Nursing Praxis in Aotearoa New Zealand

Original Research / He Rangahau Motuhake

Humour: A purposeful and therapeutic tool in surgical nursing practice

Te Whakakatakata: He taputapu hāngai, whakaora tangata i ngā mahi tapuhi tiaki tūroro

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Abstract

Humour builds rapport and establishes relationships. However, nurses need to understand when the use of humour is appropriate, and how it can be beneficial in practice. Greater understanding of humour use within nursing is needed as literature offers contradictory advice. Therefore, nurses may be hesitant to deploy humour, potentially missing opportunities to deliver more effective care. A key driver for this study was the lack of evidence-based guidance about nurse humour use. A qualitative descriptive methodology was used to explore how registered nurses working in a surgical environment determine when and how to use humour with patients. Nine registered nurses working in a surgical ward within a tertiary hospital in Aotearoa New Zealand participated in group or individual semi-structured interviews. Data were analysed thematically with three themes identified: assessing openness; building a connection; and protection against vulnerability. Humour was identified as a significant feature of surgical nursing practice; nurses used humour purposefully and with careful consideration. Decisions to use humour in practice

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Ngā ariā matua

Tā ngā mahi whakakatakata he tuhono i te tangata, he whakamahana i ngā here. Ahakoa tērā, he mea nui kia mārama ngā tapuhi ko ēhea ngā wā tika mō te whakakatakata, me pēhea hoki e tika ai tōna whakamahinga. He tika kia mārama kē atu te ao ki ngā mahi whakakata i roto i te ao tapuhi, inā hoki, he taupatupatu ngā tohutohu o ngā pukapuka mātanga. Na konei ka hopohopo ngā tapuhi ki te whakakatakata i te tangata, me tō rātou kore e kite i ngā wā e pai ai te whakakata. Tētahi o ngā pūtake matua ko te kore aratohu i takea mai i te taunakitanga mō te whakamahinga whakakatakata a te tapuhi. I whakamahia ētahi tikanga whakaahua kounga hei tūhura he pēhea nga tapuhi rēhita i whakatau ai, i roto i te horopaki poka tinana, i te wa tika hei whakakata i te tangata. I whai wāhi ētahi tapuhi rēhita e iwa e mahi ana i tētahi taiwhanga poka tinana i tētahi hōhipera tuatoru i Aotearoa ki ētahi uiuinga āhua ōkawa, he mahi ā-rōpū ētahi, he takitahi ētahi. I tātaritia ā-kāweitia ngā raraunga i te taha o ngā tāhuhu e toru i te tohu; te whakapūmau i te noho tuwhera; te hanga hononga; me te parenga ki te whakaraerae. I tohu te whakakatakata hei āhuatanga nui i te ao o te tapuhi tiaki tūroro poka tinana; i āta whakamahi mārire i ngā mahi whakakata. He mea arataki ngā whakatau ki te whakamahi i ngā mahi whakakata i runga i ngā tohu

were guided by patient cues and informal nurse-initiated assessment. Nurses used humour to connect quickly with patients to address perceived physical and emotional stressors inherent in the surgical environment. Humour enables nurses to establish therapeutic relationships in the surgical context.

mai i ngā tūroro, me te aromatawai ōpaki nā te tapuhi i tīmata.I tahuri ngā tapuhi ki te whakakata i te tangata kia kaha ake ai rātou i raro i pēhitanga ā-kiko, ā-ngākau e whakararu nei i te tangata i te horopaki poka tinana. Tā te whakakatakata he whakawhanaunga atu ki te tangata, me te whakapiki anō o te oranga ngākau i roto i te horopaki poka tinana.

Keywords / Ngā kupu matua

communication / whakawhiti kōrero; humour / whakakatakata; person-centred care / atawhainga aro ki te tangata; qualitative description / whakaahuatanga kounga; surgical nursing / tapuhi poka tinana; therapeutic relationship / whakawhanaungatanga whakaora

Introduction

Current healthcare environments are challenging. High patient-to-nurse ratios, increased acuity, and limited resources can impact on the delivery of personalised nursing care (McCormack & McCance, 2010) causing the nurse-patient relationship to suffer (Jangland et al., 2011). Humour is one strategy to help build and maintain nurse-patient relationships, even in challenging environments. Indeed, patients view nurses who initiate or reciprocate humour as friendlier, easier to communicate with, and as providers of higher quality care (Tanay et al., 2014).

Although humour is part of everyday conversations, the significance of humour within nurse-patient interactions has, until recently, been poorly understood or dismissed (Dean & Major, 2008). Robert and Wilbanks (2012) aptly note that "humor's pervasiveness in human interaction blinds us to its existence, importance, and influence" (p. 1093). Consequently, the awareness of nurses utilising humour in practice has been gradual and there is little nursing research examining how and when nurses should use humour (McCreaddie & Wiggins, 2008).

Use of humour in nursing practice has been researched in speciality areas such as intensive care and oncology departments (Adamle et al., 2008; Dean & Major, 2008), but there has been scant exploration within more generic ward areas such as surgical wards. This omission is important as surgical advances have resulted in faster patient throughput, although the psychological support required for patients remains relatively unchanged (Mitchell, 2010). Therefore, identifying how surgical nurses use humour in this unique context provides the opportunity to bring understanding as to how nurses build therapeutic relationships in fast-moving and sensitive environments (Jangland et al., 2018).

Aim

The aim of this study was to investigate how, when, and why surgical nurses use humour with patients. This paper reports on a qualitative study undertaken in Aotearoa New Zealand that explored nurses' use of humour in a surgical setting.

Methods

Study design

To obtain an in-depth and foundational understanding of how and why nurses use humour in their clinical

practice, a qualitative descriptive approach was used. Without needing to analyse the data using a prescribed theoretical or interpretive lens, qualitative description stays close to the data, providing a comprehensive summary of the phenomenon using everyday language (Kim et al., 2017; Sandelowski, 2000).

Study participants

The setting for the study was a single site, tertiary hospital in Aotearoa New Zealand. Participants were registered nurses working in surgical services within two ward settings: a general surgical ward (including vascular and ophthalmology) and a peri-operative Surgical Day Stay Unit (SDSU). The 36-bed general surgical ward had an average five-day stay and the 18-bed SDSU area offered a maximum of 24 hours post-surgical stay. Inclusion criterion was current employment as a registered nurse within either ward setting. Participants were recruited through purposive and snow-ball sampling. Participants were all employed in the surgical services and had worked in surgical nursing for a minimum of two months. Nine registered nurses (RNs) participated. All were female and came from various ethnic backgrounds, identifying themselves as either Māori, Indian, Scottish, New Zealand European, or Filipino.

Data collection

Group interviews and single interviews were used to collect data. Group interviews included two to three participants, enabling comparison of views during data collection, whilst providing an opportunity for participants to share ideas, and reflect on the views of others (Denscombe, 2014). Single face-to-face interviews were also offered. This context fosters an environment additionally conducive to establishing trust between the researcher and participant and therefore creates an opportunity to capture sensitive or controversial information (Denscombe, 2014). To inform data collection, semi-structured questions were developed from the literature, with probes used to gather more detailed information (Carey, 2016). Questions were piloted with three expert clinical nurses prior to data collection. All interviews were held either in a small on-site meeting room or a venue of the participant's choice. Written consent was obtained. All interviews were audio-recorded and then transcribed. Seven interviews in total were conducted with a duration of 22 to 34 minutes.

Ethical considerations

This research was assessed as low-risk and approval granted from Victoria University of Wellington Ethics Committee (ref. no. 24799). Permission was also secured from the local research governance bodies and key stakeholders. Ethical principles of informed consent, confidentiality, and beneficence were maintained. Patient information sheets and consent forms provided information about the nature of the research and clarification about risks of participating. Participants' confidentiality was protected by assigning a unique identifying number to each participant (RN 1 - RN 9).

Data Analysis

Thematic analysis was undertaken and guided by Braun and Clarke's (2006) six-step framework. Following verbatim transcription of the data, reading and re-reading of the transcripts occurred. Patterns and relationships relevant to the research question were identified and initial codes developed. While the sample was small, data saturation became evident when no new codes were developing and there was an associated increase of the same codes recurring (Fusch & Ness, 2015). Codes were then grouped into sub-themes and themes, based on connections and variations in the data. Data analysis findings at all levels were discussed amongst the research team for accuracy and relevance. The first author maintained a research journal, adopting a reflexive stance to maintain rigour. Triangulation occurred in the data interpretation phase through comparing findings

Table 1: Key themes from the data of use of humour by surgical nurses

Protection against vulnerability	Patient vulnerability
	Nurse vulnerability
Assessing openness	Patient initiated cues
	Nurse initiated assessments
Building a connection	Creating a partnership
	Creating a shared understanding

with existing literature. Investigator triangulation, with all authors reviewing codes and themes, was also employed to provide a consistency and rigour to the findings.

Findings

Three themes were developed from the data about how surgical nurses use humour in practice: protection against vulnerability, assessing openness, and building a connection (Table 1).

This study identified that surgical nurses consciously and purposefully used humour with patients. Within the surgical environment, humour enabled nurses to work with the physical and emotional vulnerability experienced by both patients and nurses. Nurses understood that humour is a tool that can aid communication, alleviate fear, and provide comfort to patients in a foreign surgical environment. Humour was used purposefully within nurse-patient relationships to facilitate these varied functions.

Protection against vulnerability

Nurses described using humour as one tool to help moderate the stressful effects of surgery, provide comfort, and ameliorate the vulnerability of patients (patient vulnerability), whilst also providing nurses with an escape from the realities of the surgical environment (nurse vulnerability).

Patient vulnerability

Nurses described how the surgical environment and surgical procedures caused anxiety and tension for both family and patient. Nurses explained how they used humour to distract patients from worries and anxiety, and help the patients relax:

> *People going for big surgeries, they come through [the clinical area] all of the time and you can tell that the family are nervous and they are nervous, so just bringing in a bit of humour and a bit of a laugh just makes them forget about it for a split second or makes them have that better experience going into theatre.* [RN 2]

Nurses' acknowledgement of the patient's anxious feelings and attempts to mitigate these through humour use helped develop a shared understanding between the nurse and the patient. Nurses articulated that patients deserved respite from frightening situations, and humour could achieve this goal:

> *The more serious the situation I think the more necessary sometimes humour can be.* [RN 3]

Nurses also mentioned their perception that patients feel physically vulnerable, which can manifest as embarrassment. Humour was viewed as a way to address this vulnerability:

> *They've been urinary and faecally incontinent and they are apologising for messing their beds*

and having to do all this and I'm always like "I don't do the washing." [RN 6]

Nurses discussed how patients in this vulnerable state sometimes 'lose' themselves. Humour helped patients regain a sense of self and some degree of normalcy:

Because in everyday life we use humour and you go put someone in an incredibly stressful situation, and if all of a sudden there is no humour … and why should we not treat patients like the people that they are just because they are in a gown? [RN 7]

Providing humourous moments allowed patients relief from the vulnerabilities they faced in a surgical hospital environment.

Nurse vulnerability

Nurses within a surgical environment were required to care for patients who had complicated physical demands or had life-threatening diagnoses and prognoses. This context was distressing for nurses, who shared how they used humour as a shield to prevent the patient from recognising that they were upset about the patient's situation:

You could be joking to make yourself feel better about their bad situation … actually, I'm not coping with what's happening so I'm going to joke as well to just hide the fact that, "I'm heartbroken for whatever is happening to you, and I don't want to cry". [RN 5]

Nurses used humour to distance themselves from their own painful emotions, not in a way to minimise or dehumanise the patient. To the contrary, nurses described how nurse-to-nurse humour allowed them to remain functional and continue meaningful interactions with patients:

When you're in a really busy pod and you're just really stressed out, someone joking with you when you are on the verge of tears basically does perk you up a little bit and you are "Okay cool, fine, I can get back in there", so it puts yourself in good spirits and 'cos you're feeling better and you've just had someone joke with you in the hallway which has put a smile on your face, that smile goes to the next patient and whatever you have pulled out of that room isn't going to come with you to the next patient. [RN 5]

Nurses also described that using humour with patients in times of stress enabled them to project a face of calm, even when they might be panicking:

[Humour] will relax us and bring the tension down and then we can do the job very calmly without flapping around. [RN 8]

The benefit of humour in addressing both patient and nursing vulnerability was clear.

Assessing openness

Nurses explained the ways they assessed whether or not to use humour by using patient-initiated cues and informal nurse-initiated assessments. Nurses used these in combination to decide the risks and receptiveness to humour use in patients.

Patient-initiated cues

All the nurses interviewed described looking to patients for cues that humour could be used in their interactions. These cues were key factors guiding choices around humour use. Nurses revealed that they looked for these cues, which were often non-verbal, from the moment they saw the patient:

When you see them, when they come through the examination room, they usually smile, uh, sometimes you know they're open [to humour]. [RN 4]

Patient demeanour and non-verbal body language helped nurses determine if the patient was potentially open or closed to humour use:

So if they are already turning away like, "I don't really want to engage with you", then you are

> *like, "Ah ok, maybe I'll just be normal at this point.* [RN 5]

Patients' verbal cues were also used to determine humour use:

> *When you introduce yourself, you can just tell, they are already sort of like chuckling, and being really friendly and open to chit-chatting, as soon as they sit down.* [RN 2]

Patient-instigated humour was therefore an indicator that the nurse's use of humour would be appropriate and appreciated: "It has to be them [the patient] instigating often'' (RN 3). However, further informal nurse-initiated assessments were made to minimise the risk of reading the cues incorrectly.

Nurse-initiated assessments

Nurses described a range of informal assessments undertaken to determine whether it was appropriate to use humour in their practice. Nurses described 'testing the waters' to confirm if their decision to use humour was correct. This step took the form of the nurse making a humourous comment and assessing the patient's response:

> *If you do say something funny or try a joke or whatever and how they respond, that's how you know whether you should back off or whether you should keep going.* [RN 9]

Nurses outlined that if they misjudged the situation, there was a risk the relationship with the patient could be damaged:

> *It can be seen as unprofessional … they might think that you are a little bit too relaxed and not, you know, taking things seriously and you know obviously their health is ultimately very serious.* [RN 9]

Nurses were very aware that using humour was meant to be beneficial to patients, and this was only possible if the situation was assessed correctly. Reading the room for cues from others who were present, such as family members, was also highlighted:

> *Sometimes a daughter is there with the father and she'll just take it so lightly and they start to joke, "Oh look at your hat [surgical cap], oh it's so funny".* [RN 8]

Cultural sensitivity and nurses' awareness of potential taboo subjects featured significantly in the data. Nurses described being aware of the differences as to what may be found funny or offensive by patients of different cultures and the risks of using humour in such circumstances:

> *I think that is quite important, anything cultural, I think you have to be very, very careful.* [RN 3]

Nurses identified that familiarity with the patient's culture or sharing the same culture facilitated humour at this time.

Part of the nurse's assessment was guided by understanding the patient's physical condition and how this situation could affect emotions:

> *Probably the more sensitive surgeries, for example mastectomies; we are quite cautious around those patients … because it's quite an emotional time for them.* [RN 2]

Nurses also described how some surgical conditions were more emotionally charged than others. If the patient was close to, or at a crisis point, either physically or emotionally, humour was avoided. Otherwise, humour could be used:

> *Even if they are having a bad episode you can still use humour … it's from patient expressions really … as long as they are safe, as long as I know they're safe.* [RN 8]

This assessment required insight and intuition:

> *You need to have this sensitivity … it's just like clinical skills, clinical eye, that you develop … you develop this thing, umm, usually it's your gut you, you know, your feeling.* [RN 4]

Nurses described that as their clinical knowledge of surgical procedures and conditions increased, so did their confidence and intuitive skills to use humour with patients.

> *I have been on this ward for three years and I am guessing for that first six months I was very to-the-point and very serious and never wanted to joke 'cos I didn't want to get anything wrong, 'cos I didn't know anything. I couldn't even pronounce the surgeries let alone joke about them … so over that time, you know, building up my confidence, I can actually joke outright now, but I can back myself up.* [RN 5]

The range of strategies used in identifying patient cues and informal nurse-initiated assessments highlights the level of consideration that nurses used to guide their decision on whether to use humour with patients, minimising the risk of causing harm.

Building a connection

The theme of building a connection analyses why nurses used humour in patient interactions and the benefits brought to the nurse-patient relationship. The subthemes, creating a partnership, and creating a shared understanding, detail how humour helped establish communication and rapport.

Creating a partnership

Nurses described how humour was used with patients as a tool to build therapeutic relationships:

> *It is very important because it's [humour], umm, one of the tools to decrease anxiety and to build rapport.* [RN 1]

Nurses discussed establishing a rapport quickly because they felt time-limited with patients:

> *Because in here it's quite a fleeting moment when we come into contact with patients, so gaining their trust, building rapport and having that therapeutic relationship, humour is great for that.* [RN 3]

In addition to optimising time to build a therapeutic relationship, humour was recognised by nurses as quality time with patients and allowed them to feel that patients were respected*:*

> *Patients do tend to respond to it [humour] quite well … that you're not just going in there and doing a task, you are interested in them as a person, you have got time to stop and take a moment.* [RN 9]

By building a connection through humour, nurses were able to establish communication that used the patient interests as a foundation. Humour was often used as a medium to initiate conversation or action with a patient who was hesitant to communicate or engage with the nurse:

> *I just was like, "Right, look if you don't talk to me; I am going to start dancing and I'm not a good dancer so you might want to start talking to me," and he still didn't so I stood there and I gave a little boogie, and he laughed at me and then he's like, "Stop it now".* [RN 7]

Humour helped to facilitate connection and cooperation with patients, providing a solution to the communication impasse. In this way, humour allowed nurses the ability to connect with patients and establish a sustainable line of communication.

Creating a shared understanding

Using humour to acknowledge and build a shared understanding helped nurses relate to patients. Nurses described how using humour helped patients become more willing to share information and engage with the care provided:

> *It [humour] keeps them at ease, and then they share more, if they feel like they "ha ha", they can relate to you, or you can be in vibe with them.* [RN 1]

Reciprocating patient humour was also discussed as a way to strengthen the connection with the patient.

Nurses spoke about assessing the underlying reason for the patient using humour and by reciprocating with humour, they conveyed understanding of the hidden concerns being presented:

> *You can tell with some people that are using [humour], just really, really joking with it that, "Ah, you're actually really scared of what's going to happen aren't you", so you joke with them a little bit and then you put them at ease by saying, "Hey, you know this is going to be fine eh?"* [RN 5]

Nurses used humour to acknowledge the stressors and challenges faced by patients in the surgical environment. Showing they understood patients' feelings through reciprocal humour enhanced the nurses' ability to develop a genuine connection.

Discussion

A key finding of this research was that nurses used humour to mitigate the vulnerable position of surgical patients. This intervention is significant as it demonstrates that nurses used humour purposefully to comfort surgical patients facing unique circumstances that could alter their physical or emotional state (Kynoch et al., 2017). How humour alleviates psychological distress in patients resonates with earlier nursing research (Beck, 1997), where nurses employed humour to reduce the intensity of emotions experienced by patients.

Psychological research indicates that the use of humour reduces the intensity of emotions by creating a shift of perspective. This shift is especially important in the face of stressful situations where humour creates a distance between the individual and the source of distress (Edwards & Martin, 2014). Creating space allows the patient time to cognitively reframe their situation so that it appears less threatening than first thought, thereby reducing the impact of the negative emotions whilst increasing positive emotions. In turn, this reframing helps build the individual's resilience to manage the situation regardless of context (Edwards & Martin, 2014).

The current study also found that humour allowed nurses to cope with their own distressing emotions whilst continuing to care for patients. Surgical settings are efficiency-driven environments and are often challenging for both patients and nurses (Mitchell, 2010). Surgical nurses need to provide technically proficient care, whilst supporting the emotional wellbeing of patients in relatively short periods of time (Mackintosh, 2007), which in turn generates high levels of nursing stress. Surgical nurses used humour as a coping skill to mitigate stress in their working environment, and thereby reduced the risk of burnout (Macintosh, 2006). Whilst there is the risk that use of humour can lead to depersonalisation of patients, there were no data within this research to support this.

The ability to use humour is a constructive strength that enhances the capacity of an individual to remain positive when faced with negative life events (Wellenzohn et al., 2018). More importantly, and applicable to nursing, is that humour is noted to be used between colleagues to build morale (Treger et al., 2013) and support coping in stressful situations (Dean & Major, 2008; Wiechula et al., 2015).

Nurses' knowledge of when to use humour is important. Findings of this research suggest that patients' cues such as body language and verbal signals form the foundation for nurses' informal assessments of patients' receptivity to humour. There are few nursing studies investigating the use of humour. However, the findings in the current study concur with the extant literature, which highlights the importance of non-verbal cues. Specific physical cues, such as smiling and twinkling of the eyes (Greenberg, 2003); and general inferences to facial expressions, gestures, and body language of the patient (Adamle & Turkoski, 2006), have been noted to inform nurses' appropriate humour use. These areas resonate with data

in the theme, 'assessing openness' and are reflected in Adamle et al.'s (2008) research, where patient-initiated humour was the strongest indication to nurses that a patient was 'open' to humour. Nurses described the value of having familiarity with the patient's culture or sharing the same culture because it facilitated humour. Similarly having a shared nationality led to a sense of mutual understanding and connection (Dean, 2003). Even if there were cultural differences, nurses in the current study were aware of what may be found funny or offensive was shaped by cultural differences. Participants perceived that careful utilisation of varied assessments to discern patient openness to humour mitigated the risk of using humour inappropriately.

A final key finding in this study indicates that humour mitigates the time pressures that nurses have with patients. Limited time is an inherent concern in surgical nursing environments due to staffing shortages, high patient loads, and rapid patient turn-over (Sawbridge & Hewison, 2013). Study participants described feeling time-poor but highlighted humour as helping to quickly establish a therapeutic relationship. Humour has been shown to provide an element of humanity that is often missing in a hospital environment, due to the time constraints and task-centred care (Ghaffari et al., 2015; Jones & Tanay, 2016). Nursing research by Walsh and Kowanko (2002) describes humour as providing humanity and dignity to patients by recognising their need to be acknowledged as a person, and not just an illness or task to be attended to. This humanising is important to clinical practice; by enhancing patient care with humour nurses increase their ability to relate to patients and provide quality connections.

Nurses perceived that patient humour conveyed feelings in a covert way, for example, by masking an underlying concern (fear, anxiety, or embarrassment). When nurses acknowledged jokes and playfulness with reciprocal humour, the response was given purposefully to communicate that they understood the stressors and challenges being faced. Nursing research by Mallet and A'hern (1996) identified that patients' use of humour is not accidental but rather is deliberate to achieve a social outcome. Humour is used to express feelings that patients are uncertain about sharing or would prefer to avoid talking about (Haydon et al., 2015; Tanay et al., 2014). Nurses in the current study argued that using humour to acknowledge masked patient feelings conveyed that they understood the patient. This response in turn created a shared understanding that strengthened communication. Nursing literature supports the finding that nurses understand that humour is a covert way to share a message (Dean & Major, 2008; Tanay et al., 2014).

Humour rarely receives formal recognition as a legitimate aspect of nursing practice (Struthers, 1999). There is a dearth of contemporary nursing research about this topic and no evidence of its routine incorporation into nursing curricula. This research has shown that humour is integral to surgical nursing in order to establish and maintain therapeutic relationships. In addition, humour also contributes to nurses' morale and job satisfaction (Dean & Major, 2008; McCreaddie & Wiggins, 2008); a priority for any high-performing organisation. Greater emphasis on nurses using humour skilfully within surgical environments should be encouraged in light of this research. Nurses' recognition of humour as a legitimate and valuable nursing skill will allow them the freedom to practice humour with patients and colleagues to everyone's benefit.

Limitations

Key limitations of this study are its sample size, selection bias, and limited triangulation. Nine nurses participated in the study and, whilst a small sample (Fusch & Ness, 2015), data saturation was observed after coding the last interview. The sample size was therefore deemed sufficient for an exploratory sample, as defined by Denscombe (2014). Selection bias is a further limitation; only nurses with a positive regard for humour came

forward to participate in this study. Self-selection of participants is recognised as unavoidable in studies where participation is voluntary (Denscombe, 2014). This study used a single data collection method, that of participant interviews. Therefore, data triangulation was not possible. Finally, whist the focus of this study was from a nursing perspective, gaining insight into patients' perspectives on humour would be beneficial for future research to explore.

Conclusion

This research has provided insight into how Aotearoa New Zealand nurses working in a surgical environment used humour with patients. It has shown that nurses used humour consciously and purposefully. Humour was used by nurses to bring comfort to patients, themselves, and to nursing colleagues. Humour was also used intentionally to initiate and maintain nurse-patient relationships. To promote humour as a legitimate nursing communication strategy means challenging beliefs that humour is unprofessional or inappropriate. This acknowledgement requires recognition that use of humour is a clinical skill. Ideally information about the use of humour should be incorporated into nursing guidelines and teaching curricula. Nursing leaders and educators creating an environment where humour, as a legitimate nursing communication strategy, is visible, discussed, and encouraged, will further support nurses to use humour in their practice.

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