

## HUMOR AS TOOL IN THE MEDICAL COMMUNICATION A RETROSPECTIVE QUANTITATIVE CROSS- SECTIONAL SURVEY IN HUNGARY

Orsolya MÁTÉ<sup>1</sup> – Attila Kovács<sup>2</sup> – Dr. Klára SIMON<sup>2</sup> –  
Henriette Pusztafalvi<sup>3</sup> – Annamária Pakai<sup>4</sup>

### ABSTRACT

**Objectives:** there is a question if humor is appropriate to use in official settings, especially in the hospital. The aim of this paper is to investigate the presence of humorous interactions between patient and nurses and patients and physicians.

**Methods:** a retrospective, quantitative, cross-sectional analysis was conducted with the help of a self-evaluated pilot questionnaire in the clinic of University of Pécs and St. Pantheon hospital, both in Hungary in 2019. (N=155)

**Results:** The majority of the patients reported (82%) that humour was a useful tool in difficult life situations in the hospital, although it helps to defeat only the low-level pain.

**Discussion:** humour should be a commonly accepted communicational tool in the clinical setting, the usage should be taught already in the graduate education for health care professionals.

### KEY WORDS

Communication, hospital setting, humour, patients, physicians, education

### INTRODUCTION

Humour is a phenomenon of our everyday's life. In the private setting, we live with it without any concerns. We use it under certain circumstances also in our workplace but what if we are working in the health care sector, as health care professionals? Is it appropriate to use the tools of humour even when we are together with sick or even with dying people? Humour is and should be no less the case in the medical profession.

The Association for Applied and Therapeutic Humour (AATH) defines "Therapeutic humour is any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life's situations" [1].

---

<sup>1</sup> Dr. Orsolya Máté PhD, ass.professor, Institute of Nursing Sciences, Basic Health Sciences and Midwifery Faculty of Health Sciences, University of Pécs, orsolya.mate@etk.pte.hu

<sup>2</sup> Attila Kovács, scientific coworker, Faculty of Health Sciences, University of Pécs, attila.kovacs@etk.pte.hu

<sup>2</sup> Dr. Klára Simon, scientific coworker, Faculty of Health Sciences, University of Pécs, klara.simon@etk.pte.hu

<sup>3</sup> dr. Henriette Pusztafalvi, ass.professor, Institute for Health Insurance Faculty of Health Sciences, University of Pécs, henriette.pusztafalvi@etk.pte.hu

<sup>1</sup> Dr. Annamária Pakai, PhD. habil, ass.professor, Institute of Nursing Sciences, Basic Health Sciences and Midwifery Faculty of Health Sciences, University of Pécs, annamaria.pakai@etk.pte.hu

<sup>4</sup> Dr. Annamária Pakai, PhD. habil, ass.professor, Institute of Nursing Sciences, Basic Health Sciences and Midwifery Faculty of Health Sciences, University of Pécs, annamaria.pakai@etk.pte.hu

The word “humour” has undergone many interpretations throughout history. Humour has been subject to research and philosophical reflections for centuries and has also been used for interventions in the health sector [2]. Most research has been conducted in paediatrics [3].

Apart from the health sector, humour interventions have also been investigated in the field of positive psychology [4, 5]. Some studies in medical settings were conducted with older people in nursing homes [6, 7, 8], cancer patients [9, 10] veterans [11], and patients suffering from depression [12]. Positive correlations have been reported on humour and laughter in relation to life satisfaction outside the health care setting [13, 14], and there is some evidence of a relationship between humour and health [15].

One of the more recent definitions mention it as an emotional state, a state of humour that may be more or less stable, and also as an expression of feelings that can promote well-being in a person [16, 17, 18].

The benefits of humour in people’s health and life are simply inevitable as follows: it promotes well-being; helps dealing with difficult and unpleasant situations; brings people together by levelling their roles; helps to share feelings; enables hope; promotes relaxation; reduces tension, stress and discomfort, and increases tolerance to pain and strengthens the immune system by increasing the activity of Natural Killer cells and increasing immunoglobulin levels [19, 20].

Although the medical professionals are aware of the positive side effect of humour from their nonprofessional life, they may have concerns to use it with the patients, as they have fears that the patients don’t want to be the butt of their physician’s jokes.

Surely there are many patients (and potential patients) who enjoy medical humour, or at least do not mind if they are the subject of a joke or two.

On the other hand, humour can improve the doctor-patient relationship and could help to build a partnership between the doctor and his patient, which has a positive effect on the patient’s compliance. In addition, the use of humour during treatments has a psychologically positive effect on patients. This makes it important for anyone who uses humour as a therapeutic tool to be aware of the limitations and different forms. In therapy, the humour in the doctor-patient relationship is not primarily used to improve the patient’s mood, but to support the healing process, as humour can make the first phase of a physician-patient relationship more friendly, which serves the compliance of the patients, helps to reduce the fears of the patient and supports the recovery.

According Pinna et al. [21] in the palliative care context the function of humour can be classified into three main topics: building relationships, as it improves relations between patient and family, patient and health professionals and between health professionals and families, leading to bonding, developing trust and providing more relaxed relationships, reducing levels of fear and distance between people, strengthening and consolidating therapeutic relationships: it allows the management of conflicts through communication and active listening of health professionals, being a channel to discuss complex issues, such as death, giving information and transmitting bad news; finally, it allows the expression of feelings, recognizing people as human beings and bringing humanity to the health professional. It facilitates the relationship with others, as it helps to foster the understanding of the person, of others and of oneself. The physical benefits from the use of humour are relaxation, pain reduction and it helps to deal with other symptoms, although it is an overall reflection to all parts of the medial context. It is only contraindicated in life-threatening conditions, such as shortness of breath or severe bleeding [22].

## Methods

For the retrospective, quantitative, cross-sectional survey the sample was collected in the clinic of University of Pécs and St. Pantheon Hospital, both in Hungary in 2019. 64 physicians and healthcare professionals and 91 patients participated in the study (n=155).

## The survey instrument

As no other already existing survey dealt with the information we were seeking, a questionnaire was created. Primarily those factors were identified, which had a determinate role in the using of humor in the hospital setting according to the international literature in the last 30 years written in English. The factors were evaluated in order to determine, which are considered at least by 80% of the examined studies as main factor in the using of humor. The most important factors were: the person who lived with the usage of humor, the person who received the humor, the circumstances, the situate background, the level of pain.

### Statistical analysis

For the analysis we used descriptive statistics (absolute and relative frequency) and Fisher exact test. The results were controlled by confidence intervals The results were considered significant if  $CI \leq 95\%$ .

### Results

The study involved 91 patients, 64% were female. 58% of the patients (n=91) were between 60 and 80 years and above, and 5% under 30 years. 24% evaluated their current health status as good, 51% as moderate, and 25% as bad or very bad. 62% of the patients found their current health status the same or better than a year earlier. 78% of the patients reported a level of pain. 45% of patients complained about anxiety and depression.

Humor has helped 80% of the patients in complicated life situations, and for 70% patients it was helpful also in difficult health situations. Nearly 100% of patients (87 out of 91 patients) agreed with the use of humour, and 77% of them have also experienced it during their hospital stay. Older male patients tend to make use more of the opportunities provided by humor (54%). Patients experienced the following forms of humor: telling jokes (25%), word-wits (49%), irony (27%), self-irony from the caregiver (20%), black humour (13%) and situational humour (14%).

Of the 64 health care professionals, 83% were female, with more than half of the professionals between 40 and 50. Only 6 health care professionals responded that humour had no place in health care. Of those who answered yes, 44 have also applied it, during which they laughed together with the patient in 39 cases (61%). Furthermore, 100% of health care professionals have experienced humorous acts on the part of the patient, which was most experienced in the older age group (91% in older male patients). It was also analysed from the perspective of the health care professionals, which forms of humour they prefer to use. The results were as follows: telling jokes 25%, word-wits 47%, irony 26%, self-irony 29%, black humour 7%.

According to 93% female and 45% male patients and health care professionals humor in the hospital setting was helpful during medical care. Based on the responses of the patients, it can be said that humor is 100% helpful in case of mild pain, while 100% of patients with severe/very severe pain report that humor has no effect on their situation. It can be stated that for patients with severe pain, humor is not applicable as an alternative analgesic method (Figure 1).

12th International Conference of J. Selye University  
 Sections of Pedagogy and Informatics

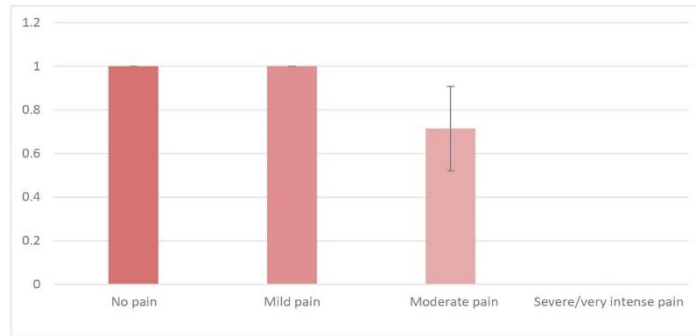


Figure 1. Connection between humour and pain

The patients who encountered humor during their hospital care, experienced humorous manifestations from nurses only in 77%, from physicians only in 50%, and both from nurses and physicians in 87% (Figure 2).

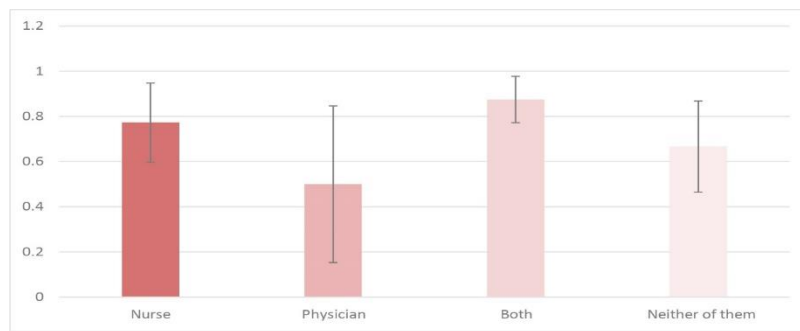


Figure 2. From who did you encounter the use of humour?

According to the patients, in 82% of humorous manifestations, it occurred that they were laughing together with the health care professionals. This result was 93% among the health care professionals (Figures 3 and 4).

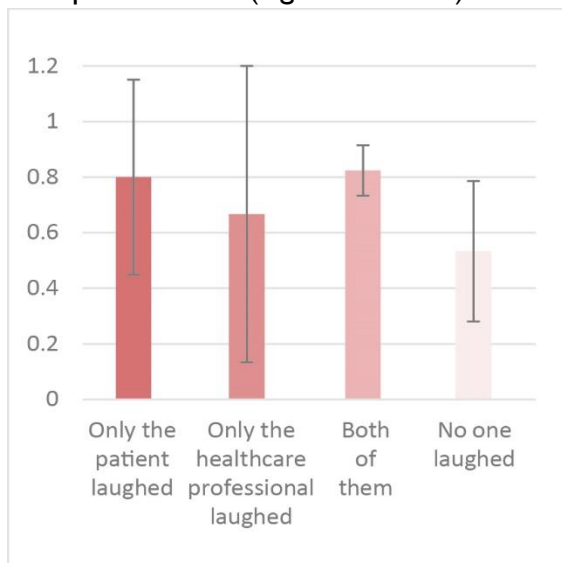


Figure 3. Rate of co-laughter based on patient responses

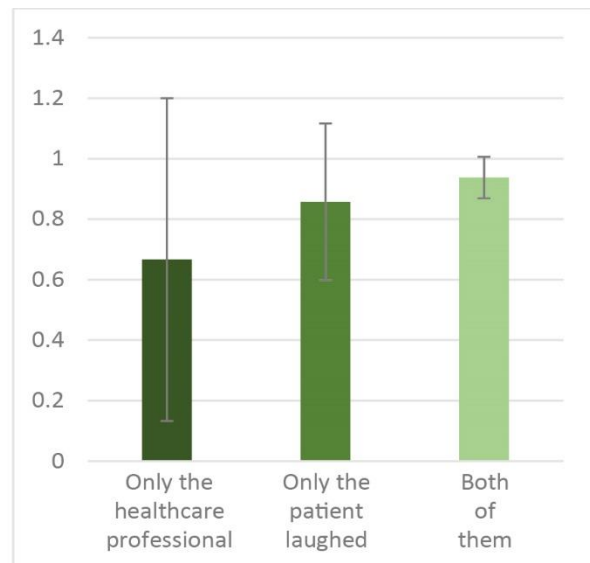


Figure 4. Rate of co-laughter based on the healthcare professionals' responses

Negative feedback was due to lack of understanding of the joke in 42%, the patient not being interested in humor in 40%, and due to the severe pain/poor psychological state of the patient in 29% (Figure 5).

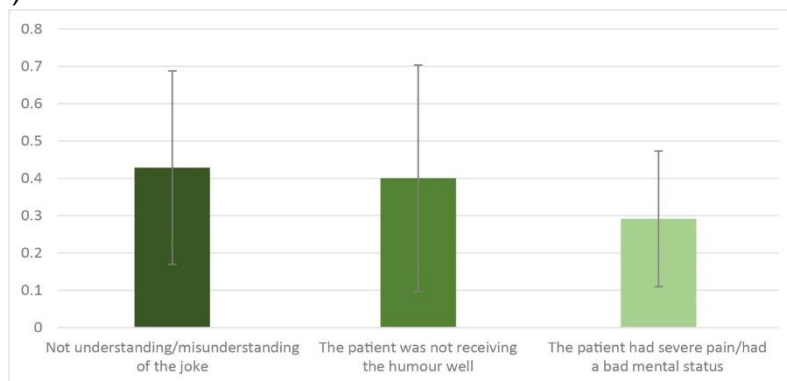


Figure 5. Reason of negative responses

## Discussion

Studies demonstrate that humour has a number of beneficial effects on the body, as well as on the memory among people with dementia [7], it is able to reduce anxiety in the perioperative phase [5], it reduces chronic pain [8], but humour and laughter can also help with COPD and other pulmonary problems [10,11]. Based on these facts, humour in therapy does not primarily serve to improve physician-patient relationship, but to accelerate the healing process [2].

The aim of our research was to observe the use of humor in Hungarian hospital settings, based on the studies which reported the positive effects of humor. Although humor has many positive effects, in many cases unfortunately this means of communication is treated as a taboo in health care, thus this research may also provide supplementary overview for those health care professionals who would like to include humor in health care.

It has been proven that humour has a positive effect on a person, not only in terms of his mood, but it can also lead to physiological and physical improvement.

During our research, we also found that, contrary to popular belief, patients and physicians/nurses laughed together more when encountering humor (82% according to patient responses, and 93% according to health care professionals). Furthermore, we also found that humour is applied in health care by older age groups.

## CONCLUSION

According to the results it can be said that both patients and health care professionals believe that there is room for humor as a means of communication in patient care. Appropriately applied humor not only could make the time spent in the institution more pleasant for those at all level of care, but it can also quicken recovery. The research reveals that it is mainly the older health care professionals and patients who try to make the time spent in the institution more pleasant by developing a lighter and more positive attitude. Based on this, it can be concluded that professionals realize how important humour is in everyday life and how much it contributes to creating a positive atmosphere as a result of many years of professional experience.

As the use of humour in Hungary is mostly studied among children and clown doctors, further research may be needed in the future which examine humour as a means of communication in relation to everyday care.

**BIBLIOGRAPHY**

- [1] Association for Applied and Therapeutic Humor (AATH). HOME: *What is therapeutic humor?* [Internet]. 2018 [cited 2019 Mar 03]. Available from: <https://www.aath.org/>
- [2] HULSE, J. *Humor: a nursing intervention for the elderly*. Geriatr. Nurs. 1994, 15, 88–90.
- [3] SRIDHARAN, K., SIVARAMAKRISHNAN, G. *Therapeutic clowns in pediatrics: a systematic review and meta-analysis of randomized controlled trials*. Eur. J. Pediatr. 2016, 175, 1353–1360. <https://doi.org/10.1007/s00431-016-2764-0>
- [4] RUCH, W., and HOFMANN, J. “A temperament approach to humor,” in *Humor and Health Promotion*, ed P. Gremigni (Hauppauge, NY: Nova Science Publishers), 2012, 79–112. <https://doi.org/10.1515/9783110804607-011>
- [5] RUCH, W., MCGHEE, P. E. “Humor intervention programs,” in *Handbook of Positive Psychological Interventions*, eds S. Schueller and A. Parks (Oxford: Wiley-Blackwell), 2014, 179–193. <https://doi.org/10.1002/9781118315927.ch10>
- [6] MATHIEU, S. *Happiness and humor group promotes life satisfaction for senior center participants*. Act. Adapt. Aging 2008, 32, 134–148. <https://doi.org/10.1080/01924780802143089>
- [7] GOODENOUGH, B., LOW, L.-F., CASEY, A.-N., CHENOWETH, L., FLEMING, R., SPITZER, P., et al. *Study protocol for a randomized controlled trial of humor therapy in residential care*, Int. Psychogeriatr. 2012, 24, 2037–2044. <https://doi.org/10.1017/s1041610212000683>
- [8] LOW, L., BRODATY, H., GOODENOUGH, B., HARRISON, F., JEON, Y.-H., HAERTSCH, M., et al. *Cluster randomised trial of humor therapy in nursing homes*. BMJ Open 2013, 3:2. <https://doi.org/10.1136/bmjopen-2012-002072>
- [9] ITAMI, J. *A trial psychosomatic treatment for cancer—meaningful life therapy*. J. Int. Soc. Life Inform. Sci. 2000, 18, 162–166.
- [10] VENTER, M., VENTER, C., BOTHA, K., and STRYDOM, M. *Cancer patients' illness experiences during a group intervention*. J. Psychol. Afr. 2008, 14, 549–560. <https://doi.org/10.1080/14330237.2008.10820234>
- [11] STEINHAUSER, K. E., CHRISTAKIS, N. A., CLIPP, E. C., MCNEILLY, M., MCINTYRE, L., and TULSKY, J. A. *Factors considered important at the end of life by patients, family, physicians and other care providers*. J. Am. Med. Assoc. 2000, 284, 2476–2482. <https://doi.org/10.1001/jama.284.19.2476>
- [12] SHAHIDI, M., MOJTAHED, A., MODABBERNIA, A., MOJTAHED, M., SHAFIABADY, A., DELAVAR, A., et al. *Laughther yoga versus group exercise program in elderly depressed women: a randomized controlled trial*. Int. J. Geriatr. Psychiatry 2011, 25, 322–327. doi: 10.1002/gps.2545
- [13] WILD, B., Rodden, F., GRODD, W., and RUCH, W. *Neural correlates of laughter and humour*. Brain 2003, 126, 1–18. <https://doi.org/10.1093/brain/awg226>
- [14] RUCH, W., HOFMANN, J., PLATT, T., and PROYER, R. *The state-of-the art in gelotophobia research: a review and some theoretical extensions*. Humor 2014, 27, 23–45. <https://doi.org/10.1515/humor-2013-0046>
- [15] MARTIN, R. *Sense of Humor, physical health, and well-being at work: a three-year longitudinal study of Finnish police officers*. Humor 2004, 17, 21–35.
- [16] JOSÉ HM. *Resposta humana ao humor: humor como resposta humana* [Internet]. Loures: Lusociência; 2010 [cited 2019 Mar 03].
- [17] SOUSA LM, CARVALHO ML, SANTOS CF. *Tipos de humor utilizados na prestação de cuidados pelos enfermeiros num serviço de Ortopedia*. Enformação [Internet]. 2015 [cited 2019 Mar 03]; 6:13-9.
- [18] SOUSA LM, JOSÉ HM. *Benefícios do humor, na saúde: revisão sistemática da literatura*. Enformação [Internet]. 2016 [cited 2019 Mar 03]; 7:22-32.

- [19] HAYDON G, RIET PV. *A narrative inquiry: how do nurses respond to patients' use of humor?* Contemp Nurse [Internet]. 2014 [cited 2019 Mar 03]; 46 (2):197-205. <https://doi.org/10.5172/conu.2014.46.2.197>
- [20] TREMAYNE P. *Using humor to enhance the nurse-patient relationship.* Nurs Stand [Internet]. 2014 [cited 2019 Mar 03]; 28 (30):37-40.21. <https://doi.org/10.7748/ns2014.03.28.30.37.e8412>
- [21] PINNA MÁ, MAHTANI-CHUGANI V, SÁNCHEZ CORREAS MÁ, SANZ RUBIALES A. *The use of humor in palliative care: a systematic literature review.* Am J Hosp Palliat Med [Internet]. 2018 [cited 2019 Mar 03]; 1:1049909118764414.
- [22] GYÖRFI A. *A humor farmakológiája és kvantum humordinamika alapjai* Orvosi Hetilap, 2014, 152 (32), 1255-1258