

## Nurses' experiences of humour in clinical settings

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### Abstract

**Background:** Providing holistic nursing care when there is a shortage of personnel and equipment exposes nurses to stress and a higher risk of occupational burnout. Humour can promote nurses' health and influence nursing care. The aim of this study was to describe nurses' experiences of humour in clinical settings and factors affecting it.

**Methods:** This qualitative study investigated nurses' experiences of humour. Five hospitals affiliated to Tehran University of Medical Sciences provided the setting for this study. The participants comprised of 17 nurses with master's and Baccalaureate degrees (BSN) in nursing. These nurses worked at educational hospitals affiliated to Tehran University of Medical Sciences and had minimum work experience of 12 months in various clinical wards. Nurses from all wards were invited to participate in this study. The data were collected through semi structure interviews using guides comprising probing questions. Telephonic interviews were used to further supplement the data. The data were analysed using conventional content analysis.

**Results:** The data were classified into five themes including the dynamics of humour, condition enforcement, Risk making probability, Instrumental use and Change: opportunities and threats.

**Conclusion:** Understanding nurses' perceptions and experiences of humour helps identify its contributing factors and provides valuable guidelines for enhancing nurses and patients' mental, emotional and physical health. Spreading a culture of humour through teaching methods can improve workplace cheerfulness and highlights the importance of humour in patient care in nurses and nursing students.

**Keywords:** Humour, Nursing Care, Interaction, Communication, Qualitative Study.

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### Introduction

Nurses are faced with various stressors, such as personnel shortages and limited resources, long working hours (1), not taking part in clinical decisions and working under pressure or working with people with inadequate clinical skills (2,3). These could lead to occupational burnout. Manifesting as emotional exhaustion, depersonalization and personal inefficiency, occupational burnout among nurses has attracted consid-

erable scholarly attention in recent decades. Humour has been identified as an important attribute that could help prevent and decrease burnout among nurses (2).

Humour is a cognitive, emotional, behavioural, psychological and social phenomenon (5, 6). It is an inseparable part of daily life, and at times it is regarded as a means of dealing with one's problems, and a generally positive and universal experience for people from different cultural and social backgrounds around the world (6) and is

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defined as a person's ability to appreciate the funny side of a situation(7). The importance of humour in nursing care was introduced four decades ago (8). Coser was the first to posit that humour is related to disease and the stress of hospitalization for patients. The results from his study revealed that humour is a means for managing threatening situations like hospitalization (9). Thereafter, the potency of humour in reducing patients' stress was gradually recognized; hence, it is currently an established nursing research field (10). Researchers currently consider humour as an acceptable practice in nursing care (4). Henderson argued that humour and laughter among patients and health workers can be as good as, or surpass treatment(11) while, for Yura and Walsh, humour and wit help broaden patients and nurses' outlook on life(12). According to Robinson (1997), in nursing care, the goals of humour enable the development of relationships, anxiety relief, anger using socially acceptable means, learning and avoidance or denial of hurt(13).

Working in jobs in which the worker is faced with pains and problems of other individuals, increases the possibility of exhaustion. Therefore, humour strategy is needed more although there have been so many texts about humour function. Besides, the researchers came across few studies related to the use of humour in nursing (14, 15) and they found that there has been less use of humour despite the need of appropriate mental serenity in clinical places. Besides, people think that nurses should be serious when are at clinical places, and the nurses think that they are not allowed to humour patients during the process care. Humour can enhance health promotion among nurses and the quality (4) of patient care (4); it is also considered a patient care strategy (5).

Fry believes that humour is essential for one's development in relation to social life and experiences. However, there are varying views regarding the role of humour in nursing care (16). Humour manifests within

social contexts and, therefore, varies across cultures. Given the importance of the social context in relation to humour, Iran's unique cultural and religious landscape provides an ideal setting for the use of a qualitative study to identify previously unexplored aspects of humour and its practical significance in this context. Nurses might have a better understanding of the complexities of humour in clinical settings, which serve as a focus of the current study (5). A study on nurses' experiences of humour in nursing care can facilitate better understanding of the needs, challenges and any other issues surrounding this phenomenon. Moreover, it could facilitate a happy and safe nursing environment for both the patients and nurses. Thus, this study explores the nurses' experiences of humour in clinical settings and factors affecting it.

## Methods

### *Design*

A qualitative design with conventional content analysis was used in this study. Content analysis is a qualitative analytical method through which data are summarized, described and interpreted. It is used to identify main themes from the data and is appropriate for examining experiences and attitudes toward a particular subject (17).

### *Data collection*

A purposive sample includes individuals with direct experience of the phenomenon of interest, who can provide insight into the research question. The sample comprised of 17 nurses with Master's and Baccalaureate degrees (BSN) in nursing, who were invited to participate in the study from various wards. The data were collected through semi structured interviews using guides comprising probing questions. Telephonic interviews were used to further supplement the data. Interviews began with general questions, and depending on the participants' responses, moved toward more detailed questions. Interviews continued until data saturation. Initial questions were

‘What are your experiences of humour?’, ‘As a nurse, what do you do to make your working shift more pleasant?’, and ‘What factors make you use or not use humor?’ Depending on the participants’ preferences, interviews were conducted in the researcher’s room in the nursing department. Each interview was audio-taped and completed in one session. In total, six face-to-face interviews and eleven by phone interviews were conducted, each lasting 20–40 minutes and 15–20 minutes, respectively. The data were collected between 2012 and 2013.

#### *Data Analysis*

Conventional content analysis informed by Graneheim and Lundman’s method was used to analyse the data (18). Immediately after each interview, the contents of the interview were documented by the research team. Then, the texts were read several times to obtain a general understanding of participants’ statements, in line with the study objectives. We reviewed the final codes, including their defining properties and their relationship to each other in order to reach consensus regarding the central, unifying theme emerging from the data. The research team extracted meaning units or initial codes, which were merged and categorized according to similarities and differences.

#### *Rigor*

To verify the data, Guba and Lincoln’s four criteria were used (17). The researcher was on the field for 11 months. Combined triangulation methods were used for data collection. The results were verified and confirmed through peer and member checks. In this respect, the initial codes and categories were provided to some participants of the study, and they were given enough time to tell the researcher their complementary or corrective comments by phone. Some of the codes were changed according to the participants’ comments. The corrective comments of two university professors who were expert in qualitative

studies were used as peer check in the data analysis. In-depth, analytical and clear descriptions of obstacles and limitations during data collection by the researchers enabled the data’s transferability. Maximum variation sampling was used (participants’ age, sex, shifts, work experiences, wards and education levels varied) to enable the proportionality or transferability of the results to other contexts. The researcher recorded and reported the study’s various processes to enable replication.

#### *Ethical Considerations*

Permission to conduct this study was obtained from the Ethics Committee of Tehran University of Medical Sciences. The participants were informed of the study objective, were assured of the anonymity and confidentiality of their data, and provided written consent to participate in the study. The interview venue and time were agreed upon with the participants, and the results were made available to them if they wished.

#### *Results*

These nurses worked at five teaching hospitals affiliated to Tehran University of Medical Sciences, with minimum clinical experience of 12 months. Participants’ mean ( $\pm$ SD) age was  $24.15 \pm 6.12$  years, with mean ( $\pm$ SD) work experience of  $5.18 \pm 3.9$  years; the majority 28(59%) worked night shifts.

The participants’ experiences were classified into five themes; namely, the dynamics of humour, condition enforcement, risk making probability, instrumental use and change: opportunities and threats (Table 1).

#### *Dynamics of Humour*

Religious beliefs, understanding humour and situation assessment (timing) are sub-categories representing the underlying factors or important dynamics of humor.

Religious Beliefs: As it is detested in Islam to make humour with a guy of a different gender, our participants did consider their religious beliefs.

Table 1. Themes Extracted from the Participants' Experiences

Subthemes	Major Themes
Religious Beliefs	Dynamics of humour
Understanding Humour	
Situation Assessment	
Timing	
Consideration of Unique Personal Characteristics	Condition enforcement
The Cultural Context	
Time Pressure	
Unsuitable Environment	
Social Considerations	Risk Making Probability
Organisational Considerations	
Fear of Abuse	
Fear of Stigma	Instrumental Use
Ridicule Labelled as Humour	
Criticism Labelled as Humor	Change: Opportunities and Threats
Personality Assessment	
Renewal and Exhaustion	
Formation of Constructive and Destructive Relationships	
Security to Sense of Threat	

A nurse said, "Humor calls for being able to relate well to the patients; however, because I am a Muslim, I cannot behave too friendly with the male patients."

Understanding Humour: Participants believed that it was important to consider patients and their companions, as their understanding of nurse's humor would help resolve any misunderstandings; and the patient would be less cautious around the nurse and this would minimise patients' harsh reactions toward nurses.

Nurses' appraisal of humor in the workplace ranged from positive to negative. The majority believed that humour affected patient outcomes positively and that it preserved and promoted nurses' physical and mental health. Based on their experiences, nurses considered humor a workplace requirement and essential for patient care in stressful situations.

'Being humorous or not is a personality trait—all medical team members, even patients, must appreciate humour; otherwise, humorous people could come across challenges or opportunism due to misunderstandings.'

Another group of nurses perceived humor negatively, arguing that humor can surpass the private boundaries between people. Through humor, people attempt to enter others' life worlds and the understanding resulting from such relations could be damaging.

Another nurse commented, "Humor sets the ground for insults between people. I have to take care of my patient and that does not require humor."

Situation Assessment: A nurse's appraisal and understanding of his or her standing with a colleague or patient could help determine the appropriateness of humor in the clinical context. For instance, acquaintance history, previous friendship, work history, time spent working with someone, occupational rank or duration of a patient's hospital stay could determine the type of outcomes emerging from a presumably humorous situation. Timing, personal characteristics and the cultural context constitute the subcategories of situational assessment.

*Timing*

Timing is important and a nurse should pick the best time to use humour. This facilitates mutual trust between the nurse and the patient or the nurse and her/his colleagues and demonstrates the nurse's ethical inclinations. Not considering the appropriate timing for humour, leads to anger, aggression and relationship breakdown with the patient. Recognising a suitable time depends on factors such as a patient's physical, mental and psychological state, as well as diagnosis and disease progression.

One nurse said, "I joked with a patient who had just been informed of her diagnosis of breast cancer by the doctor. This re-

sulted in her detesting me and not talking to me for a long time.”

**Consideration of Unique Personal Characteristics:** Most nurses believed that understanding and analysing a patient or colleague's personality and their demographic characteristics such as age, gender, socio-economic level, personality and mood is necessary when using humour. Still, most believed that personal characteristics are not taken into account by most nurses when using humour. Misunderstandings, followed by anger, grudges, broken interpersonal relationships, and patients' reluctance to receive care and requesting to be discharged before completing the treatment process, delayed care by nurses and requesting to change wards can result from neglecting patients and nurses' personal characteristics when using humour.

A nurse commented, “When you are providing care to an elderly patient, you can get closer to the patient. However, when it is a young or female patient or a patient's companion, then you won't feel that comfortable to humour the patient or get close to her/him.”

**Cultural Context:** The use of humour requires an understanding of differences in culture, upbringing, language and meanings attached to words, education level and social class. Nurses associate shame, which arises from cultural barriers and contributes towards limited use of humour in clinical settings, with lack of confidence, an inferiority complex, feeling insecure, lack of trust and failure to adjust to the workplace, which in turn hampers social interaction. This was more prevalent among married, female nurses, who considered intimate relationships with the opposite sex an infringement of family privacy.

One nurse commented, “My family has taught me not to joke with the opposite sex. Humour facilitates intimacy and close relationships between people and this is in conflict with what I have learnt from my family.”

### *Condition Enforcement*

Participants considered condition enforcement as the most important barrier to the use of humour in clinical settings. Time pressure, an unsuitable environment, and potential risks comprised the subcategories of this theme.

**Time Pressure:** Given their high workload and care provision for many patients, nurses typically experience time pressure. The nurses believed that humour can occur when nurses and patients share pleasant experiences. This requires intimate and long-term relationships that are hampered by nurses' time constraints. These also affect nurses' relationships with colleagues, with whom they casually interact mainly during teatime.

Another nurse said, “Sometimes I do not even have the time to greet patients, let alone connect and share jokes with them.”

**Unsuitable Environment:** Nurses' use of humour in clinical settings is constrained by social and organisational protocol as discussed below.

**Social Considerations:** According to the nurses, the appropriateness of humour is also determined by one's patients and colleagues, as they must be able to appreciate humour. Thus, nurses should be protected from the negative consequences of humour, including harassment and defamation of character and professional identity. However, many believed that sharing jokes with someone of the opposite sex is hardly acceptable and often results in misunderstandings due to restrictions surrounding male-female relationships in the Iranian society.

A nurse said, “Most men, especially young ones cannot take a joke. Once, there was a young male patient whom I joked with, and this led to him harassing me. He was always at the nursing station. He would get close and ask private questions.”

**Organisational Considerations:** An impersonal, unfriendly organisational atmosphere with minimum interpersonal relationships cannot render humour a constructive strategy for dealing with stressful situations.



One nurse commented, "In my organisation, humour and laughter are considered unethical behaviour for nurses. If I joke with a female colleague, I immediately notice nursing managers' harsh reactions."

#### *Risk Making Probability*

Nurses considered themselves at risk of mental, social and family harm because of their humour. Fear of abuse and stigma comprise the subcategories of this theme.

**Fear of Abuse:** Fear of abuse involves nurse-nurse, nurse-patient, or nurse-organisation interactions. Despite their positive appraisal of humour use in patient care, some nurses believed that getting too close to the patient facilitates entry into each other's private lives. They were concerned about the closeness and intimacy resulting from the use of humour, equating it with sharing private information. Thus, they preferred not to present opportunities for such problems to occur by limiting their relationships with patients. Concerns about unfavourable reactions from patients or their companions, blurring of boundaries, loss of mutual respect and fear of being abused following unreserved interaction with a patient were among the nurses' concerns. Most participants cited the possibility of an emotional relationship between nurses and patients following the use of humour during casual interactions, believing that this could cause irreparable harm to the nurse and the patient. Furthermore, concerns about possible harassment by the patient as a result of the relationship, followed by the disintegration of one's family relationships and the shame suffered before one's colleagues or family were among the nurses' main concerns regarding humour use in patient care. These concerns were also apparent in relation to the use of humour with colleagues.

A nurse said, "I had a young male patient once; whenever he wanted to call me, he would tap my shoulder. He considered it humorous, but it bothered me. When it was my shift, it worried me that he might intrude and not respect my privacy. I tried to

keep a distance from him."

**Fear of Stigma:** Participants had concerns about nursing managers, colleagues and patients' potential stigmatisation of the behaviour, labelling it as promiscuous or irresponsible. This influenced their use of humour in clinical settings.

'Once, I joked with a patient and my supervisor witnessed it and told me to behave myself carefully, since in his view, joking was not a proper thing to do by a nurse'.

#### *Instrumental Use*

This theme included nurses' experiences of humour in clinical settings, with ridicule, criticism and personality assessment labelled as humour.

**Ridicule Labelled as Humour:** According to the participants, some nurses and patients regard the use of contemptuous words, behaviour, or text as humour. Participants believed that ridiculing patients' lack of medical knowledge or terminology, their accents and exposing their physical problems when providing care were common among their colleagues and often labelled as humour.

A nurse said, "Once, one of my colleagues began making fun of me; she walked like me and mimicked my mannerisms and when she realised that I was upset, she said she was joking."

**Criticism Labelled as Humour:** The participants believed that, sometimes, their colleagues disguised harsh criticism against them as humour. In the participants' view, tolerating criticism aimed at destroying their character and job situation was worse than the joke itself. They believed that nurses and patients should clearly define what constitutes a joke.

One nurse said, "When my colleague wants to put me down, she criticises me or questions my work, disguising it as a joke. She says anything she wants and when she realizes that I am annoyed, she says she was joking."

**Personality Assessment:** Participants stated that the use of humour by their colleagues, patients, or patients' companions

was a means to assess the situation, opening them up to psychological, emotional, and physical abuse.

‘There is a patient who always tries to get close to me and uses one-liners to test me. He wants to see if he can invade my privacy or not. When he notices that I am angry, he uses humour as a strategy.’

#### *Change: Opportunity and Threats*

In the nurses’ view, humour can range from a sense of renewal to weariness, the formation of constructive to destructive relationships and from a sense of security to a sense of threat.

**Renewal and Exhaustion:** Participants asserted that a nurse must be serious in clinical settings. However, they believed that the use of humour can make the workplace pleasant and counteract the hardships of a heavy workload. Humour can help nurses deal with stressful situations, such as exhaustion resulting from a high workload and enables them to rest physically, mentally, and emotionally. In anxiety-provoking situations, such as caring for an ill patient, exposure to organisational stressors and severe shortage of equipment and personnel, humour enables nurses to consider the positive aspects of a situation and manage it effectively to theirs and patients’ advantage. Humour can result in a change in disposition, a sense of peace and increased ability to care for patients. Nurses also believe that humour can help them deal with patients’ provocative behaviour, anger and aggression, in turn relieving patients’ fear, anger, and worries. Moreover, nurses believe that humour can reduce the severity of patients’ pain, which patients mostly complain about.

‘Sometimes, humour, even a moment’s laughter together, lightens a difficult shift and motivates us to continue – a joke sustains our energy until the shift ends.’

However, humour can also wear nurses and patients down physically and emotionally, leading to tiredness, negativity towards the workplace, anger, aggression, fear and hopelessness.

‘When I joked with my colleague, I dis-tempered her and I felt that she got so angry that she left her duty.’

**Formation of Constructive and Destructive Relationships:** According to the participants, being pleasant can lead to acceptance of the nurse by patients and colleagues and foster new relationships, feelings of closeness and solidarity and open communication lines. Furthermore, humour elicits patients’ willingness to learn, cooperation and offers a distraction from the disease. A nurse’s use of humour during social interaction can discard stress, dissatisfaction, disagreements and resolve unpleasant encounters with others. Nurses use different strategies to establish relationships with shy (embarrassed), unsociable and impatient patients in order to obtain information about their ailments or relieve them of loneliness. They consider humour an effective strategy in such cases.

‘When an asthmatic patient would not allow me to use a spray on him, I began to joke with him; he laughed a lot and then tried to cooperate with me; his attitude completely changed.’

Although the majority of the nurses believed that humour with colleagues and patients facilitated cooperation during patient care, some believed that, if humour is used for pretence, abusing others and venting, it could destroy interpersonal relationships and lead to anger and disheartenment. They believed that when humour hurts others and invades personal boundaries, then it cannot be considered constructive. The participants argued that a relationship must be defined for both parties and should not be so open as to lead to the use of unusual and insulting words or behaviour unbecoming of nurses.

‘A male colleague used to exceed his limit with the excuse of joking and I used to get very angry – then gradually, our relationship cooled off and got darker and darker until we changed wards – I felt that I could not work with him anymore.’

**Security to Sense of Threat:** Humour enables friendly conversations and a sense of

empathy. Shared feelings are associated with a sense of security for patients and nurses engaging in humour while interacting. Humour can keep a long-term relationship among colleagues pleasant, exciting, lively and renewed. In clinical settings, humour can help nurses resolve conflicts and disagreements.

'When my colleague joked with me, I saw the relationship as open and could tell him about my worries and work problems – this lessened my worries, increased my confidence and made me feel secure.'

Nurses believed that inappropriate jokes make working shifts unpleasant and threaten one's family and work status, also creating a sense of mental, emotional and physical harassment. Such jokes can also lead to harassment by colleagues or patients in occupational and non-occupational settings, which reduces motivation to provide patient care and an interest in nursing. Feelings of insecurity were even more prevalent among married nurses, as they tended to argue with their spouses, who tried to prevent them from continuing to work in the nursing field. In some cases, marital conflict has occurred due to suspicion arising from humour being used at work and spouses objecting to their wives' relationships with their colleagues and patients.

'Once my husband came to pick me up, he understood that one of my male colleagues had joked with me and so whenever he came to pick me up, we had a lot of problems at the way home.'

In the nurses' view, sharing jokes with others at work should not lead to overly caring for one another. However, the majority felt that they were being scrutinised by their managers due to shared humour with colleagues or patients. This resulted in feeling a perceived threat to one's security, which is a prerequisite for enjoying one's work.

'When I joked with a female patient, I realised that she looked at me differently in the next shift – after a while she asked me for a date. This was very unpleasant for me.'

Verbal or written warnings and threats of demotion or even suspension were a contentious issue for the nurses, eliciting insecurities regarding the use of humour in clinical settings.

'I was penalised by a nursing manager after a colleague complained about me joking with him. I only wanted to make him laugh, but he was annoyed.'

### Discussion

In this study, the first theme related to dynamics of humour, with 'Understanding humour' emerging as the first subcategory. For the participants, the use of humour is determined by dynamics in clinical settings. Some participants believed that humour is necessary to make the working environment pleasant and drives the nurses to create opportunities for the use of humour during their minimal, casual interaction with patients and colleagues (19). Studies show that nurses' perception of sense of humour was a major factor in using sense of humour at patients' bedside. The nurses avoid using their sense of humour unless they believe that joking can help the mental health of the patients and nurses, and recognize it as a caring strategy. Conversely, negative perceptions of humour limit its use in patient care (20). Apt posits that, prior to the use of humour, it is essential to consider people's perception of humour, particularly those informed by culture (21).

Religious beliefs were considered another dynamic of humour. In the participants' view, humour is in conflict with religious principles. Sometimes, due to staff shortages and patients care needs, nurses had to work with colleagues of the opposite sex on the same shift or care for patients of the opposite sex. This meant that some could not use humour in the clinical context. Most nurses cannot joke with the opposite sex in the clinic due to their religious beliefs. The participants believed that humour fosters friendly relationships between people, which go against their religious beliefs, particularly when involving members of the opposite sex. However, in the reli-



religious Iranian culture, humour is considered a pleasant attribute, recommended to a certain extent by religious leaders. In the Islamic view, humour is approved, so long as it is not associated with sinful behaviour, including: belittling, ridiculing, slander, back-stabbing or such (22). In the Islamic view, making a friendly and close communication with the other sex, which is the background for using a sense of humour is considered a sin. Considering others' religious beliefs is necessary when using humour (23).

Assessing the situation was identified as another dynamic of humour. Most participants emphasised the need to time the use of humour according to others' physical, mental, and emotional disposition. Considering whether a patient or colleague is in a position to appreciate humour could prevent misunderstandings. Moreover, nurses must consider the cultural context when using humour. Scholars believe that relationships form the basis for patient care, and therefore, the use of humour in nursing care. However, it is important to consider the cultural backgrounds of individuals with whom one has relationships (19) and maintain some distance, verbally or physically. According to the Islamic culture of Iran, physical distance enables the protection of individuals' religious beliefs, professional identity and reputation, as well as a chance to contemplate, heal and recognise others. Providing culturally safe care is a requirement in skilled nursing care (24-27). Disregarding norms can be considered annoying or insulting, least of all funny. Thus, nurses must use humour carefully, not challenging the society's norms, as these differ across societies (23). Humour should be like looking through a shattered glass window; the subject can be seen, but what is seen is different in reality.

The second theme, the constraint of condition, was considered one of the main obstacles in the use of humour in clinical settings. In the participants' view, maintaining boundaries in one's behaviour and speech can lessen nurses' concerns about the con-

sequences of humour in interpersonal relationships and, therefore, enable its use. Limits and boundaries are associated with self-restraint, which enables compassion among nurses, informed development of relationships and, consequently, use of humour, while maintaining commitment to one's religious beliefs.

The instrumental use of humour through ridicule or criticism hampers its acceptance in clinical settings. Participants believed that the use of humour to ridicule others can seriously damage others' personality and disrupt or completely destroy relationships. This is referred to as aggressive humour, wherein an individual attempts to taunt and make fun of others and freely cracking insulting jokes, disregarding the impact of these jokes on others (28). The nurses must guard against criticising colleagues or patients' beliefs, appearance or issues that are important to them (2). This belief gradually limits nurses' use of a sense of humour in the clinical settings through changing the people's attitude toward the effectiveness of the sense of humour on patients and nurses' health. According to Martin et al., the undesirable aspects of humour, such as misunderstandings, hurt, being laughed at and banter are often overlooked (6,29).

This study shows an increasing use of humour in daily life, particularly nursing care(4,30). In this study, the nurses believed that humour provides an opportunity for change. In relation to this, the results showed that the consequences of humour can range from revival to exhaustion. In addition to enabling mental rest, humour helps change patients' perspectives regarding their health condition (4), helps reframe difficult situations(23) and enables them to cope with various challenges(31). It also helps nurses to deal with difficult situations and patients (5), calms anxious patients (4) and is associated with job satisfaction and motivation. Humour can enhance creativity, values, promoting ethical and responsible behaviour, induce trust and reliance, as well as enable people overcome sadness, despair

and sorrow(32). For our participants, humour can result in the strengthening or disintegration of interpersonal relationships. Researchers believe that humour in patient care results in a change in patients' experiences, less social distance, anxiety and stress among patients(33), improved learning outcomes (2), open nurse-patient communication (34) and identification of patients' needs, a bond between nurses and patients (5) and among nurses, patients showing their emotions and the preservation of their dignity (4), feelings of intimacy and common understanding and establishment of trust between patients and nurses. In such circumstances, patients can freely communicate their feelings to nurses, and this lessens the stress resulting from their respective states (23). Moreover, the results showed that joking can change the effective interpersonal relationships into grudge, seeking revenge and annoyance. Joking may destroy the intimacy and violate human rights. Paradoxically, humour may have negative effects, which are not always taken seriously (30). Lyttle believes that humour is like a double-edged blade capable of harming personal relationships (35); when timing is wrong, people may feel insulted or angry (2). Yura et al. (1988), believe that although laughing with others positively impacts relationships, laughing at others has an entirely negative effect on relationships (2). Still, given their roles, nurses can resolve misunderstandings. In patient care, nurses can use humour for informing the patient of his or her health condition and they can also use humour positively in order to establish relationships with patients (30). Du Pre and Beck suggested that it is necessary for nurses to use planned humour while checking a patient's health status, since this increases the nurse's influence on the patient and encourages cooperation from the latter during treatment (36).

The results obtained from this study are context-specific; thus, further quantitative studies are required for the generalizability of the findings.

## Conclusion

Recognising nurses' perceptions and experiences of humour helps identify its effects; thus, we should provide valuable insights to ensure the mental, emotional and physical health of the nurses and patients. Effective methods include promoting a culture of humour in care settings through training strategies aimed at enhancing cheerfulness in the workplace and highlighting the importance of humour in patient care for nurses and nursing students. Establishing norms and improving organizational culture to reduce social and organizational constraints of humour are other important actions which need to be considered.

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