DON'T LAUGH — THIS IS SERIOUS

by Jane McCallum, R.N., Dip.App.Sc.(Nsg.) *

Without humour, life would be no laughing matter, yet we seldom think about the important role humour plays in our lives. Nurses are often surrounded by negative feelings — pain, suffering, fear, depression, anger. The positive influences of humour and laughter help them handle the demands of their profession. In fact, nurses can use humour therapeutically to improve their patient care, to teach others, and in professional interactions. Undoubtedly, humour needs serious consideration.

Not everyone appreciates the same sort of humour. I, for one, have always had a reputation for a poor sense of humour. When I entered nursing, patients and colleagues perceived me as sad, serious or indifferent because I hardly ever laughed or smiled. Adjusting to the stresses of my new role and the accustomed responsibility was difficult for me. One morning, after a particularly trying shift of night duty, a Registered Nurse who was rostered for the morning made a simple joke about a ‘difficult’ patient. We were laughing at ourselves rather than at that person, but all the tension that I felt disappeared when I saw the funny side of the situation. Then I realized how important humour was, to nurses, to patients, to other staff — to people.

People who are ill in hospital and dependent on others for aspects of their physical and emotional well-being can have altered perceptions about things. Something which may seem hilarious to one person may not even raise a smile on another’s face. However, humour can be used therapeutically if the situation is correctly assessed. Used appropriately, humour can contribute to a patient’s general well-being and positive attitude, but if used inappropriately it can be detrimental.

The nurse who uses humour in her patient care needs to assess many variables. The patient’s cultural background, age, sex, religion and health status are vital considerations. Obviously, a patient who has many stresses cannot respond well to humour since most of his energy is required for maintaining physical and psychological equilibrium. However, humour may be invaluable to a sick person, as it can divert his attention from his ailments and improve his state of mind. The well recognized, though enigmatic, relationship between psyche and soma, suggests that people with a cheerful, optimistic outlook can contend with an illness more successfully than those who dwell upon their ills and misfortunes.

As a student nurse, I cared for an elderly lady who sustained a fractured neck of femur after being knocked to the ground by children on bikes. Although she had cause to grumble about her situation, she did not. Instead, she was always cheerful, appreciative of any kindness, and positive about her recovery following total hip replacement. It impressed me that she reported having pain less often post-operatively, and became mobile sooner and with fewer problems than other patients with the same condition, who did not share her positive attitude.

On the other hand, hospitalized patients may use humour as a protection against undesirable thoughts and feelings. Laughing and joking, either about their illness, or about everything except their illness, may be a defence against fear and anxiety that threaten to become overwhelming.

Nurses must be able to distinguish this “she’ll be right, mate” type of humour, and acknowledge the underlying message. A male patient of my acquaintance who had been told he had a serious brain disorder started to use humour inappropriately whenever someone entered his room. He made light of his situation, appeared euphoric at times and seemed to deny his impending surgery. Those who stayed and talked to him soon discovered the loneliness and fear that he really felt, as his laughter gave way to tears. Those who did not stay perceived him as having adjusted quickly to his illness, and did not wish to confront him further. His greatest need at that time, however, was to grieve.

Some patients do use humour appropriately. It may be part of their own personality to laugh about anything, including the helplessness of their own situation. Doctors and nurses are often seen by patients as the ones who control their environment, so it is not surprising that they, along with hospital food, beds, the boring surroundings, and lack of privacy, become the targets of patients’ jokes. Health professionals may resent being the subjects of humorous comments, but it is one way that patients have of contending with hospitalization.

Some interesting and entertaining articles have been written about surviving the rigours of the hospital institution from the patient’s point of view,1,2 and about staff laughing at themselves.3 Irony, satire, sarcasm or straight humour may be used to make succinct observations about topics that could not support a serious appraisal. Cartoons are designed not only to entertain, but also to make us think about life, see things from alternative angles, and laugh at ourselves. Cartoons such as the regular feature, “Laughing Gas” in The Australian Nurses’ Journal, and scattered cartoons in New Doctor, usually depict situations which poke fun at health professionals or the health care system.

Humour may be used as a guide to assessing improvement in a patient’s condition. When I was a patient myself, after abdominal surgery, I was given a book of “Snoopy” cartoons. I could find nothing funny about them, and I rather resented the nurses who chuckled over them. Less than a week later, I was laughing at the same pages I had previously found so unentertaining. The nurses all noted my improvement.

What about those embarrassing situations in nursing? Your young brain-damaged patient embraces you while you are helping him dress; the doctor of your dreams yells at you in front of your juniors; that refined middle-aged lady passes flatus at an inopportune moment; your young male patient has an erection during his bed bath; while you are doing a nursing round with ‘the boss’, the old man in the corner bed makes you an indecent proposal.

A graduate of Sturt College of Advanced Education, Jane McCallum is a Registered Nurse at the Royal Adelaide Hospital.

VOL. 10, No. 10, MAY, 1981
The School of Nursing has a limited number of places available in these classes for currently Registered Nurses.

These classes are units of study which form part of the Nursing Degree programme. If students enrol in the Degree course at a later date, exemption in these units may be granted.

**ASSESSMENT SKILLS FOR NURSES**

Content: History taking, health assessment (including physical examination) and screening with related skill development.

Time: 2-4 p.m. Tuesday & Friday.

Dates: 2nd June-3rd August.

Fee: $40.00.

**AUSTRALIAN HEALTH SERVICES**

Content: Orders, the role of administrators.

Time: 9-11 a.m. Friday.

Dates: 2nd June-7th August.

Fee: $40.00.

**ADMINISTRATION OF HOSPITALS AND HEALTH SERVICES**

Content: Investigates the total health agency system with reference to role of administrators.

Time: 2-4 p.m. Tuesday & Friday.

Dates: 2nd June-7th August.

Fee: $40.00.

**PEOPLE IN ORGANIZATIONS**

Content: Introduces concepts central to an understanding of the behaviour of individuals and functioning of groups in work organizations.

Time: 2-4 p.m. Monday & Wednesday.

Dates: 21st August-4th November.

Fee: $20.00.

**SELECTED TOPICS IN NURSING CARE**

1. **PAIN**

Content: Study of factors influencing pain, approaches to pain control and related nursing interventions.

Time: 2-4 p.m. Tuesday and Thursday.

Dates: 1st-17th September.

Fee: $12.00.

2. **LOSS**

Content: Concepts and approaches related to loss with reference to nursing intervention.

Time: 2-4 p.m. Tuesday and Thursday.

Dates: 22nd September-8th October.

Fee: $12.00.

3. **STRESS AND ILLNESS**

Content: Analysis of stress and coping associated with illness, injury and hospitalization.

Time: 2-4 p.m. Tuesday and Thursday.

Dates: 13th October-22nd October.

Fee: $8.00.

4. **REHABILITATION**

Content: Includes an investigation of current theories and practices with reference to nursing intervention.

Time: 2-4 p.m. Tuesday and Thursday.

Dates: 27th October-5th November.

Fee: $8.00.

**FOR FURTHER INFORMATION AND ENROLMENT FORMS**

Please write to:

"Continuing Education"

School of Nursing

Preston Institute of Technology

Plenty Road, Bundoora, 3083

(Telephone 468 2453)

---

**DANDENONG AND DISTRICT HOSPITAL**

Principal Teacher "A" Midwifery

Applications are invited from experienced qualified nurse educators for the above position in our Midwifery Training School.

**QUALIFICATIONS:** Registered Midwife with Diploma of Education (Midwifery) or an equivalent qualification acceptable to the Victorian Nursing Council.

**CONDITIONS AND SALARY:** In accordance with the Determination of the Registered Nurses Board.

The successful applicant will be responsible to the Matron for the administration, overall planning, organization and implementation of the education programme in the Midwifery School of Nursing.

Dandenong and District Hospital is situated 32 kms from Melbourne, has 330 beds and is a fully accredited acute general hospital and midwifery training school.

Applications should be made in writing to:

The Matron, Miss A. P. Lyons.

P.O. Box 478, Dandenong, 3175.

Applications close 24th April, 1981.

---

**References**


