

The surprise effect was also referred to as a resource, according to one nurse:

I surprise patients and ask with a serious look, what's going on? And the patients answer, nothing's going on. And I say, then something will be going on, all the women have to exercise their feet. I use the surprise effect and the decontextualization of the expression used (E10M:27).

The humor generated by the surprise, by the unexpected, may create a climate of proximity, of complicity in the relationship between the health professional and the client.⁴

The creation of funny situations was referred to as a strategy according to the respondents, namely:

[...] funny situations,[...] (E10M:2).

[...] when I need to stimulate them to walk I imitate an awkward robot [...] (E1M:10).

When going to receive a blood unit, I ask if the steak is from the loin or rump (in people from the Azores it is much appreciated) (E10M:30).

The use of personal experiences was referred to by the respondents, as is the case:

[...] tell personal experiences,[...] (E3F:24).

[...] happy things that have occurred, which like to see (E3F:25).

The comments can be used as a resource in this intervention, as is referred by the nurses:

[...] or some comment that I make [...] (E4M:17).

[...] or I complete the phrase in a form that provokes laughter, [...] (E4M:18)

I use the patient's cues, if they say something funny, I potentiate what they say (E10M:28).

The expressions that arise spontaneously were referred to as a resource, as an example:

In most cases I take advantage of the situations, [...] (E2F:6).

[...] *like the small cues that the patients give in order to introduce a more humoristic comment (E2F:7).*

Intentional humor occurs when a person has the intention of benefitting or leading someone to benefit from it and non-intentional humor occurs when a person does not have the intention of making others laugh yet this occurs.⁹

Music is another resource used, where the respondents stated:

I also use music. Of course I have to take into consideration the person's preferences (E10M:25).

[...] *as for example, music from a cellular telephone to dance or sing, [...]* (E2F:13).

Humor may be expressed through anecdotes, stories, play, comic books and programs, music, satire, analogies or simply by a gesture or even silence.⁴

Comic films/comedies were referred by a nurse:

[...] *when I see them and see some type of act, I can relate immediately with a film that is popular, [...]* (E4M:13).

To perform the intervention "humor" it is important to start by gathering tools that permit the development and improvement of one's own sense of humor and that can be relayed through cartoons, stories, jokes and funny songs, comic books and films, amongst others.⁴

Limitations to the use of humor

The subcategory *limitations to the use of humor* is comprised by the context units: terminal phase and confusion/disorientation.

According to a nurse's speech, you should not use humor in a terminal phase:

If they're in a terminal phase I also do not use (E10M:21).

When in a state of confusion or disorientation, this intervention may not be efficient.

If they are disoriented, confused, I do not use (E10M:20).

The nurse should avoid the use of humor in people who present cognitive limitations.² There are also mental states such as evident confusion, depression and paranoia, which inhibit humor.⁴

Benefits of the humor intervention

The category *benefits of the intervention humor* is comprised of the subcategories: indirect and direct.

Indirect benefits

The subcategory *indirect benefits* presents the following context units: relationship improvement, trust, participation and involvement in care, proximity, motivation, barrier breaking, optimism, good disposition and adhesion to care.

The improvement in the relationship was referred by nurses in their statements:

[...] strengthens the relationship patient - Professional, [...] (E1M:32)

Humor may contribute to improve the relationship (E10M:32).

Trust is referred to by nurses, as an example:

[...] increasing mutual trust (E1M:33)

Facilitates the establishing of a trust relationship (E10M:33).

The presence of humor indicates trust, adaptation and if it disappears or is suffocated by the disease, its reappearance may indicate that the person in question is in a process of cure/acceptance.⁹

The involvement and participation in care appears in the statements:

They become much more cooperative, [...] (E6M:22).

[...] also involving other patients that are around so that the person does not feel alone, [...] (E4M:20).

Proximity emerged from the data, namely, in the register units:

[...] also facilitates, in some form, the proximity relationship with the person, [...] (E11M:4).

[...] because humor leads to such a proximity relationship and the person feels side-by-side [...] (E11M:19).

Motivation was referred to as an indirect benefit and arises in the nurse's speech:

[...] try to place a positive and superior motivation, greater than the one already present (E4M:4).

[...] it is a way, at times, to motivate the person for a determined type of care that we want to provide the person with (E11M:9).

Humor breaks barriers and is seen as an indirect effect in the benefits that it may have in health and well-being. A nurse refers that:

Humor may contribute to break barriers [...] (E2F:16).

Humor may be able to “break the ice” and social barriers, to deal with suffering, frustrations, difficulties and death, increase the nurse’s certainty during the provision of techniques and procedures, to manage conflicts constructively, increase solidarity and cohesion, break routines, decrease organizational rigidity, facilitate change and increase productivity.^{1,4,9}

Optimism may be an indirect effect of the humor intervention, as one nurse says:

It also contributes towards a more positive vision of life [...] (E2F:18).

Good disposition is referred to in the speeches:

[...] if there is a good environment, if people are in a good mood, work goes well, the patients that are already sick, that are already depressed get in a better mood [...] (E7F:9)

Good disposition helps in all ways, [...] (E5F:37).

Humor may facilitate the adhesion to nursing care. A nurse referred that it permits:

[...] establish a therapeutic relationship or make that, for example, determined patient adhere to a determined type of treatment in their benefit or at a level of rehabilitation, for example, [...] E11M:3).

Direct benefits

The subcategory *direct benefits* presents the following context units: recuperation, decrease in stress; increase in relaxation and relief of tension, distraction, decrease in pain, share feelings, adaptation mechanisms, increase in the quality of life, facilitate learning, decrease anxiety.

The recuperation is pointed out as a benefit of humor, as the nurses referred:

In my opinion it also has a fundamental role in the patient’s recuperation (E2F:20).

It is much easier for the patient to work their recuperation with humor, [...] (E6M:15).

Studies were performed that showed that the humor intervention permits the reduction in anxiety in the post-operative period, facilitates the person’s recuperation and reduces, significantly, post-operative complications.⁴

The decrease in stress surges in the interviews:

[...] decreases the stress associated when executing a bandage or techniques that cause some sort of pain (E3F:30).

[...] *decreases fear and stress* (E10M:36).

In a study with healthy volunteers about the humor intervention, the intervention group presented a decrease in stress levels.¹⁵ There is a decrease in stress because beta endorphins are released and the levels of cortisol and adrenocorticotrophic hormone decrease.¹¹

The increase in relaxation and tension relief is referred by the nurses:

[...] *provide relaxation, relieve tension and discomfort* (E10M:8).

[...] *and it permits, many times, the relief of tension, [...]* (E11M:13).

The state of good humor and well-being is followed by a state of relaxation in which respiration, cardiac rate and muscular tension return to levels below normal.⁹

Humor provides distraction, helping to deal with problems, as a nurse stated:

[...] *patients are grateful to distance themselves from problems or to be able to seek another strategy in addition to playing with the actual situation of the person [...]* (E5F:13).

The humor intervention promotes decrease in pain, as this is possible to verify in the statements of the nurses:

[...] *pain relief in this situation* (E4M:26).

Alleviates discomfort and pain because the person becomes more relaxed and less worried (E10M:38).

In a study performed by Tse and collaborators, they verified a decrease in chronic pain in the elderly after 8 weeks of intervention.⁷

Another benefit that was referred by the nurses was humor as an adaptation mechanism, in the register units:

Helps deal with difficult situations, in the pre-operative period, it helps in the moments of transitions dependence/independence (E10M:37)

[...] *it aims to help deal with difficult situations, [...]* (E10M:6).

The adaptive humor styles permit the use of adjustment strategies¹⁶⁻¹⁷, helping to deal with difficult situations.

Humor promotes the improvement of the quality of life and was highlighted by a nurse when they stated:

It helps improve the quality of life because it relieves discomfort and pain, as well as, provides well-being (E10M:40).

This intervention has an effect on learning, where a nurse states:

Eases learning, since we have to practice many Daily Living Activities (E10M:41).

The decrease in anxiety after the humor interventions was referred by some nurses:

[...] reduces anxiety, [...] (E10M:35); [...] reduces anxiety in the person who is admitted, [...] (E11M:15)

Many people tell me that these are the moments that make them forget all that preoccupies them (E10M:39).

In a study, the humor intervention group presented a decrease in anxiety when compared to the control group.¹⁵

CONCLUSION

The intervention “humor”, such as other nursing interventions, must follow the clinical rationale. An initial evaluation must be performed, with a nursing diagnosis where the use of this intervention is recommended. There has to be planning of the intervention, verification of conditions of use and if the person appreciates humor.

In this intervention many resources may be used such as, play, clowning, jokes, anecdotes, puns, surprises, funny situations, personal experiences, comic commentaries, spontaneous comic expressions, music and films.

Indirect benefits were referred that can potentiate direct benefits. The main indirect benefits mentioned refer to: improvement of the relationship, trust, participation and involvement in care, proximity, motivation, breaking barriers, optimism, good humor and adhesion to care. The main direct benefits mentioned were: improvement of recuperation, decrease in stress, improvement in relaxation and tension relief, distraction, decrease in pain, externalization of feelings, adaptation mechanism, improvement of the quality of life, learning facilitator, decrease in anxiety.

This study aims to contribute to the comprehension of the humor intervention, namely, the aspects to take into consideration in the evaluation, planning, and implementation of the intervention; as well as, the main health and well-being benefits for the people admitted to a hospital.

We recommend that studies that increase the level of evidence be conducted, specifically random clinical tests to measure the efficiency of the humor intervention associated to nursing diagnoses and studies that explore the differences between genders.

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