Over the past few decades, increasing evidence has shown the beneficial effects of humor. The use of caregiver-initiated humor as an intervention in healthcare settings has both physiological and emotional benefits. Little has been written, however, about another very important aspect of humor, patient-initiated humor. When patients use humor to relieve their feelings of stress, uncertainty, or embarrassment, they are trying to communicate with their caregiver. This use of humor by patients is not to “make light” of the situation, but rather a way to reduce their feelings of dehumanization. Humor is an interactive process of sharing and an important aspect of communication. Patients will observe the caregiver for a

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response. An open, accepting response signals understanding; a negative or null response, however, may serve to isolate the patient. The guidelines discussed in this article for recognizing, interpreting, and responding to patient-initiated humor will help home care and hospice nurses to foster increased open patient-caregiver communication and create a supportive humanistic atmosphere for patient care.
Ated and used appropriately by healthcare professionals, has been shown to relieve stress for patients and families (Wanzer et al., 2005). There is, however, another side to humor in healthcare that is seldom acknowledged in research or in practice, which is the spontaneous humor initiated by the patient, without initiation or intervention by the care provider. Both types of humor—humor initiated by a nurse (caregiver-initiated humor, CIH) and humor initiated by the patient (patient-initiated humor, PIH) can provide relief from stress, provide an outlet for emotions, and serve to break down communication barriers (Nezlek & Derks, 2001).

The following discussion introduces guidelines for nurses to recognize, interpret, and respond to PIH. For home healthcare nurses and hospice nurses caring for patients in their own environment or in hospice care settings, supporting the patient’s use of humor will help to (1) reinforce the patient’s control of his or her situation, (2) establish open communication lines, and (3) strengthen the therapeutic relationship between patient and nurse. A brief overview of the background and the application of humor in healthcare provides evidence of the importance of humor.

**Background of Humor Benefits**

Although the efficacy of humor cannot be explained by any one theoretical concept or definition, the use of humor has been recognized as beneficial to both physiological and cognitive health. Freud (1916) described humor as a catharsis acting on the body and facilitating discharge of negative emotions in the face of hardships of everyday life. Koestler (1964) further supported this dual effect of humor by suggesting that when order is disrupted by occurrences that are inconsistent with our expectations, humor is used to bring together two disparate concepts. This approach to understanding humor incorporates both the context of a situation and the type of individual involved in the behavior. It is a holistic view of humor and displays a common denominator in which humor is essentially seen as an individualistic occurrence with spontaneous expression to bring two opposing feelings into one tolerable moment.

Extensive research about the use of humor as an applied therapeutic intervention has suggested both cognitive and physiologic benefits (Du Pre, 1998; Johnson, 2002; Robinson, 1991, Wanzer et al., 2005). Humor has been shown to increase lung capacity, strengthen abdominal muscles, produce endorphins in the brain, and increase immunoglobulin A, which is one of the major antibodies produced from the immune system (Martin & Dobbin, 1988). Emotional responses to humor include improved therapeutic relationships, reduced
resistance to help, and release of hostile feelings, as well as relief of stress, anxiety, or embarrassment during episodes of care (Abel, 2002; Adamle & Ludwick, 2005; Pattillo & Itano, 2001; Robinson; Wanzer et al.).

When Adamle (2001) was studying interactions between patients and nurses in hospice settings, she identified an aspect of humor seldom discussed in clinical research: PIH. She observed that PIH was a prevalent phenomenon, occurring in more than 70% of observed interactions. PIH was spontaneous, situational, and occurred without prompting by nurses. When hospice patients interacted with nurses, they did not tell jokes, but rather engaged in humorous banter relative to the situation. They used puns, exaggerations, absurdities, and teasing as a way of communicating. It was through humor that patients expressed inner feelings of still being alive and gave personal meaning to their remaining life as it related to the hospice situation. Du Pre (1998) called this “conversational humor” and “verbal play.” These playful interactions divulged a serious attempt against dehumanization and served as a way to improve quality of living during the patient’s final days (Adamle, 2001; Adamle & Ludwick, 2005).

PIH facilitates some amount of control in a patient’s thoughts and behaviors during stressful times. Humor helps patients to place things in proper order and often puts a different perspective on a problem; for example, disarming a threatening problem by establishing rapport in a nonthreatening atmosphere (Adamle, 2001; Adamle & Ludwick, 2005). For the patient, humor decreases surrounding medical isolation, transforms the situation into more familiar context, and encourages a response that will establish rapport and provide balance on the communication scales (Wanzer et al., 2005).

Guidelines for Responding to Patient-Initiated Humor

Adamle (2001) found that very few nurses involved in patient-nurse interactions responded to PIH. And yet, humor is an important adjunct in all phases of communication. When patients initiate humor during interactions with nurses, it brings personal attitudes into the serious world of healthcare and invites nurses to respond and establish common ground with the patient. This is especially true in home healthcare when patients are in their own, but often drastically changed, home environment. For home care and hospice patients, being able to personalize the nurse-patient interactions with their own humor fosters some measure of patient control in the face of a situation where they have little control over their outcome (Adamle, 2001).

Recognizing, interpreting, and responding to appropriate humor is a challenge; it takes experience and comfort from others’ expressions of humor. The subjective aspect of humor plays a major part in the recognition, interpretation, and reception of humor. Therapeutic and supportive responses to PIH differ in each situation, often depending on the timing and the type of individual involved in the interaction. There are, however, some basic guidelines to help nurses begin to become more aware and responsive to their patients’ humorous remarks. These include (1) recognizing when humor is initiated by a patient; (2) interpreting the purpose of the humor; and (3) responding to the patient’s initiation of humor. The guidelines below provide a decision-making process for nurses who encounter PIH. Following the guidelines, two brief scenarios illustrate application of the recognizing,
Guidelines for Recognizing, Interpreting, and Responding to Patient-Initiated Humor

1. Recognize

Recognize humor attempts by the patient. Awareness of appropriate humor is essential for it to be beneficial during patient care. This is seldom an outright joke, but is rather a pun, teasing, or light banter (e.g., conversational play).

Recognize the objective (what is said) and the subjective evidence (facial expressions, gestures, and body language) of humor use; that is, verbal and nonverbal.

Recognize if the patients are poking fun at themselves. This is one of the most common ways people use to lighten a tense situation. Humor initiation may also indicate that the patient really sees humor in the situation and wants to share it with the nurse.

Recognize that there may be differences between your thoughts about what is humorous and your patient’s beliefs about humor. When a patient initiates humor, it may be beneficial to him/her, even if you do not “see” the humor. Accepting the patient’s personal expression of humor signals support and opens the path for improved communication.

Recognize that although humor is a universal concept, there are cultural variables or norms that determine the appropriateness of the timing, the content of humor, and who is present in the situation. Ethnic differences and backgrounds influence the kind of humor that is acceptable in a particular situation. In some cultures, humor or even teasing is inappropriate between genders; in others, humor in the presence of a care provider may be considered inappropriate. There are also differences in the approach to humor that are generational.

TIP: In general, when patients initiate humor, they are likely expressing their cultural acceptance of humor in that situation.

2. Interpret

Interpret the patient’s attempts at humor. Assess the situation in which humor is occurring. Be sensitive to the situation. Humor during situations when the nurse is giving care may often be used to “cover-up” feelings of stress or embarrassment.

Humor is very individual; what is funny to one person may not be funny at all to another. What is hilarious to one generation may not be understood or perceived as funny to another. Humor is an expression of one’s own uniqueness and an individual situation.

TIP: Appreciating humor requires knowledge of the setting, the situation, the culture, and the events taking place. This is the paradox of humor; it may differ greatly according to the players and the situation.

Interpret whether the patient is laughing at him/herself or another person during stressful situations; if the humor is being used as a “put down” toward a specific other; or if the humor is a sign of, or liable to cause alienation, hostility, or harm.

TIP: Interpreting the patient’s humor requires identifying the patient’s perspective of the situation; patients may use humor to communicate healthy adjustment to a stressful incident or they may be using humor to indicate that they need more time or help to relieve anxiety, hostility, or stress.

Interpret the appropriateness of the patient’s use of humor. Appropriate use of humor can be therapeutic: relieving stress, embarrassment, or anxiety. It can serve to increase communication and reduce the “distance” between patient and caregiver.
Some forms of what seems to be inappropriate humor may indicate denial or an effort to avoid the truth/reality; this may not always be inappropriate, but rather may mean that the patient needs more time or better coping mechanisms for accepting the situation.

Inappropriate humor, especially with demeaning overtones, may indicate attempts at belittling self or others, or vindictiveness that needs to be addressed.

**TIP:** Humor can be nonproductive or harmful if it is inappropriate. Understand the intent or purpose of the PIH. Consider whether accepting the patient’s attempts at humor will help or harm your patient/nurse relationship. Consider whether the humor is appropriate for positive outcomes in relation to the situation. Interpretation will guide your response.

3. Respond

Respond to appropriate PIH in a manner to facilitate interactive communication.

Humor is an interactive process of sharing between two or more people that helps to “lighten the load” of the current situation.

If there is no response, then there is no sharing. This does not mean that the nurse has to exchange jokes with a patient. Nor does it mean that all expressions of PIH require hearty laughs. Often, a smile that indicates acceptance and understanding is all that is needed. A verbal response that is guided by the patient’s humorous comment does not need to be lengthy or detailed, but it does need to indicate an understanding that will keep the lines of communication open.

Just as the nurse will often recognize a patient’s humor by the expression on his/her face, so does the patient watch the nurse for facial expressions and tone of voice when responding.

**TIP:** Responses to appropriate PIH may well “set the tone” for future interactions between that individual patient and the individual professional and they may also set the tone for future patient-professional interactions. If the response appears to negate the patients’ efforts—their self-expression—they may feel stifled, frustrated, powerless, and unwilling to try again for fear of negative responses.

Patient-Initiated Humor: “The Bionic Woman”

Mrs. Slater, a 53-year-old lady with terminal breast cancer, was discharged from hospital to home hospice care with two infusion pumps. Nurse Amy was making a first home visit to evaluate the patient situation and ascertain appropriate pump function and pain relief. Mrs. Slater sat in a large upholstered chair in the living room with one pump on each side of the chair. After introducing herself and explaining the purpose for her visit, Amy said she was going to check the infusion pumps. Mrs. Slater remarked: “You know, I feel just like a bionic woman with all this fancy equipment attached to me. I wonder if I could leap tall buildings.”

**Recognition**

Patient is smiling and waving her hands at the pumps. She is watching Amy for her reply. No sign of pain or discomfort. Her voice is light; she does not sound depressed. She is not denying anything.

**Interpretation**

Patient is trying to relieve tension and lighten the atmosphere with humorous banter.

**Nontherapeutic Response**

Amy, with no eye contact and matter-of-fact “professional” voice, responds: “I’ll just look at these pumps now and see that they are working correctly. Are you having any pain?”

**Supportive Response**

Amy, with smile, eye contact, and light tone of voice, responds: “Well, I’ll be your mechanic and check this equipment for you and then we’ll discuss any plans you have for leaping.”

**Result**

From then on, at every visit, Mrs. Slater referred to Amy as her “mechanic.” When she was close to dying and needed a nurse for much of the day, Mrs. Slater told her husband that she wanted her “mechanic” to care for her. As her time came close, Mrs. Slater said to Amy, “Well, mechanic, I think I am going to take that big leap pretty soon.” Amy’s response: “I’ll be here to see you take off.”
George was a 65-year-old gentleman, receiving infusion chemotherapy every 3 weeks. When John, a new home care nurse who had not seen George before, asked how George was doing, George replied: “Well, there’s good news and bad news. The bad news is that the price of gas and a haircut are going up.” Then George smiles and says, “The good news is that I’m going to be bald and won’t need those expensive haircuts.”

**Recognition**
John noted that the patient’s facial expression was not distressed and appeared relaxed. However, he was running one hand over his nearly bald head almost absent-mindedly during their entire conversation, and when he made his “good news, bad news” remark, he turned his head away from John.

**Interpretation**
The alopecia is important to George, and he is using humor to acknowledge the obvious change in appearance. This may be a way of using humor as an indirect way of asking about the baldness.

**Nontherapeutic Response**
John making no response to acknowledge George’s comment, or John, with no eye contact, just said, “Yes, the cost of many things does keep increasing.”

**Supportive Response**
John, making eye contact, in a light kidding voice, responded: “You know, this might relieve you of paying for haircuts now, but don’t start spending all that saved money yet! Your hair will grow back when the treatments are done and then you’ll have to get haircuts again.”

**Result**
George knew that John recognized his question, even if it was said in a humorous way, and George had an answer to his question. A rapport was set up between John and George; George knew that John understood what he was saying/asking.

**Conclusion**
Humor is not for everyone and not all healthcare situations involve humor. However, recognizing appropriate humor is an important aspect of therapeutic communication. When patients initiate humor in a healthcare situation, it is evidence that they are trying to communicate their feelings to others. Initiating humor allows the patient some control, and some way to cope and help balance the situation.

Nurses who can recognize, interpret, and respond to humor will display qualities of empathy, humanness, and understanding of the patient’s needs. As Metcalf said, “Humor is not just a joke. It is a perspective and a skill. When you cease to use it as a caregiver, you cease to be a part of the caring process and become part of the illness.” (Metcalf, 1987, p. 21). What is important is to recognize beneficial and appropriate uses of humor.

When nurses care for patients in the patient’s home or hospice settings, they may not be comfortable with PIH; these settings differ from the traditional “hospital” setting, where lines of status and communication are clear between the patient and the healthcare professional. The guidelines presented will help to foster more comfort with PIH in any healthcare setting, especially in home care and hospice. Nurses who are comfortable with recognizing PIH, interpreting the purpose and appropriateness of that humor, and responding to PIH will increase communication in a manner that is therapeutic and supports the patient in a holistic manner.

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REFERENCES


