

Humour as a Nursing Intervention.

Aschwin van Loon

Abstract

Therapeutic humour is defined to be any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life's situations. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual.

Humour can be used in all kinds of situations, to relativize, make tense situations less tense or it can be used to make life more pleasant. If a nurse uses humour as an intervention in complementary care, certain patients may complain less. This paper will look at Humour as a nursing intervention. A review of the literature was done and after the review a questionnaire was undertaken.

Key Words: *humour, nursing intervention, cheerfulness, expressions.*

Introduction

Humour can be used in lots of different situations, such as: to relativize, make a tense situation less tense or just to make life more fun and easier. If the nurse is happy and uses humour as a means of communication with patients, it may be noted that patients complain less about pain and/or pain sensation, that time is going slow, issues with nursing care. Victor Borge once said that humour is the shortest distance between two people. He even wrote a book with the same title (Borge, 2001).

Humour is a very large concept. For this reason it is necessary to reduce this to a specific subject. In the movie "Patch Adams" (Universal Studios, 1999), Robin Williams plays someone who lets himself be admitted to a psychiatric hospital. He sees a lot of misery around him and nothing of joy and decides to do something about it. He decides to study medicine to become a doctor. After his first year of medicine study he wants to be more involved with patients and embarks on ward rounds with the medical staff. On one of his rounds he comes in contact with children in a cancer ward. Everything is white, cold and looks sterile. All children lay neat and still in bed. He finds a klysma ball (rectal bulb)

and cuts the tip of and puts it on his nose. All the children start laughing and are having fun. The topic of humour is vast, therefore the subject will be reduced to something more manageable - humour with the patient.

In what instances do nurses use humour? Most nurses use humour to enable people to laugh, to ease a tense situation for example, with a patient going to surgery. Therefore, it can be said that nurses sometimes use humour as a nursing intervention.

What is laughing?

Laughing according the Oxford dictionary is to make the spontaneous sounds and movements of the face and body that are the instinctive expressions of lively amusement and sometimes also of derision. It is to give an expression of a realisation of happiness. Laughing is also a physical reaction to emotions.

Laughing can also be described as a smile that is used by the entire body (Wooten, 1997). First the corners of the mouth will start to curl slowly, then the muscles around the eyes will participate and the eyes will twinkle. Next a noise, first a bit of growling, followed with spontaneous chuckle. This chuckle will start getting louder and will end in a roar of laughter. The chest and stomach muscles will be activated. Sometimes when the noise is getting louder the body will bend in a rocking motion, sometimes the person will smack their knees, stamp their feet or give the per-

Questions or comments about this article should be directed to Aschwin van Loon, Senior RN Neurology, Neurosurgery & Neuro Care Unit. University Hospital of Leiden. The Netherlands at MadRef@vanLoonOnline.nl

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son next to them a poke in the ribs. When the laughter reaches its peak, tears will start rolling. All this will continue until the person laughing is so weak that they will have to sit down.

Laughter: There are several ways to describe laughter.

Laughter Theories

There are several ways to describe laughter. The four most common are described below:

1. The Superiority Theory

One of the oldest theories about laughter comes from Plato and is called the superiority theory (Brandon, 2005). Plato was convinced that laughing had much to do with the bad side of human kind - where the person laughs at the misfortunes of others, as outlined in Table 1. Laughing comes forth out of the ignorance about oneself (Brandon, 2005). The person laughing thinks himself richer, handsomer, more upright and wiser than he is in reality. The laughter is directed at the inadequacy of the other person. Brandon (2005) suggests that Aristotle agreed with Plato that the idea of laughing in essence is a form of mockery. However, in contrast to Plato he does not totally condemn a humoristic attitude. Certain measures of humour can make life less dull or boring. He went on to say that human-kind has to be careful that one doesn't laugh too much. Too much laughter can make one superficial when dealing with the more important matters of life (Morreall, 1983).

2. The Incongruity Theory

The Britannica (2002) states: '[humour is] the perceiving of a situation in two self-consistent, but mutually incompatible frames of reference or associative contexts.' Humour is 'a form of communication in which a complex mental stimulus illuminates or amuses, or elicits the reflex of laughter.'

This definition of humour is described as the theory of incongruity. In his book *Taking Laughter Seriously*, Morreall (1983) explains the difference between the theory of superiority and the theory of incongruity. The first has to do with emotions or feelings and the second with the ability to learn. In the theory of incongruity, the 'amusement' is an intellectual reaction to something unexpected, illogical or improper behaviour. So in essence, the theory of incongruity has to do with the sudden opposed expectation when

- **The infecting laughter**

This exuberant laughter cannot be withstood by many people. Often one doesn't know why one is laughing.

- **The arrogant laughter**

A contemptuous smile.

- **The liberating laughter**

A relieving smile. For instance the result of a test is being announced and the grade is above average.

- **Compulsive laughter**

This laughter is not based on an emotion but of a pathological origin like a cerebral vascular accident or schizophrenia.

- **The mean false laughter**

An unreal laughter often used to hide emotions.

- **The giggles**

An ill-mannered, mocking and restrained laughter. Often the hand covers the mouth.

- **The screaming laughter**

Hard and very exuberant laughter which in some cases can deprive you of air.

- **The cordial laughter**

A sincere and convincing laughter and the eyes will participate. Often one says that you have twinkling eyes.

- **The laugh kick**

Unnatural laughter that is caused by using drugs like marijuana.

- **The burst of laughter**

A loudly, hard and exuberant laughter that involves real joy. The mouth is widely open when laughing.

Table 1 (Above): *The Superiority Theory as explained by Brandon 2005.*

laughing is invoked. This can be explained with the following:

A lady tells her next door neighbour her dream she had had the night before. She told that she was in heaven and saw three doors, two tiny ones and a big one in the middle. She opened one of the tiny doors and saw everyone at peace with one another. She closed that door and opened the other tiny door and there she saw angels playing beautiful music. The neighbour asked her: "Did you open the big door?" And she answered that she tried. She pushed and pushed against the door but she couldn't get the door to open. Just as she was about to give up, Peter came along and offered help. Together they pushed with great effort and then suddenly the door opened. She dropped into the room and there she was in front of God. The neighbour exclaimed "Good lord

what did God say?" Well He smiled and said: "It jams, doesn't it?" (Zijderveld, 1971).

3. The Bergson theory

Another theory is described in the book "The Laughter" by French philosopher Henri Bergson (1993). According to Bergson, laughter has a social function. He says that humour is the caricature of the mechanism of the nature of humans (habits, automatic acts – used frequently by comics and clowns) and the continual creation of new forms. In this way laughter can be provoked. The following demonstrates this theory: When someone is running across the street and he suddenly trips and falls down, there is a good chance that many of the watching pedestrians will start laughing. They probably wouldn't have laughed if they knew beforehand that the person would have fall. We laugh because it is unexpected and involuntary.

4. The Jefferson theory

The theories discussed so far are all from the point of philosophy/psychology. Every theory tries to give a convincing answer to the question what humour really is. The theory by Gail Jefferson (1979), is contrary to this, this is because it only occupies itself with the question of how laughter interacts with conversations and what functions it might have. According to Jefferson, laughing is an activity whereby one participant invites the other participant(s) to laugh. This invitation can be accepted or declined by the other.

All these theories talk about 3 different things: first they talk about the form of the humour, second they talk about the message that is in the humour and third they talk about the effect that the humour has -

- **The form:** it's usually the contrast or difference between two aspects that on first sight can't interact with each other but both aspects are real.
- **The message:** it always is about people even when the message is about weird things or objects. The difference can be in many ways: what people think they are, what people think is real, what people think is (their) reality, what is the moral and the idealist reality, what kind of aspect one doesn't see or the real reality.
- **The effect:** recovery of ones own balance by accepting the unaccepted.

What is humour?

Humour is a topic which has been discussed

often but little written. Humour is a complex phenomenon and it is an essential part of mankind. Through the ages, anthropologists have never been able to find a culture or civilization where there was no humour. A sense of humour is both a point of view about life and the behaviour that this point of view radiates.

There are many definitions. According to the Oxford Dictionary, humour is the quality of being amusing or comic, especially as expressed in literature or speech, a mood or state of mind. According to the Dutch dictionary humour is an eye and a sense of cheerfulness contradictions or cheerfulness contradictory expressions.

- According to Sigmund Freud (1905), humour is a way to relieve oneself of too much energy and tension, a rear and precious gift.
- According to Pasquali (1990) humour is communication, a means to strengthen mutual relationships.
- According to Léon van Woerden, a nurse educator who spoke at the "Caring & Humour Symposium" (2002) in The Netherlands, humour is the shortest social distance between two people.
- According to McCloskey & Bulechek (1998), the definition of humour is to help the patient recognise and appreciate funny, amusing or ridiculous situations so that relationships can be built, tensions released and one can easier cope with difficult situations.

Dr. Barry Sultanoff, former president of the American Holistic Medical Association says "Laughing can be a time of intimacy and communication, a time where we totally can be ourselves and one can come close to humanity and vulnerability. By laughing together one can recognize each other's unity and one can experience this unity. This can be the best way to show our ability to give healing energy" (Ochampaugh, 2009).

Junction Humour (Glissenaar, 2002), describes humour as "a short circuiting in one's brain that leads up to spastic movements", in other words, laughter. What is life without laughter? There are times when it is perceived that humour is only for happy situations. However, humour has a role when times get tough and can help manage and improve the situation. Humour is a way of

communication, a coping mechanism. It gives people the opportunity to build relationships. It helps to put things into the right perspective so that one can better cope with the difficult and tragic moments. (Wooten, 2002).

What is a nursing intervention?

According to the Nijgh & Versluys (1997), a nursing intervention is every direct form of health care on behalf of a patient by a nurse. The nurse devises, plans and implements the interventions so that the objective is reached together with the patient. Implementation can be:

- **Using one's own intuition as a nurse**— The nurse uses his or her own intuition / feelings to decide what the best intervention is.
- **Using practical skills as a nurse.** Nursing is a practical occupation. It has been passed down from generation to generation.
- **Using your professional knowledge as a nurse.**
 - ⇒ **Generic knowledge:** the general knowledge that every nurse has to have no matter where they work.
 - ⇒ **Specific knowledge:** the knowledge that the nurse has when taking care of a specific group of patients and their specific problems.
- **Using the result of scientific nursing research:** The nursing science occupies itself with the question: "*What nursing intervention does really work?*"

By directing humour at a patient one uses one's own feelings and/or intuition to see if the patient is sensitive and receptive to humour. The question that has to be asked is if humoristic behaviour is part of the nursing attitude. It is not primarily part of one's nursing attitude this because one more often than not, has to be serious in dealing with the more serious matters of life. Humoristic behaviour can be a secondary part of professional attitude. There is a time and a place for both humouristic attitudes and serious attitudes. If only using humour, the risk is that no one takes you seriously anymore. Patients and family will start to address their questions to other colleagues.

Styles and levels of humour

Humour is the lubricant of society. It knows many different shapes: parody, satire, jokes, pranks, funny stories, double-meanings, cartoons and weird situations. Humour can be

Upside down.

William Osler: "Ask not what kind of a disease someone has but what kind of a disease the person has."

Absurd humour.

Giving someone a note which says "To take away."

Double-meaning.

The waiter says to a customer: "Do you like to eat wild?". And the response of the customer: "No, I like to eat in peace."

Grim humour.

Not suited for someone who is going to be hung.

Sick humour.

"Can you remove this cosmetic flaw?"
"Sorry, we don't decapitate."

A pun.

"Doctor, I'm having hallucinations."
"No, you are just imagining them."

Inside jokes.

Doctor is being urgently called away during his consulting hours: "Don't get better, I'll be back soon."

Present humour.

Only by laughing one can become immune to Mad Cow Disease.

Mockery.

"It's been a long time since I've seen you", says the blind man against an old friend. ⁽¹³⁾

A surprising turn.

"I bit my brother on his leg and then my tooth fell out of my mouth."

Table 2: (Above) Styles and levels of Humour, Truyen & Portael (1996).

distinguished in several styles and levels as outlined above in Table 2.

Humour is difficult to define. It is subjective. What one thinks is humourous, may not apply to another.

The Essence of Humour

Humour comes with certain physical consequences. These can be distinguished by physical, social, psychological, emotional and cognitive behaviours.

Physical

Humour applies physical laughter. A well known saying is that laughing is healthy. This is true because laughing involves the whole body: muscles, respiration, cardiovascular system, hormonal system and the immune system (Truyen & Portael, 1996). Muscles are being put to use during a fit of laughter.

This is evident and can impact on the jaw leading to sore jaw muscles and also the bladder muscle. Respiration speeds up and gets deeper, especially exhalation. This induces better lung ventilation and a higher oxygen blood level. Due to the deeper respiration the diaphragm pushes down on the bowels. These in turn are massaged and gives better peristalsis.

When laughing the heart frequency increases as does the blood pressure, which can even temporarily double! Eventually the blood pressure will drop to below the starting pressure. This increased blood pressure stimulates the brain, especially the hypothalamus, affecting hormonal levels and releasing endorphins, which improves over-all well-being. This can last up to two hours after the induced burst of laughter (Truyen & Portea, 1996). It is pain reducing, increases libido and has the same effect as anti-depressive medications. During laughter, immunoglobulin A level rises improving immunity to diseases (Lefcourt, 1990).

Social

Humour can make relationships easier. Humour can have a discharging effect on certain situations. It is often infectious and can give a feeling of unity. A group's bond can be enhanced by using humour and can also have an influence on certain members within a group. Humour can also reduce fearful emotions (Baks, 2002).

Psychological

Humour and laughter determines how things are seen and reaction to things that are experienced. Herbert Lefcourt, (1986), a well-known psychologist of the University of Waterloo Canada, has researched how the feeling of humour and the use of humour can change emotional reaction to stress. In his research, people were asked to look back to the previous six months. They had to look how much and how often stressful situations were involved in their life. At the same time negative humour disturbances were evaluated. Lefcourt scored and evaluated the test on use of humour, sense of humour, assessment of humour and the possibility to use humour and laughter in the lifestyle of the test persons. Results of this research have shown that the sense and the assessment of humour can possibly be a buffer zone against humour disturbances which occur after a negative life experience (Lefcourt, 1986 & 1990).

Emotional

Psychological humour has a great revitalising aspect. Humour can protect against extreme stressful situations. In other words, humour poses the strength to discover the comical side of a tragic situation. Humour can create an atmosphere of openness and freedom. It can also reduce anxiety because fear brings the body in a state of restless vigilance (Truyen & Portea, 1996).

Cognitive

Humour develops around the age of three years. How exactly this happens, is unclear. There has been little written on this subject. During a 2002 symposium, the anthropologist Prof. van Hooff explained that humour exists with extremely young children (from three months old). This develops during the interaction between the parents and the child. If parents show the child humour, then the young child will mimic this behaviour. When the child grows older he will give his own interpretation to the concept of humour. Children learn by mimicking their parents/guardians. Babies and children use humour and laughter to reduce anxiety, anger or pain. Humour is subjected to age, education, interest & preference, geographical position and culture. In 2012 a study was done by Mireault, Sparrow, Poutre, Perdue and Macke, 'The laughing babies study'. It came to the same conclusion as Prof. Van Hooff in 2002.

Humour and the taboo

When thinking of a hospital, most people have a certain image of serenity. Many people think for instance that when they are admitted to hospital, they have to lay down on a bed in their pyjamas. Many people also think that there is no place for humour in a hospital. It is not a joyous place (Glissenaar 2002). Jokes have a time and a place. Laughing should not occur when someone is ill or is in pain. There is almost a kind of taboo when it comes to humour and taking care of someone. Bogers (1997), pointed out that there was some resistance while organising a symposium and the use of humour. Prior to the symposium, a large group of nurses thought that it was unprofessional behaviour to use humour in hospital with patients. However, after the symposium a majority of this group were thinking differently. This was probably because there was a lot of publicity surrounding the potential benefits of laughter and making light of situations that are confronting. In 2002 Bogers organised another symposium on 'Humour & Taking care of someone'. At this symposium he concluded that humour

has already been more accepted than in 1997 but still had some way to go.

Nowadays many people think that there should be no taboo on humour in the hospital. Every person has the need to laugh and make fun, as outlined in Figure 1. At home, people laugh at humorous situations. So why is this frowned upon in hospital? Humour can be used in every situation – at birth and at death. Pick the time. One always has to take a look at the situation and if the person in question would benefit from humour.

The use of humour

Humour happens, often without conscious thought. There are times when humour needs to be a conscious thought. If you are

You may occasionally see us laughing, or even take note of some jest.
 Know that we are giving your loved one our care at its very best.
 There are times when the tension is highest.
 There are times when our systems are stressed.
 We've discovered humour as a factor in keeping our sanity blessed.
 So, if you're a patient in waiting, or a relative, or a friend of one seeing,
 Don't hold our smiling against us; it's the way we keep from screaming.

Figure 1: (Above): Poem by Wooten, 1998.

going to apply humour directly you have to consider a few points including:

- Is the patient receptive to humour?
- What kind of humour does the patient like?
- Determine how the patient usually reacts to humour (for example by smiling or by a burst of laughter).
- At what moment of the day is the patient the most receptive to humour?
- Don't make any jokes about sensitive subjects.
- Don't use humour around patients with a cognitive disability.
- Always pay attention to the reaction of the patient and if necessary stop the intervention.
- Always be on alert for the negative effect of humour for instance if someone doesn't like your kind of humour.
- Don't run on to the negative side of humour.
- Don't offend people by using your humour.

Humour can even be used in terminal care but this obviously requires a lot of sense and tact.

Humour, the practical side

The use of humour isn't for everyone. Humour is a quality one either has or has not – it is a quality that is hard to learn.

An example of humour in practice in The Netherlands, are the CliniClowns. The philosophy of the CliniClowns is relaxation, giving pleasure, make a positive contribution to overcome the difficult times during hospital admittance and make the stay in a hospital more bearable.

Everybody knows what a clown looks like - a red nose and a silly outfit, thereby creating a world with different standards and values. His reactions to this world are completely unjust, unnatural and unexpected. He is scared for certain things with no just cause. He cries when we think that he will start laughing and he is completely careless when it comes to danger. He is spontaneous and because the clown looks different to our world he often makes a fool of himself. The value of being neat and polite are completely the opposite in his world. The clown is part of a fantasy world. He's a magical figure with a freaky and eccentric appearance.

The clown makes sure that children during their hospital admittance forget their sorrows and let them be their normal healthy self. They laugh about the dumb, foolish helpless clown. Children step out of their role and help the clown thereby often feeling powerful and proud because they have helped someone. Adult patients also step out of their role if there is humour applied and can behave themselves as a normal healthy person (Truyen & Porteaal, 1996).

The use of humour during daily work gives people pleasure and energy. It reduces stress related to work and one can better cope with these situations. With humour people can put certain events in a better perspective. It is a coping mechanism. Humour can create a certain bond between people. In nursing such a bond is very pleasant if one can build it with a patient. This bond does not have to originate from the nurse but can originate from the patient.

Using humour on the ward requires certain pre-conditions. Such essential pre-conditions

can be:

- The whole nursing staff must apply humour together.
- Every member of the team has to decide for himself if he's going to use humour.
- Humour must not predominate.
- There has to be an open atmosphere on the ward.
- Collect and put together all humoristic situations on the ward so that you can tell them to the patients.

Humour, the research.

This research was done using a questionnaire and was held on three different wards. The wards were Neurology, General Surgery and Internal Diseases of a general hospital in The Netherlands.

The 75 questionnaires were distributed and 24 were returned. Of these 24, two were discarded as they were not correctly filled in. The results are arranged per question and several pie charts were made. In these charts the results are given in actual numbers as in percentages. The shortening 'WN' stands for 'Don't know', 'Ja' stands for 'Yes' and 'Nee' stands for 'No'. Question 2 and 8 are open questions and all other questions are closed (Yes / No / Don't know) questions combined with opinion questions.

Question 1: As a nurse it is unprofessional to laugh during my work about my work.

Many nurses replied that they don't mind laughing during their work. Also many nurses said that laughing can put things into perspective and it can create a comfortable atmosphere where patients can relax better and the bond between nurse and patient can prevail.

Answer: Yes: 9% **No: 82%** Don't know: 9%

Question 2: What is your definition of humour?

This was an open question. Many different answers were given. The following answers are the most common answers:

- If I can laugh about it. This can be an experience of oneself, self-mockery or jokes from a patient.
- A joke with a revitalising action.
- A means of communication to create a bond between the patient and the nurse.
- Sociability, to be happy.

- To anticipate humour, but never at the expense of the patient.

Question 3: Has, according to you, the implementation of humour an effect on the therapeutic environment?

Many of the nurses agreed with this question because it often creates a distracting and relaxing atmosphere. Some nurses even wrote that it can reduce the pain and stress with patients. Some wrote that humour has a revitalising aspect to itself and it can create a bond between the patient and the nurse. Others wrote a critical note here that said implying humour consciously was not going to lead to success due to the fact that it then would be forced humour.

Answer: **Yes: 82%** No: 9% Don't know: 9%

Question 4: I can laugh about myself and about some of the mistakes I made during my work.

The majority agreed.

Answer: **Yes: 64%** No: 27% Don't know: 9%

Question 5: Do you think it is possible to implement humour as a nursing intervention with a whole team on a ward?

Many nurses think it is not possible because humour is so personal. It often is spontaneous and is always dependable of what kind of bond you have with the patient.

Answer: Yes: 27% **No: 64%** Don't know: 9%

6: Humour and laughter are important and should therefore be admitted to the nursing plan.

Many nurses think these are moments of emotion and feelings. It should all be spontaneous and should not be forced and should therefore not be admitted to the nursing plan. However, they think that they should always try to create a favourable environment.

Answer: Yes: 9% **No: 77%** Don't know: 14%

Question 7: I worry that patients and family of the patients don't take my professional behaviour seriously if I act foolish and / or funny at my job.

Here there are various opinions. One half of the nurses think it is improper, while the other half think one can behave foolishly and/or funny at work. This half also says that even whilst using humour as an intervention, you should also always show your professional behaviour as well, so that the patient and the family see that you can also be serious and professional.

Answer: Yes: 41% **No: 50%** Don't know: 9%

Question 8: What is, according to you, humour as a nursing intervention?

Many different answers were given. Below are the most common answers:

- Nothing, it should happen spontaneously.
- It is no nursing intervention.
- To anticipate on the humour of the patient.
- At certain times to make a joke or to do something funny and to step out of the role of nurse and to be for a short period of time a human being.

Question 9: If I can laugh about my own problems this helps me to put this problem in the correct perspective and cope better with the daily stress of my job.

The majority agreed with this statement.

Answer: Yes: 68% No: 18% Don't know: 14%

Question 10: I share jokes and funny stories with my patients and their families.

The majority agreed with this statement.

Answer: Yes: 55% No: 27% Don't know: 18%

Question 11: Do you think that humour has an effect on the relationship between patient and nurse?

Almost every nurse thinks that humour has a positive effect on the relationship between patient and nurse. The nurse learns more about the patient's behaviour. The patient is happy when he sees the nurse again because he knows he had and will be having a good time with that nurse as a nurse as well as an individual.

Answer: Yes; 90% No: 5% Don't know: 5%

Question 12: When I'm stressed my sense of humour makes it possible to cope.

According to many nurses humour helps as a coping mechanism in response to stress. Nurses who answered this question with 'No' could not give an argument why they thought this way.

Answer: Yes: 63% No: 32% Don't know: 5%

Question 13: My executive manager encourages me to use humour at work.

The majority thought this not to be true.

Answer: Yes: 26% No:44% Don't know: 30%

Question 14: Together with my patients I try to laugh about their experiences.

Many nurses try to laugh with their patients so that the patient can forget his sorrows and/or his disease for just a moment of time so his life is just for a brief moment pleasurable and uncomplicated. Others think that it is dependable on the situation and the experience of the patient.

Answer: Yes: 68% No: 23% Don't know: 9%

Conclusion

The use of humour with a patient is a nursing intervention. It can be concluded that in theory and in practice, humour is an excellent nursing intervention and should be used as complementary care. In practice it is difficult to use humour as an intervention with every patient, because humour is an individual concept or emotion. One's humour, by definition, does not have to be another's humour.

If nurses are asked about humour as a nursing intervention, many will say that it is not attainable as a team but that the individual can use it for the total care of the patient. Humour, in its social context, improves the relationship between nurse and patient. Sometimes in using humour, the patient can better say what their feelings are so that the nurse can more fully understand.

Humour is not encouraged in some workplaces. Many aspects are responsible for this but one of the greatest aspects is that the executive manager of a ward is not receptive to humour. Another aspect can be that nurses think it inappropriate to use humour openly, laugh or behave silly when a patient or his family are present. They think it is unprofessional. Conversely, it can be seen that nurses are individuals and humour can be incorporated into patient care.

People usually define humour by jokes, pranks, happiness, laughing, funny stories, acting silly or foolish. However, there is more to it. Humour can be encouraged by dressing differently than other nurses. For example, wearing a red nose, like clowns or colourful socks or watches. This attire will brighten the room, maybe with a smile or funny verbal response. This is how you are spreading humour.

Using humour as a nursing intervention with a patient, some requirements need to be met such as:

- Check if a patient is receptive to humour and when they are the most receptive to humour.

- Check what kind of humour the patient likes.
- Determine how the patient usually reacts to humour (for example by smiling or laughter).
- Do not make any jokes about sensitive subjects.
- Encourage fun and playfulness.
- Always pay attention to the reaction of the patient and if you necessary stop the intervention.
- Do not use any humour if a patient has a cognitive disability.
- Humour should be used as a means to, and should not be used as the goal.

Recommendations

Implementing humour as a nursing intervention on a ward, requires some changes to the basic concepts on the ward. The concepts are:

- The whole nursing staff must know that humour may be applied on the ward.
- Every member of the team must decide for themselves whether or not they are going to use humour.
- Humour must not predominate.
- Humour should be used as a means to, and should not be used as the goal.
- Do not use negative humour.
- There has to be an open atmosphere on the ward.
- Do not use racial or dark humour.
- Approach the patient from a holistic point of view.
- Explain the necessity of humour to nurses and patients.
- React positively to the attempt to spread humour.
- Humour should not be used to profile yourself as a nurse. The patient must always be the central person.

Other humorous things:

- Collect and put together all humorous situations on the ward so that you can tell them to the patients.
- Select humorous materials for the patient, such as puzzles, games, cartoons, caricatures, videos or music
- Reduce environmental boundaries that are an obstacle for spontaneous humour.

- Draw a person's attention to the humour of certain situations or moments.

Considering these requirements, humour can be used as a nursing intervention keeping in mind however, that there needs to be a serious side as well.

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