

1997

Humor and its Relationship to Cohesion of Work Group Members in the Acute Care Setting

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**HUMOR AND ITS RELATIONSHIP TO COHESION OF WORK GROUP
MEMBERS IN THE ACUTE CARE SETTING**

By

Marla J. Niedzwiecki

A THESIS

**Submitted to
Grand Valley State University
in partial fulfillment of the requirements for the
degree of**

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

1997

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ABSTRACT

HUMOR AND ITS RELATIONSHIP TO COHESION OF WORK GROUP MEMBERS IN THE ACUTE CARE SETTING

By

Marla J. Niedzwiecki

The purpose of this study was to determine whether the relationship between the use of humor and cohesion of work groups. It was hypothesized that individuals with a high value and use of humor to cope would have a tendency to use humor with others. Additionally, groups with more members who value and use humor to cope would exhibit more group cohesion than groups consisting of members with minimal or no humor use. A descriptive correlational design was used. A convenience sample of hospital based staff nurses was studied. The participants completed three surveys measuring individuals' use of humor to cope, value of humor and perception of group cohesion. Results indicated no significant correlations between individuals' value and use of humor to cope and their assessment of group cohesion. There was no significant relationship between group rankings based on humor scores and that of group cohesion.

Acknowledgments

I would like to personally extend my sincere appreciation to those individuals that have contributed to the successful completion of this research project.

A special 'thank you' is extended to Andrea Bostrom, Ph.D., RN, for her ongoing encouragement and support as my chairperson.

I would also like to recognize Linda Nicholson Grinstead, Ph.D., RN and Thomas Herzog, Ph.D. for their ongoing support, time and sense of humor as members of my thesis committee.

My deepest appreciation to Colleen Smith, my colleague for her words of encouragement.

I would like to recognize my family, husband Tom, children Tieler and Taylor for enduring the long process of this project with a positive attitude. Without their patience this project would remain incomplete.

My deepest gratitude to my parents for the words of encouragement, “I know you can do anything, I have no doubt.”

And finally, I dedicate this thesis to my brother Spencer Kirk Clark (1968-1986), as without life’s experiences, one cannot use or value humor.

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CHAPTER 1

INTRODUCTION

Many key factors influence our daily work environment. Among these is humor. Humor can mean many things to different people and has been defined differently by many individuals. Since individuals have their own set of cultural values and interpretations of humor, a universal definition of humor is difficult to articulate. Most often authors will choose to define humor by its intended use, constructive function or the individual response to humor.

Many different functions of humor are thought to exist. However, little research has been done to substantiate all the possibilities. To date, most of the research findings are associated with individuals rather than groups. Some of the primary functions of humor which have been identified include its use to create rapport among individuals, its effectiveness as a coping mechanism and its ability to allow people to reframe uncomfortable situations (Kahn, 1989).

The use of humor in groups warrants additional investigation. It is thought that humor can diminish the feelings of differential status between members, attain

group consensus and gain group support (White & Howse, 1993). Humor also has social value that can positively impact group cohesiveness.

Groups can be formed naturally or, as in organizations, can be brought together for a particular purpose or focus. The hospital setting frequently is comprised of formed groups geographically located to perform an identified assignment or task. For example, in hospital nursing a number of nurses form a work group to interdependently provide patient care and other assigned duties on a specific unit. The formation of this work group is most likely based on criteria the leader(s) established for offering jobs to qualified applicants. If these work groups are to be successful they must join together and have the commitment to respect one another, recognize individual differences, identify the objective or the purpose of the group, and provide the support needed during the negative as well as positive situations commonly faced in the workplace.

The use of humor in and between work groups may support the development of cohesiveness. The purpose of this study was to determine whether there is a relationship between the use of humor and the perceived level of group cohesion within a defined work group. The work groups consisted of staff members in a health care setting. The participants completed questionnaires measuring both humor and the perceived level of group cohesion. Determining the

effects of humor may assist leaders with the development of effective, productive and harmonious work groups. Following is a description of the theoretical framework that this study is based upon.

CHAPTER 2

THEORY AND LITERATURE REVIEW

Theoretical Framework

Roy's adaptation model. Sister Callista Roy believes that human beings are open systems striving for adaptation with their environment. Scientifically, Roy's (Roy & Andrews, 1991) theory contains assumptions from Helson's (1964) Adaptation Level Theory and von Bertalanffy's (1968) general systems theory. In addition, philosophic assumptions were developed based on Roy's view of humanism and veritivity. The humanism aspect of this theory led to the identification of the following four assumptions:

1. The individual shares in creative power.
2. The individual behaves purposefully, not in a sequence of cause and effect.
3. The individual possesses intrinsic holism.
4. The individual strives to maintain integrity and to realize the need for relationships (Roy & Andrews, 1991).

Roy (1988) describes veritivity as humans having a purpose for existence.

The following four assumptions were derived as a result of Roy's work on veritivity:

1. The individual in society is viewed as purposeful to human existence.
2. The individual in society is viewed as having unity of purpose of humankind.
3. The individual in society is active and creative for the common good.
4. The individual in society understands the value and meaning of life

(Roy & Andrews, 1991).

Although Roy's assumptions refer to the individual, they can easily be applied to groups. As with individuals, groups are open systems striving for adaptation with their environment.

Adaptation is the primary concept underlying Roy's theory. Adaptation is described as "a function of the degree of change taking place and the person's adaptation level" (Roy & Andrews, 1991, p. 18). The adaptation level is defined as "a changing point that represents the person's ability to respond positively in a situation" (Roy & Andrews, 1991, p. 4). The adaptation level of a person is influenced by three types of stimuli (Roy & Andrews, 1991). Focal stimuli confront the individual immediately and contextual stimuli are present and influence the situation indirectly. Residual stimuli are those that may have an

influence on the situation, but are not immediately known. The response of the individual to these stimuli is critical to adaptation. "Adaptive responses are those that promote the integrity of the person in terms of the goals of adaptation: survival, growth, reproduction, and mastery" (Roy & Andrews, 1991, p. 12). The ease of adaptation is influenced by the individual's or group's coping mechanisms.

There are four adaptive modes in which people can manifest their levels of adaptation (Roy & Andrews, 1991). These are classified as physiological, self-concept, role function and interdependence. The physiological mode of adaptation serves to maintain the integrity of the physiological system. The needs which must be met include oxygen, nutrition, elimination, activity and rest. Self concept, which is a psychological mode of adaptation, maintains one's self esteem. A balance achieved between the physical self and personal self represents positive adaptation in this mode. Role function is one of the sociological modes of adaptation. Role mastery represents successful adaptation in the primary, secondary and tertiary role functions (Roy, 1984). The adaptive mode of interdependence represents the social pathway and was used for the purpose of this study.

Acceptance, in the form of relationships with others, is the key for positive adaptation in the interdependence mode (Roy, 1984). Giving and receiving of affection and feelings of adequacy represent success. There are two types of

behaviors seen in this mode. They are receptive and contributive. Receptive behaviors are characterized by receiving or taking whereas contributive behavior is seen as giving away or supplying to others. Contributive behaviors are supportive of significant others and other identified systems. Although humor has a receptive component, for the purpose of this study humor was seen as a contributive behavior because it is suggested that it gives something to the group to bring it together or help the group adapt.

As stated earlier, Roy believes that individuals and, in this study, groups are open systems. A system is defined as “a set of units so related or connected as to form a unity or whole” (Roy, 1984, p. 27). In addition, Roy (1984) describes the system as functioning as a whole by virtue of the interdependence of its parts. Systems also have inputs, outputs, and control and feedback processes (Roy & Andrews, 1991). For the purpose of this study a work group composed of individual members was considered a system. Further discussion on systems theory is to follow.

Roy (1984) proposes that a “group exists whenever three or more individuals are aware of one another, when they are in some important way interrelated in that the individual is changed by its group membership, and each would be likely to undergo a change as a result of changes in the group” (p. 519). Roy (1984) further defines an autonomous work group as:

. . . a self-regulating work system. This group has a primary purpose for existence; it has boundaries allowing regulation of environmental changes; it has the characteristics necessary to maintain a desired steady state; it has goals revolving around the primary purpose; it has regulations for behavior; it has decision-making capacities to enable it to respond to changing situations and to achieve the desired steady state (p. 534).

Effective group functioning will allow the freedom to cope with change more easily. The overall goal of a work group is to function adaptively as a system to get the job done.

Group theory. There are a number of theories that have been adapted to assist with the understanding of groups. Systems theory, which is consistent with Roy's theory and attempts to explain group functioning, was used for the purpose of this study. According to Sampson and Marthas (1981), systems theory views a group as a system with its members serving as interacting parts. The members are interdependent, relying on each other to maintain equilibrium with the environment. A system has both an internal and external environment. The internal environment reflects member to member interaction. Things that affect the group's function from outside are its external environment.

Several characteristics exist and are identified using systems theory to describe a group of individuals. First, each system is composed of elements.

Viewing a group as a system, the elements would be its members (Sampson & Marthas, 1981).

These elements or members may be attracted to one another for a variety of reasons. The attraction between these elements is called group cohesion. Some reasons that have been identified as affecting group cohesion are: unmet needs, reward to members for belonging, subjective expectations that go along with being a member and competition between groups. Whatever the reason, cohesion has been found to affect the functioning of the group based on the member's need (Toseland & Rivas, 1984).

Toseland and Rivas (1984) list the following group characteristics that are consistent with a high level of group cohesion or attraction:

1. Groups where there is plenty of interaction among all members.
2. Groups that are successful in achieving their goals.
3. Groups that have noncompetitive, intragroup relationships.
4. Groups that have competitive intergroup relationships.
5. Groups that are small enough so that all members can participate and have impact on decision-making processes.
6. Groups that meet the needs of their membership.
7. Groups that fulfill the expectations of their membership.

8. Groups that increase the prestige and the relative status of their membership.
9. Groups that have access to rewards and resources that individual members alone could not obtain (p. 66).

According to systems theory and supporting the characteristics identified, elements function connectedly in a relationship of interdependence. The action of one of the members affects the others as they are unified as a whole. No action of one member is independent of the others (Sampson & Marthas, 1981). "The whole has properties that no element necessarily has" (Sampson & Marthas, 1981, p. 121). These properties then in turn influence the behavior of each element of the whole. Thus it can be noted that "the whole is different than the sum of its parts" (Sampson & Marthas, 1981, p. 121). "A change in one part of a system will cause a change in all other parts and in the total system" (Wilson, 1985, p. 6).

According to Sampson and Marthas (1981) causal analysis as part of systems theory examines the cause of behavior within which the particular element is functioning. Its location within the system will influence the behavior of that element. To understand the behavior of a member it must be put in the context of the group to which it belongs. Many components contained in Roy's theory are also present in the following discussion on systems theory.

All systems try to maintain equilibrium with their environment. Groups are considered open systems, which means that they interact with their environment. Homans (1950) proposed that each group within itself has two systems, one external, the other internal. "External systems represent a group's way of handling the adaptive problems that result from its relationship with its social and physical environment" (Toseland & Rivas, 1984, p. 53). The internal system, which is considered dominant, "consists of the patterns of activities, interactions, and norms occurring within the group as it attempts to function" (Toseland & Rivas, 1984, p. 53). Any change in the group's environment can threaten its equilibrium.

The means by which the system or group receives information regarding its equilibrium is feedback. "Feedback refers to any information that helps steer, guide or direct the behavior of a system or its elements" (Sampson & Marthas, 1981, p. 123). Accurate feedback is essential in maintaining a group's equilibrium.

Finally, all systems have boundaries. These boundaries can be rigid, well-defined, permeable or forever changing. Boundaries can serve as a means to determine the acceptable level of difference among members and the amount of emotional energy that members are willing to invest in the system (Wilson, 1985).

Humor theory. There are many theories that attempt to explain the phenomenon of humor. One difficulty in comparing and contrasting humor

theories is that authors approach humor from all angles. Therefore, many different theories about the phenomenon exist. For the purpose of this study, the Incongruity Theory describing humor was used.

The Incongruity Theory depicts humor as a mental transition from which something of a perceived high value suddenly transforms into that of the complete opposite (Monro, 1951). In other words, certain expectations are developed on how things will turn out, and then vanish. This leads the mind into a totally different direction than was originally expected producing a humorous, laughing response (Monro, 1951). "Laughter is an affection arising from the sudden transformation of a strained expectation into nothing" (Monro, 1951, p. 47). Humor is a "wholesome shock to the body" (Monro, 1951, p. 45). Proponents of the Incongruity Theory believe that humor is a result of a change in the expected direction of thought or logic. This sudden shift causes emotions to be released along the channel of least resistance ending in laughter (Goldstein & McGhee, 1972). This production of laughter has a reflex effect on the mind, and a restoration of equilibrium (Haig, 1988).

Humor is a valuable tool in society today. "Socially, humor is used as a communication strategy and stimulus to facilitate social interactions and group cohesiveness" (Lapierre & Padgett, 1991, p. 41). According to Robinson (1991),

humor serves three main functions. These are communication, social, and psychological functions.

The communication function of humor is multifaceted. It can be used to break down barriers between people by establishing an environment that allows them to feel comfortable in expressing their thoughts and feelings. By bringing people closer together, rapport can be established more easily (Buxman, 1991).

Socially, humor can build relationships. In situations where emotions run high, humor can be used to ease the tension, change the direction and reduce the current of emotionally charged conversations. Another difficult situation where humor can be used is in the discovery of insight into problems that had previously been too threatening to uncover (Rosenberg, 1989). Mutuality and empathy can evolve through the use of humor because of its ability to create a relaxing atmosphere. Social distance can also be reduced. "Laughter on the job eases tension and creates bonds among staff members" (Krohe, 1987, p. 31). Group consensus and support can be achieved if these bonds are strengthened.

Psychologically, anxiety may be relieved with humor. Reframing anxiety-producing situations is a psychological function of humor. Reframing is a coping mechanism that can be an effective way of handling stressful problems. Looking at the problem from another point of view helps maintain a balanced perspective which is needed for adapting to challenges individuals face daily. Through humor

and laughter we may be able to adapt to the common stressors in our professional environment (Leiber, 1986).

The functions of humor can produce positive results only if the situation is appropriate for the use of humor. Sensitivity to the timing and use of humor must be carefully evaluated (Hulse, 1986). Leiber (1986) identifies three criteria which must be considered prior to using humor and will most likely produce positive outcomes. These are the correct timing, the receptivity of the receiver and the content of the humorous exchange. There has always been a need for laughter and in this society humor has been highly regarded as a form of communication. The time is ripe for health professionals to do more than just enjoy humor.

The theoretical framework of Roy (1984) and the System's Theory of groups along with the Incongruity Theory of humor contain the concepts identified in this study. For the purpose of this study, the work group was the system to which staff nurses or elements belonged. In order to maintain equilibrium of the system, cohesion was seen as an internal force promoting positive adaptation with the environment. It was proposed that humor as an external force can assist with adaptation by positively affecting cohesion between group members. The conceptual framework of the research question is diagrammed below (see figure 1):

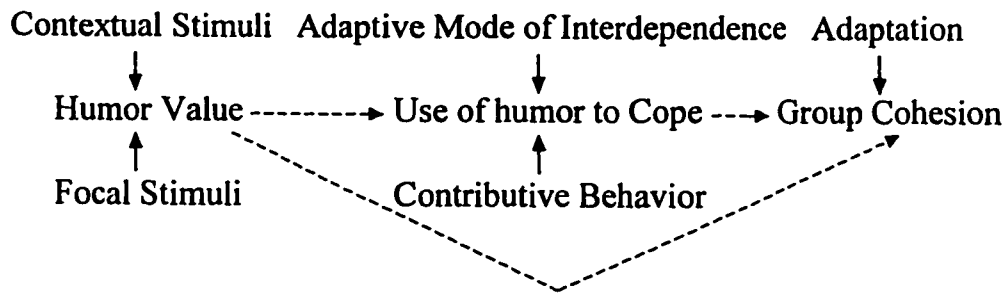


Figure 1. Model of Conceptual Framework

Literature Review

Below is a review of studies involving research in the area of humor. Each article has been grouped according to the focus of the article: humor in the workplace, humor in nursing, humor and the older adult, and humor in general. Last, research about group cohesion is reviewed.

Research on humor in the workplace. The purpose of a study conducted by White and Howse (1993) was to determine healthcare workers' perceptions of humor strategies used for reducing stress in hypothetical work situations. A group of staff nurses were surveyed (N=14) using an original tool developed for the research study. Predictions were made as to the value ranging from high to low of humor in certain situations. In this study, staff members supported the use of humor in promoting relaxation and stress reduction, providing a comfortable pastime, and improving job retention. A moderate level of support was given to using humor in situations that included improving the work environment, boosting morale, supporting others and unifying staff. A low level of support was given to

the use of humor in improving the relationship between nurses, physicians and other departments. Humor was not viewed as a reward for professional work. This study is limited by its small sample size and the inability to generalize the findings beyond the study sample. However, based on the staff members' reaction to the use of humor, it may have a positive effect on building group support. This study also suggests that it is important for the manager to carefully assess whether or not to use humor in certain situations. And finally, humor can be a valuable tool in managing staff morale in this ever-changing health care environment.

The purpose of a research study conducted by Duncan (1985) was to examine the superiority theory of humor and its application to formal and informal status structures in the work place. The superiority theory of humor views "the basis of laughter as the triumph of one person over other people" (p. 558). Six small task-oriented groups (with a total of 42 subjects) were formed to participate in this study. Three of the six groups were in the health care industry and three others were in business. Each member of the six groups completed a questionnaire designed specifically for this research project. The questionnaire was designed to measure the support for the following three propositions:

1. Persons in formal management positions will initiate more jokes than rank and file employees.

2. Rank and file employees will be the focus of jokes more often than managers.
3. Social network choices will consistently reinforce the theoretical and empirical humor patterns (Duncan, 1985).

Although the results were preliminary, proposition 1 was rejected.

Managers are the least likely to initiate jokes. The other propositions differed significantly between the two types of groups. Proposition 2 was rejected in the health care groups, but not in the business groups. The data for proposition 3 revealed that managers are an integral part of the humor network in the health care setting whereas in business work settings they are viewed as separate. A conclusion provided by the data is that there are some differences between business and health care joking patterns. A limitation of this study was that there was no statistical information provided for the tool used in data collection, thus its reliability and validity are unknown. In addition, the small sample size limits the generalizability of the results.

Perceived appropriateness of jokes in the workplace was the purpose of a study conducted by Smeltzer and Leap (1988). Sex, race and experience were the variables studied as they relate to the appropriateness of the jokes. There were 165 subjects from management development groups who voluntarily participated in the research. A questionnaire containing fifteen jokes focusing on sexism and racism

was administered. The jokes were taken from previous sources that had already been studied and tested for their humorous content. Results indicated that inexperienced employees rated neutral jokes as significantly more inappropriate than the experienced employee. White employees rated sexist jokes as more appropriate than did black employees. And surprisingly, black employees rated racism jokes as less offensive than did their white counterparts. A conclusion discovered in this study is that there are differences in perceived appropriateness of jokes among various groups. However, the appropriateness may also be determined by who tells the joke. In addition to limited generalizability, a limiting factor in this study is that it did not allow an individual to tell the joke during the data collection phase as the jokes were rated using paper and pencil.

A study by O'Quinn and Aronoff (1981) attempted to determine if humor influenced the outcome of a staged bargaining situation between subjects. Negotiation was used as a strategy in finalizing the price for a specific object. A landscape painting was used as the bargaining object in this experiment. It was hypothesized that there was greater compliance when humor was applied in bargaining situations than in non-humorous bargaining situations. Compliance in this experiment was measured by the amount of money the seller made in negotiating the final price of the bargaining object. There were 252 undergraduate subjects who participated in the study. Each bargaining session consisted of two

participants, one being the buyer and the other the seller. The role which the participants played was randomly assigned by a draw. Humor was introduced by using a prepared script containing a funny end to the final bid for the object. Using the multivariate analysis of variance, it revealed that there was greater frequency of laughter associated with humorous bargaining conditions and there was also a larger proportion of concessions made under these conditions. A conclusion made in this study was that humor did have a significant effect on interpersonal negotiations. A limitation of this study was that generalizing the use of humor in this manner cannot always guarantee success in bargaining situations.

In summarizing the above research studies, it can be concluded that humor is used in the work place. Humor can have a positive effect on peers, work relationships and situational outcomes. Care must be taken in evaluating the appropriate timing and type of humor used in certain situations and with certain individuals.

Research on humor among nurses. Sumners (1990) questioned 204 randomly selected registered nurses regarding their attitude towards humor. The purpose of the study was to examine the difference of their attitudes in their personal life and professional work setting. The Sumners Attitude Toward Humor Semantic Differential was the questionnaire used to collect the data. The findings indicated that the nurses' attitude towards humor was positive in both settings.

However, by performing a t-test, humor was viewed more positively in the personal setting. An analysis of variance examined the difference in attitude toward humor based on age. Supporting prior research, the older the subject, the more positive the attitude towards humor. The study concluded that the nurses had a positive attitude towards humor which may indicate they have some level of understanding of its benefits, and may use humor as an intervention. The use of humor in the professional work setting was described as mature, valuable and kind. The researcher concluded that humorous interactions were planned and not spontaneous. A strength of this study was that the positive aspects of humor were supported. Prior research on this topic was supported as well. As with any descriptive study, the researcher's ability to answer why the studied phenomenon occurs was limited.

Although current humor research among nurses was limited to this one study, similar results were found to exist in other work environments. A positive attitude towards humor may suggest it is a more readily used approach in personal as well as professional relationships. Nurses also value the type of humor used in their professional work environment and it tends to be more reserved in nature (Sumners, 1990).

Research on humor and groups. Banning and Nelson (1987) studied the effects of humor on group structure. Twenty-eight female subjects, consisting of

14 occupational and 14 non-occupational students at a midwestern university participated in the study. Each of the subjects from both groups was asked to select one of four dates on which to participate. In total, there were 8 groups with 3-4 members each. A total of 4 project groups resulted. Two groups of each participated in conditions identified as Hats-Parallel, Hats-Project, Bookmarks-Parallel and Bookmarks-Project. The hat activity involved creating hats under humorous conditions whereas the bookmarks were constructed under a non-humorous condition. In addition, subjects assigned to 'parallel' groups were asked to work independently and those assigned to 'project' groups were told to work together. Humor was introduced by requesting that the finished project be as silly as possible, enough to make the others laugh. The activity was completed in a 40 minute time period. Following the activity each subject completed the Osgood's Short-Form Semantic Differential and Group Environmental Scale (GES). Osgood's Short-Form Semantic Differential was used to measure the meaning of the activity to participants whereas the GES measured group cohesion. The results indicated that groups working under the humor conditions rated group cohesion significantly higher than groups working under non-humorous conditions. Using an analysis of variance it was suggested that there was a significant difference in the making of hat versus bookmarks. As noted earlier, the humor condition was only present in the projects involving construction of hats. Subjects had rated the

activity of making the hats higher than that of the bookmarks. Humor had an impact on the work climate which in turn improved the way group members work together. Limitations of this study include that the experiment used only female subjects. Therefore, it cannot be generalized to the male population. And since it was held in a controlled environment, it cannot be generalized to clinical situations.

Supporting prior research studies, humor produced similar results even in a controlled situation. A positive outcome on group members is suggested, specifically group cohesion. Working together also strengthens these relationships.

Research on humor and the older adult. Humor research among groups of older adults has been more widely studied than that of other groups. Humor has been found to have a positive effect on one's attitude towards aging and is suggested to have an influence on the relationships of the elderly. The results of these studies may provide significant information that may be helpful in research studies of other groups.

An investigation of the older adult's definition, regard and use of humor was conducted by Herth (1993). The variables studied included place of residence, functional ability, health status, gender, age and perceived health. These variables were then analyzed in relationship to the older adult's definition, regard, and use of

humor. Common themes and patterns were identified using a data reduction technique. The data were collected by a semistructured interview and the Background Data Form. Sixty older adults, 65 years of age and older, participated in the study. An interesting finding of this study was that humor was believed to function as a method of connectedness. Connectedness in this study was defined as a “feeling of unity or link with another person” (p. 150). It was noted that as the ages of the subjects increased, the definition of humor changed to become a “positive inner state of being that invites an expanded perspective, sense of freedom, and feelings of connectedness and warmth” (p. 151). The internal sense of humor was prominent. The findings in this study could assist the health care provider with strategies for effective use of humor with the elderly population.

A descriptive study by Simon (1988) examined the use of humor and its relationship to health outcomes in the older adult. The purpose was to determine the relationship of the use of humor to health, life satisfaction and morale. Using the Situational Humor Response Questionnaire (SHRQ), The Coping Humour Scale, Current Health Subscale, Life Satisfaction Index Scale and the Affect Balance Scale, correlations between each of the variables were calculated. Twenty-four older adults volunteered to participate in the study. Results revealed a significant positive relationship between situational humor and perceived health with $r=.43$ ($p<0.05$). Situational humor is the humor that is used in response to a

variety of experiences both perceived as stressful and non-stressful. Another significant positive relationship was between situational humor and morale with $r=.38$ ($p<0.05$). Conversely, there was a negative relationship between coping humor and the perception of health with $r=-.46$ ($p<0.05$). Coping humor is defined as the humor one uses when attempting to positively adapt to a stressful situation. A conclusion based on the findings of this study suggests that humor may be one phenomenon which has influence in the elder's perception of health. Generalizability was limited in this study as the sample size was small, consisted of all volunteers and included a specific geographical location.

The experience that "laughing with oneself" comes with maturity was the theme of a research study done by Malinski (1991). Using Martha Roger's Unitary Human Beings Model, this exploratory study attempted to describe the experience older couples have when laughing at themselves. An interview procedure was used. Single interviews of 20 voluntary couples served as the means for data collection. Questions were open-ended in nature and tailored specifically for this research study. An analysis-synthesis procedure was used in attempt to identify common themes. The following summary statements characterize the findings about humor in these relationships:

1. Laughing at themselves promotes connection, relationships with others.
2. It is a good, pleasant, light feeling they share with others.

3. They rarely agree with each other, but laughing at themselves helps them let go and not carry arguments over.
4. This has helped their relationship last and become closer.
5. The best is sharing the laughter. Otherwise, people are depressed all the time (Malinski, 1991).

Using the language of Martha Roger's Unitary Human Beings Model the following hypothesis was developed as a result of the interviews. "Laughing at oneself is an experience of evolving mutual field patterning that facilitates awareness of the harmonious mutual process, with participation in change manifested through descriptions of integrality and well-being in unitary human beings" (Malinski, 1991, p. 72). Data from this study suggest that laughing with oneself was a way to share and connect with others. This study can serve as support for the need of the nurse to evaluate strategies to use when working with older adults in designing their health patterning modalities. A limitation to this study is the language barrier that is created if the user is unfamiliar with the concepts related to the theoretical framework that was developed. A second limitation is the small sample size that limits generalizability.

A study by Fox-Tennant (1990) tested four hypotheses involving the use of humor and its effects on the morale of the older adult as a means for enhancing well-being. The four hypotheses were, that as a result of using humor:

1. Morale of the older adult will be increased.
2. Older adults will have a decreased sense of agitation.
3. Older adults will have an improved attitude towards aging.
4. Older adults will experience a decrease in lonely dissatisfaction.

The humor program consisted of six 30-45 minute humorous sessions that produced laughter, smiling and a sense of feeling good. The participants attended the sessions twice weekly for three weeks. This program was designed for older adults and included funny movies, a live comedian and a puppet show. Thirty-one adults between the ages of 65-91 voluntarily participated in the study. All volunteers resided in an apartment complex designed for the elderly. An experimental group of 19 participants and a control group of 12 participants were randomly assigned. The control group did not participate in the humor program. The Philadelphia Geriatric Center Morale Scale was administered to both groups prior to the experiment and after the humor program. A t-test was applied to the results of both the pre and post test. Only hypothesis 2 was supported as there was a significant decrease in agitation of the experimental group, while the agitation level of the control group increased. Based on the feedback given by the participants, individuals were attracted to different types of humor. It is important to recognize this prior to implementing humor as an intervention. Although not statistically significant, the overall decrease in the loneliness factor had a large

impact on the morale of the experimental group. The author offers a possible explanation in that the humor program may have promoted group cohesiveness by stimulating social relationships and encouraging social interactions between participants. A limitation of the study included its limited generalizability because of the small convenience sampling. A bias may have existed because of the greater number of women participating than men. Another limitation of the study was that there was no interaction among the control group subjects. The author suggested, in future studies, the control group should meet together like the others but with no planned humor. The lack of interaction limited the findings about the effect that the experiment had on the control group. The author suggested that some interaction occur among the control group members to eliminate the Hawthorne effect.

Research on group cohesion. Following is a review of the current research on group cohesion. In these studies, the words 'group attraction' may be substituted for group cohesion. Group cohesion may be viewed from different dimensions as some researchers believe that taking a single view of this phenomenon makes the potential findings from the studies incomplete.

A recent study by Tumulty, Jernigan and Kohut (1994) studied the impact of perceived work environment on job satisfaction of hospital staff nurses. The independent variable identified was group cohesiveness. It was suggested that

group cohesion could compensate for some of the common frustrations nurses faced in the work place. All nurses from a medium sized private metropolitan hospital were surveyed using a questionnaire. A 40% return rate or 159 subjects responded. The Work Environment Scale (WES) was the tool used in this study. Three major dimensions were measured. They were:

1. Relationship, which is further defined by member involvement, peer cohesion and supervisor support.
2. Personal growth, where autonomy, task orientation and work pressure are analyzed.
3. System maintenance and system change, in which clarity, control, innovation, and physical comfort are reported.

In addition, the Index of Work Satisfaction (IWS) was completed by the participants to measure their current level of satisfaction with certain components of their job. The components measured were: autonomy, staff interaction, pay, professional status, organizational policies, and task requirements. Significant differences resulted between nurses who showed high satisfaction and low satisfaction as it relates to relationship issues. One of these issues was group cohesion (measured on the WES). Staff nurses who reported a high level of satisfaction in their work environment responded positively to this important work relationship issue. Another finding in this study indicated that levels of cohesion

varied between units. Evidence supported a higher level of satisfaction with stronger manager and peer support. Interestingly, managers scored lower in relationships than staff nurses. Implications from this study suggest that it is important to have strong working relations with peers. It is suggested that current work redesign efforts should be centered around developing cohesive work groups. A limitation of this study is the inability to generalize findings as subjects who participated were volunteers and practiced in the same organization.

Undergraduates (N=72) participated in a research study conducted by Rotheram, La Cour and Jacobs (1982) which evaluated the differences in group cohesion, trust, attraction and perceptions of feedback. Nine groups consisting of eight members each, were randomly assigned to meet once for a two hour session. Each group completed an exercise that was designed to build intimacy between members. After the exercise, the groups were to provide feedback to other members in the group. Groups were randomly assigned to one of four feedback conditions:

1. Positive valence, verbal feedback.
2. Positive valence, non-verbal feedback.
3. Negative valence, verbal feedback.
4. Negative valence, non-verbal feedback.

Positive valence represents a socially desirable response mode whereas the negative valence is considered socially undesirable. Three groups were assigned to the positive valence, verbal feedback condition, whereas the other conditions were each assigned two groups. Members of the verbal feedback condition were asked to provide their feedback verbally, whereas, the non-verbal members were to communicate their feedback through facial expressions. Following the feedback sessions subjects completed three forms which rated group attractiveness, physical attractiveness and trust. Group attractiveness was measured using the Group Attractiveness Questionnaire, whereas the other two variables were measured using a nine-point scale rating each from a high of nine to a low of one. Using analysis of variance, results showed a significant difference in positive feedback versus negative feedback on all three variables. Participants identified more readily with their group in the positive feedback condition. The affective consequences of the interaction which measured group cohesion were rated superior when using positive feedback which could suggest that this may develop a desirable climate.

In an experiment conducted by Zaccaro and Lowe (1988) two types of cohesiveness were examined and contrasted. The two types identified were task-based cohesion and interpersonal cohesion. Task-based cohesion is a result of a group working together to obtain a common goal. Interpersonal cohesion is based

upon the relationship between group members. Students (N=158) from a university psychology class participated in this experiment as part of their course credit. Subjects were assigned to work in either two or four subject groups. They were asked to construct “moon tents” and place the finished product in separate containers near their work stations. A fifteen minute period was given to each group to construct as many “moon tents” as possible. Prior to the group task exercise, subjects were randomly assigned to two interpersonal cohesion conditions. The high interpersonal cohesion group participated in an exercise which promoted attractiveness between members. They were asked to share personal aspects of themselves with other group members. The low interpersonal cohesion group performed an exercise designed to inhibit attraction by minimizing group interactions. After these exercises, the subjects were once again placed in groups experiencing either high or low task cohesion conditions. In addition, the members of the high task cohesion group were informed that the group having the best score would receive extra credit. Results indicated that high task cohesion did affect performance positively. High interpersonal cohesion did influence task commitment and also increased group member interaction. However, there was no effect on performance. Conversely, the opposite was supported with low interpersonal and task cohesion groups. An area that needs further investigation is the effect of interpersonal cohesion on different tasks. The authors suggest that

increased conversation and attractiveness of group members may be different than reported in this study. Additional research is needed using a multidimensional approach where there are different levels and types of cohesion to be considered. Most research to date has studied a unitary or one dimension of cohesion to study.

Members of a variety of groups (e.g., drug abusers, weight loss groups, self-help groups) responded to a research questionnaire exploring why people join groups to effect personal change. Two hundred twenty-seven subjects participated in this study. Stokes (1983) examined the three constructs related to cohesion using the Three Factor Group Questionnaire. This tool measures the attraction of members to the group, instrumental value of the group and risk taking that occurs within the group. It is thought that attractiveness between members is present in group cohesion. However, empirical evidence is lacking to support this belief. Instrumental value represents the degree to which individual members view the group as meeting their needs. Risk taking is viewed as intimate self-disclosure and the freedom to express hostility and conflict within an identified group. The assumption that there is a relationship between risk taking and group cohesion has been supported with high risk taking activities correlated with greater group cohesion. Results of Stokes's study indicate that there is a relationship between risk taking, member attractiveness and instrumental value and that of group cohesion. Significant correlations between group cohesion with that of risk taking,

attraction to group members and instrumental value were .425, -.563, and .680 respectively. However, suggesting that cohesion is the combination of these three constructs can not be determined. The author suggested that the results would be helpful in determining which aspects of cohesion are important for different types of groups. Group leaders could use this information to increase cohesion in personal change groups. A caution with this study is drawing conclusions beyond the data.

The results of these studies indicate that cohesion is an important component in the overall functioning of a group. A cohesive group can positively affect satisfaction towards one's job, improve outcomes produced by its members and provide support for members who take risks. Factors influencing cohesion are many and for the purpose of this study, humor was evaluated as one of these.

Definition of Terms

The key concepts identified in this study were:

1. Humor: a contextual stimulus external to an individual that is perceived to be incongruent, arising from disjointed or ill-suited pairings of ideas which evoke a response of laughter. Humor is viewed as a contributive behavior that nurtures and provides psychological support to another person.

2. Group: individuals who come together for a particular purpose from an outside source or intervention (Toseland & Rivas, 1984).

3. Cohesion: the result of all forces acting on members to remain in a group (Festinger, Schacter & Back, 1950). Cohesion is an adaptive response of group members to a contextual stimulus, such as humor.

4. Adaptation: the range of stimuli to which persons can respond with ordinary effort (Roy, 1984).

The following research question was formulated as a result of examining humor and group cohesion within Roy's (1984) theoretical framework: What is the relationship between the use of humor by group members and its effect on cohesion, a component of positive group adaptation?

Hypotheses

The resultant hypotheses were identified as:

1. Group members who value humor and use humor to cope, will have a higher assessment of group cohesion.

2. Groups, rank ordered based on the mean ratings of humor, will be similarly ranked on the mean rating of group cohesion.

These hypotheses were developed based on two assumptions. These are (a) group members who value humor will have a tendency to use humor with other group members and (b) group members who use humor to cope in general will also use humor to cope within their work group.

CHAPTER 3

METHODOLOGY

Research Design

The purpose of this study was to describe the relationship between the use of humor and its effect on group cohesion. A descriptive correlational design with a survey methodology was used. This design was chosen as there was no manipulation or control over the independent variable. In this study the independent variable was humor. There was also no random assignment to the groups.

An advantage of using this type of research design is it allows the collection of a large amount of data about an understudied phenomenon (Polit & Hungler, 1987). In addition, the natural setting for the data collection is maintained. A problem with the research design can be a limited return of the surveys which can reduce the number of members per group to examine. In this study attempts to avoid this problem included provision of conveniently located drop boxes to return the surveys, enclosed pencil and reminder notices posted on each unit.

Other factors that were not measured in this study may also explain group cohesion. These included the relationship between leader support and group cohesion, the acceptance of innovation and expressiveness among staff members, and the amount of order and organization found on the unit. Each may have had an effect on group cohesion as these variables impact the environment surrounding the work group.

Sample and Setting

The source of subjects used in this study were staff nurses who worked on inpatient units in a 529-bed metropolitan regional hospital located in the mid west. All staff nurses were current employees of the hospital and were assigned to the study units. The subjects provided care for patients on adult medical-surgical units. One hundred thirty-three surveys were distributed to all staff nurses employed on the four adult units. Seventy-one participants completed the surveys and were included in this study. This represented a return rate of 53 percent.

The respondents' ages ranged from 21 to 50 years. The median age was 31 years and the modal age was 24 years. Ninety-seven percent were female and 3% were male. All of the subjects were Caucasian. The length of employment as a Registered Nurse ranged from 1 year to 29 years with the average being 7 years. The amount of time that the staff members were employed on their current unit ranged from 1 year to 24 years. Sixty-three percent worked full-time and 37%

worked part-time. A Bachelor's degree was the most common level of education held by 52% of the participants, whereas an Associate's degree was held by 30% and a Diploma was held by 18%.

In addition to the employing unit, day, evening and night shifts were used to identify the groups to which subjects belonged. Those staff members working twelve hour shifts or a combination thereof, were placed in the group where the majority or 51% of their total work time fell. A total of 71 participants, 4 units and 7 groups were examined.

A power analysis to determine a sample size estimate for a bivariate correlation recommended 32-88 participants to be included for a modest correlation of .30-.50 (Polit & Hungler, 1987). This sample size represented the number of individual members needed to test the hypothesis: The more a group member values humor and uses humor for coping, the higher the assessment of group cohesion.

To test the hypothesis analyzing groups, a power analysis with a modest effect size (.25- .50) of difference in means among groups needed to have 63 to 251 in each group to identify significant results (Polit & Hungler, 1987). This sample size represented an unrealistic number of participants as units in this metropolitan hospital do not employ this number of professional staff members. The available sample size for each group is recognized as a limitation of the study.

Instruments

An instrument (Appendix A) used in this study is the Coping Humour Scale (Lefcourt & Martin, 1986). The Coping Humour Scale (Used by permission, see Appendix B) assesses the subjects' use of humor to cope with stressful experiences. This scale was short and contained 7 items. Subjects rated each of the 7 items on the degree to which they agree or disagree with the statement. A 4 point Likert-type scale was used, with 1 being strongly disagree; 2, mildly disagree; 3, mildly agree; and 4, strongly agree. A total score was computed by adding the ratings on all 7 items. An internal consistency measurement produced Cronbach's alphas in the .60 to .70 range (Lefcourt & Martin, 1986). In this study, an internal consistency measurement using Cronbach's alpha was .72.

The following studies assessed the validity of the Coping Humour Scale. The first study (Lefcourt & Martin, 1986) examined the validity by focusing on the self-acceptance of humor. This study used peer ratings and behavioral mirth responses in failure experiences to measure the self-acceptance of humor. Sixty undergraduate college students participated in the study. Peer ratings were obtained through telephone interviews. They rated the known subjects on their perception of the individual's sense of humor. The assessment of the behavioral responses was rated by the frequency the subject laughed and/or smiled following an event of failure. The event of failure was experienced by a video task. The

subjects also completed a self-esteem scale. It was felt that self-esteem is linked to self-acceptance humor. The results of the peer ratings showed significant correlations between self-esteem and self-acceptance humor in the range of .20-.70. In addition, the results indicated a substantial agreement between the scores obtained by the subjects as well as the scores given by their peers. The results of the video failure experience demonstrated a significant though small correlation in the .20-.30 range with that of the score given by the individual's peer.

Another study (Lefcourt & Martin, 1986) which assessed the validity of the Coping Humour Scale was done in an attempt to study the role of humor in reducing stress. Twenty-five participants (14 males and 11 females) were asked to make up a humorous narrative while watching a stressful silent movie. The subject of the movie involved a tribe in Australia whose initiation rites include an operation on the penis and scrotum using sharpened pieces of flint. Each of the subjects' narratives was recorded. A scale from 0 to 3 was used in rating the overall humor. The interrater reliability on the application of this scale was $r=.10$. These subjects had previously completed the Coping Humour Scale. Although it must be considered with caution, a correlation of $r=.50$ ($p<.01$) between the humor rating score and the Coping Humour Scale was found.

The second instrument (Appendix C) used in this study to measure humor is the Sense of Humor Questionnaire (Form SH-1). The Sense of Humor (Form SH-

1) questionnaire is an 18 item scale using a Likert type format (Herzog & Bush, 1994) (Used by permission, see Appendix B). Each of the 18 statements is rated on a 7 point scale with 1 being strongly disagree; 2, disagree; 3, slightly disagree; 4, neutral; 5, slightly agree; 6, agree; and 7, strongly agree. The reliability of the Sense of Humor tool using coefficient alpha was .80 (T. Herzog, personal communication, April, 11, 1995). Using Cronbach's alpha, an internal consistency of .85 was found in this study.

In a study by Herzog and Karafa (in press), 115 participants rated their overall perception of humor. The study showed a positive relationship with this scale and the overall rating of humor stimuli. This was, therefore, considered a significant positive predictor in the appreciation of this construct of humor.

The Group Environmental Scale or GES (Moos, 1994) is a social climate tool that measures 10 characteristics of groups. These are identified as: Cohesion, Leader Support, Expressiveness, Independence, Task Orientation, Self-Discovery, Anger and Aggression, Order and Organization, Leader Control, and Innovation. The GES contains 90 true-false statements that, through factor analysis, have been shown to measure these ten variables. Each of the ten variables were measured under three dimensions. For the purpose of this study, only cohesion was considered. A modified version of the GES was used. The nine questions that measured group cohesion were extracted from the tool and administered to the

groups in a format similar to the original (Permission to modify the instrument can be found in Appendix B).

Internal consistency of the GES using 246 respondents revealed alpha values for the subscales ranging from .62 to .86 with an average of .70 (Illback, 1985). Test-retest reliability at an interval of one month with a sample of 63 ranged from .65 to .87 for the subscales. The subscale, cohesion, which was the focus of this study had an internal consistency of .86. The test-retest reliability after one month was .79 for the cohesion subscale. A Kuder-Richardson formula 20 measured an internal consistency of .91 in this study. However, caution should be used as the internal consistency measured for this study may partially be an effect of using the cohesion subscale alone. Previous measures of internal consistency were a result of the subscale cohesion in its original format as part of a much larger instrument. Overall, the information provided for the GES suggested a reliable instrument.

Each participant was asked to complete a subject characteristic profile (Appendix D) along with the three surveys previously identified. The subject characteristic profile was used to assign the participants to their work groups via identification of unit worked and shift. This profile also allowed for information about other variables to be collected. All three tools and the subject characteristic profile were completed in order to be included in this study.

Procedure

Approval for this study was obtained from the Grand Valley State University Human Research Review Committee. In addition, approval was obtained from the Research Committee of the hospital in which the subjects were employed and where the study took place. Once approval was obtained, participant recruitment and data collection proceeded.

All participants were voluntarily recruited for the study. Initially participants were recruited through the Director of the selected units from staffing rosters. Criteria for sample selection were shared with the Director in order to facilitate appropriate identification of potential participants. All staff members meeting the criteria were included.

Surveys were distributed to each potential participant through an already established unit specific method of receiving in-hospital mail (e.g., staff mailbox). A cover letter (Appendix E) was attached to each packet of surveys. The cover letter described the reason for asking the participant to complete the surveys, described the procedure for returning completed surveys and included other incidentals related to the research study. The researcher's telephone number was identified in the cover letter so that questions from participants could be answered. The drop box was conveniently located on each unit. The participants were given three weeks to complete the subject characteristics profile and all three surveys.

The subject characteristics profile and all three surveys must have been returned in order to consider the participant a part of the study. Informed consent was assumed when participants returned completed surveys. Confidentiality of the participants was maintained as there were no names or identifying numbers attached to the surveys.

CHAPTER 4

DATA ANALYSIS

Characteristics of Groups

The four adult medical-surgical units used in this study employed 133 nurses of which 71 completed all three surveys and subject characteristic profile. Each unit was assigned a number from 1 to 4. The ages of the subjects in all four groups ranged from 21-50 years. The distribution of the study participants by unit and age is shown in Table 1:

Table 1

Sample Distribution Based on Unit and Age

Unit Number	n	Age Range	Mean Age (s.d.)
1	20	21-50	31.65 (8.22)
2	18	24-43	31.89 (5.03)
3	17	24-44	30.41 (7.22)
4	16	24-45	33.19 (6.56)

The length of time the subjects were employed as Registered Nurses (RNs) varied from unit to unit. Units 1 and 2 had similar distributions with the median at

6 and 6.5 years respectively, whereas unit 3 had relatively new staff with the median of 3 years of employment as a RN. Unit 4 was the most experienced group with a median of 12 years of employment. The years of employment on the employing unit were more similar across units, with unit 3 having the shortest employment on the unit. Data about subjects' employment as a Registered Nurse and employment on the current unit is summarized in Table 2.

Table 2

Respondents' Years of Employment as a Registered Nurse and on Current Unit

Unit	<u>Employment as a Registered Nurse</u>			<u>Employment on Current Unit</u>		
	range	median	mean(s.d.)	range	median	mean(s.d.)
1	1-29	6.00	7.50 (6.58)	1-21	6.00	7.15 (5.50)
2	1-22	6.50	7.44 (5.77)	1-19	7.00	7.39 (5.34)
3	1-21	3.00	5.88 (6.39)	1-24	3.00	5.06 (5.65)
4	3-23	12.00	11.56 (6.20)	1-20	7.50	8.63 (6.25)

As expected, the majority of the subjects worked either the 7a-3p or 7a-7p shift. However Unit 4 had a higher percentage of respondents who worked the night or 7p-7a shift. The distribution of sample based on shift is depicted in Table 3.

Staff members are considered full-time when working 72-80 hours every two weeks. Units 1 and 2 are approximately two-thirds full-time whereas

respondents from Units 3 and 4 are fairly equally distributed between full and part-time. Table 4 shows the breakdown of full and part-time subjects on each unit.

Table 3

Distribution of Respondents' Shift Assignment by Unit

Unit	Percent Shift Distribution					Total n(%)
	7a-3p n(%)	7a-7p n(%)	3p-11p n(%)	7p-7a n(%)	11p-7a n(%)	
1	6(30.0)	5(25.0)	5(25.0)	4(20.0)	0(00.0)	20(100)
2	5(27.8)	3(16.7)	6(33.3)	2(11.1)	2(11.1)	18(100)
3	6(35.3)	1(05.9)	5(29.4)	3(17.6)	2(11.8)	17(100)
4	4(25.0)	3(18.8)	1(06.3)	7(43.8)	1(06.3)	16(100)

Table 4

Sample Distribution Based on Type of Position for Unit-based Groups

Unit	Percent Full-time/Part-time	
	Full-time n(%)	Part-time n(%)
1	14(70)	6(30)
2	12(67)	6(33)
3	10(59)	7(41)
4	9(56)	7(44)

The level of education among subjects varied. The acute care hospital where the study was conducted at one time had a Diploma Degree program. This accounts for the high percentages in this level of education. No subjects had

completed a graduate degree. Table 5 shows the distribution of the subjects by education level.

Table 5

Education of Respondents by Unit

Unit	<u>Professional Education</u>		
	Diploma Degree n(%)	Associate Degree n(%)	Bachelor Degree n(%)
1	3(15.0)	3(15.0)	14(70.0)
2	5(27.8)	6(33.3)	7(38.9)
3	2(11.8)	5(29.4)	10(58.8)
4	3(18.8)	7(43.8)	6(37.5)

The seven groups formed by staff members who worked the same shift and unit consisted of 59 individuals from all four of the adult medical-surgical units identified above. Twelve of the respondents were not used because the shift and unit that they worked did not result in a subsample of adequate size (at least eight members) for study of the research hypothesis. The groups were identified by using their unit and shift assignment. These groups were formed where the largest number of staff members worked together. Due to staff members working both eight and twelve hour shifts, overlapping of shifts did occur. Each staff member was assigned to only one group. Group identification numbers are based on the unit (1-4) and the shift assignment (D=days, E=evenings, N=nights).

Age distribution varied in each of the seven groups. Group 1D's subjects had the most widely distributed age, whereas Group 2E's subjects were most similar in age. Table 6 depicts the distribution of the study groups based on shift, unit and age.

Table 6

Sample Distribution Based on Shift, Unit and Age

Unit	n	Majority Shift	Group Assignment	Age Range	Mean Age (Standard Deviation)
1	11	Day	1D	21-50	35 (8.97)
1	9	Night	1N	22-38	27 (4.88)
2	8	Day	2D	27-43	34 (5.83)
2	8	Evening	2E	27-34	31 (2.83)
3	8	Evening	3E	24-41	27 (5.78)
4	7	Day	4D	24-45	33 (7.47)
4	8	Evening	4E	24-42	34 (6.61)

Sample distribution based on employment as a Registered Nurse and employment on the current unit is listed in Table 7. Interestingly, subjects in four groups had worked on their current unit for a long period of time, median 7 years or more (mean = 10 years or more) and three groups had worked together for a relatively short period of time (less than 5 years).

Table 7

Respondents' Years of Employment as a Registered Nurse and Employment on Current Unit

Group	Employment as a Registered Nurse			Employment on Study Unit		
	range	median	mean (s.d.)	range	median	mean (s.d.)
1D	1-29	7.00	10.00 (7.85)	1-21	7.00	9.46 (6.20)
1N	1-9	4.00	4.44 (2.60)	1-9	3.00	4.33 (2.74)
2D	5-22	8.50	10.75 (5.87)	5-19	10.00	11.13 (5.17)
2E	1-8	4.50	3.88(2.64)	1-9	4.50	4.38 (3.20)
3E	2-20	2.50	5.00(6.16)	2-9	2.50	3.63 (2.45)
4D	3-23	13.00	11.43(6.53)	3-20	7.00	9.14 (6.15)
4E	3-22	12.00	1.75(6.76)	1-18	8.00	9.13 (6.51)

The groups' composition based on type of employment were rather similar with the exception of two groups. Group 2E consisted of 50% full and part-time subjects and Group 4E had more part-time subjects than full-time subjects. Table 8 represents the distribution based on type of employment.

Overall, the education level of the subjects was diverse. However, Group 1N consisted of all Bachelor Degree prepared subjects. Below, Table 9 represents the distribution of subjects based on the highest level of education obtained.

Table 8

Sample Distribution Based on Type of Position by Study Group

Group	Percent Full-time n(%)	Percent Part-time n(%)
1D	8(72.7)	3(27.3)
1N	6(66.7)	3(33.3)
2D	7(87.5)	1(12.5)
2E	4(50.0)	4(50.0)
3E	5(62.5)	3(37.5)
4D	5(71.4)	2(28.6)
4E	3(37.5)	5(62.5)

Table 9

Sample Distribution Based on Education of Study Groups

Group	Diploma Degree n(%)	Associate Degree n(%)	Bachelor Degree n(%)
1D	3(27.0)	3(27.0)	5(46.0)
1N	0(00.0)	0(00.0)	9(100)
2D	4(50.0)	2(25.0)	2(25.0)
2E	1(12.5)	3(37.5)	4(50.0)
3E	1(12.5)	0(00.0)	7(87.5)
4D	2(28.6)	3(42.9)	2(28.6)
4E	1(12.5)	3(37.5)	4(50.0)

Analysis of the Research Hypotheses

Hypothesis 1. The first hypothesis is “Group members who value humor and use humor to cope, will have a higher assessment of group cohesion.” The independent variable, humor was measured at the interval level. The Total Humor Score was used to measure humor. The Total Humor Score was a composite of the Coping Humour Scale and the Sense of Humor Questionnaire scores. The dependent variable, group cohesion was also measured at the interval level. Group cohesion was measured by using the score obtained on the Cohesion Subscale of the Group Environmental Scale (GES). The Pearson r correlation coefficients were calculated to determine if a significant relationship existed between the Coping Humour Scale, Sense of Humor Questionnaire, Total Humor Score and the Cohesion Subscale of the Group Environmental Scale (GES). Relationships were considered significant at the 0.05 level.

Correlations between the Total Humor Score, Sense of Humor Questionnaire and the Coping Humor Scale were significant for all of the units. Table 10 represents the results of these statistical tests.

The correlation between total humor score and group cohesion for the whole sample ($N=71$) was not significant ($r=.20$, $p=.09$). For Units 1-4, the Pearson r correlation coefficient between humor (on all three measures) and group cohesion (Table 11) were nonsignificant with exceptions that could happen by

chance. In Units 2 and 4 there was a significant relationship between the Coping Humour Scale which measured the individual member's use of humor to cope, and their assessment of group cohesion. Due to the overwhelmingly nonsignificant results, the first hypothesis was rejected.

Table 10

Correlations Among Humor Scores by Study Units

Unit	<u>Correlations between the Total Humor Score and:</u>	
	<u>Sense of Humor</u>	<u>Coping Humour</u>
	r (p)	r (p)
1	.9937(.000)	.7007(.000)
2	.9887(.000)	.8720(.000)
3	.9841(.000)	.5567(.010)
4	.9907(.000)	.7587(.000)

Table 11

Correlations Between Humor Scales and Group Cohesion

Unit	<u>Group Cohesion Subscale Correlated With</u>		
	<u>Sense of Humor</u>	<u>Coping Humour</u>	<u>Total Humor</u>
	r(p)	r(p)	r(p)
1	.0476(.421)	.0528(.412)	.0507(.416)
2	.2550(.154)	.4308(.037)	.3080(.107)
3	-.0550(.417)	.3316(.097)	.0143(.478)
4	.3159(.117)	.5123(.021)	.3681(.080)

Table 12 represents the correlations between the humor scores by study group. All correlations were significant except for the measure between the Total

Humor Score and the Coping Humour Score for Group 4E. The correlations between the Total Humor Score and the Sense of Humor Questionnaire were consistently higher than those with the Coping Humour Scale.

Table 12

Correlations Among Humor Scores by Study Group

Group	<u>Correlations between the Total Humor Score and:</u>	
	<u>Sense of Humor</u> r(p)	<u>Coping Humour</u> r(p)
1D	.9917(.000)	.6637(.026)
1N	.9964(.000)	.8172(.007)
2D	.9932(.000)	.9220(.001)
2E	.9967(.000)	.9257(.001)
3E	.9944(.000)	.8050(.016)
4D	.9988(.000)	.9320(.002)
4E	.9691(.000)	.6807(.063)

Among the study groups, few significant relationships were found between the humor value measures and group cohesion. Groups 1D and 3E demonstrated significant relationships between both the Sense of Humor and the Total Humor Score and that of group cohesion. Group 1D had positive correlations and Group 3E had negative correlations among these measures. Otherwise no significant correlations existed between the groups' value and use of humor to cope with group cohesion. Table 13 depicts these correlations. Based on the absence of

consistently significant correlations and the inconsistent direction of the 4 significant correlations, this hypothesis was rejected.

Table 13

Correlations between Group Cohesion and Humor Scores by Study Group

Group	<u>Group Cohesion Subscale Correlated With</u>					
	Sense of Humor		Coping Humour		Total Humor	
	r	(p)	r	(p)	r	(p)
1D	.5278	(.048)*	.3874	(.120)	.5375	(.044)*
1N	-.1832	(.319)	-.2098	(.294)	-.1918	(.311)
2D	.3613	(.190)	.4003	(.163)	.3792	(.177)
2E	.3336	(.210)	.4273	(.146)	.3557	(.194)
3E	-.8785	(.002)*	-.5560	(.076)	-.8591	(.003)*
4D	.3210	(.241)	.6109	(.073)	.3587	(.215)
4E	.1453	(.366)	.4311	(.143)	.2424	(.281)

Note: *Represents significant finding

Hypothesis 2. This hypothesis states that groups, rank ordered based on the mean ratings of humor will be similarly ranked on the mean score of group cohesion. Both units and study groups were rank ordered. After rank ordering, a Kruskal-Wallis test was used to determine if there was a significant difference between the rank ordering of the groups using the Total Humor Score and the mean cohesion score. A post hoc Mann Whitney U test was done to determine where the difference occurred between the groups.

Table 14 represents the humor scores and rank ordering of Units 1-4 on all of the humor scores and group cohesion score. While Unit 4 ranked lower on the four measures (3rd or 4th) the hypothesis was rejected based on the overall inconsistent rankings among these four units.

Table 14

Rank Ordering of Units Based on Mean Humor Scores and Mean Group Cohesion Score

Unit	Sense of Humor Mean Score(Rank)	Coping Humour Mean Score(Rank)	Total Humor Mean Score(Rank)	Group Cohesion Mean Score(Rank)
1	84.25 (2)	21.95 (1)	106.20 (1)	6.15 (3)
2	85.11 (1)	20.00 (3)	105.11 (2)	8.00 (1)
3	74.94 (4)	20.35 (2)	95.29 (4)	7.35 (2)
4	76.63 (3)	19.38 (4)	96.00 (3)	4.69 (4)

Table 15 represents the rank ordering of study groups based on all humor scores as well as group cohesion. Groups who ranked the highest (1 or 2) or the lowest (6 or 7) on their value and use of humor to cope also ranked accordingly on group cohesion. This level of consistency did not apply to the groups who ranked in the middle levels. The hypothesis was rejected based on the overall inconsistency of these findings.

A Kruskal-Wallis one-way ANOVA was used to test the rank ordering of the study groups. Only Total Humor Score and Group Cohesion Score were examined. The results of the Kruskal-Wallis one-way ANOVA indicated that

there was a significant difference among the study groups on the measure of humor ($X^2=12.657$, d.f.=6, $p=.0488$). The Kruskal-Wallis approached significance on the measure of group cohesion ($X^2=11.672$, d.f.=6, $p=.0697$). A post hoc Mann-Whitney U test indicated the differences existed between study groups 2D and 4D. The U statistic for group cohesion between 2D and 4D was 5.0 ($p=.0049$). The U statistic for total humor between 2D and 4D was 11.5 ($p=.0558$).

Table 15

Rank Ordering of Study Groups Based on Mean Humor Scores and Mean Group Cohesion Score

Group	Sense of Humor Mean Score(Rank)	Coping Humour Mean Score(Rank)	Total Humor Mean Score(Rank)	Group Cohesion MeanScore(Rank)
1D	86.27 (2)	21.55 (3)	107.82 (2)	5.82 (5)
1N	81.78 (5)	22.44 (1)	104.22 (4)	6.56 (4)
2D	87.13 (1)	22.38 (2)	109.50 (1)	8.75 (1)
2E	85.13 (3)	18.50 (6)	103.63 (5)	7.13 (3)
3E	69.13 (7)	20.00 (5)	89.13 (6)	7.38 (2)
4D	70.14 (6)	17.86 (7)	88.00 (7)	4.00 (7)
4E	83.88 (4)	20.63 (4)	104.50 (3)	5.50 (6)

Additional Findings

Other relationships were examined using information provided by the subject characteristic profile. These included relationships between individual age, length of employment as a Registered Nurse, length of employment on the current unit, and professional education and the individual's value of humor, use of humor

to cope, and the perception of cohesion among work group members. Correlations were examined in the study groups to determine if age, length of employment as a Registered Nurse, length of employment on the current unit or professional education produced significant relationships. Tables 16, 17 and 18 depict the correlations between these variables. All but one of these correlations were nonsignificant. Since one significant correlation could occur by chance, this is not considered important.

Table 16

Correlations Between the Value of Humor and Subject Characteristics by Study Group

Group	Age r(p)	Employ RN r(p)	Employ Un r(p)	Education r(p)
1D	-.0969(.777)	-.4602(.154)	.3392(.308)	.4753(.139)
1N	.1860(.632)	.4402(.236)	.4902(.180)	. (.)
2D	.7036(.052)	.4841(.224)	.5722(.138)	.0828(.846)
2E	-.2478(.554)	-.1237(.770)	.1943(.645)	.1563(.712)
3E	.1136(.789)	.1008(.812)	.0458(.914)	-.1309(.757)
4D	-.1192(.799)	-.4186(.350)	-.6077(.148)	.5192(.232)
4E	.0558(.896)	-.2187(.603)	-.1955(.643)	-.3632(.377)

Table 17

Correlations Between the Use of Humor to Cope and Subject Characteristics by Study Group

Group	Age r(p)	Employ RN r(p)	Employ Un r(p)	Education r(p)
1D	.2178(.520)	.2451(.468)	.3558(.283)	.2967(.376)
1N	.0597(.879)	.0476(.903)	.1561(.688)	. (.)
2D	.4984(.209)	.1046(.805)	.4275(.291)	.3851(.346)
2E	-.1480(.726)	-.0968(.820)	.0653(.878)	.1563(.712)
3E	.1156(.785)	.0867(.838)	.2185(.603)	.0000(1.00)
4D	-.0175(.970)	-.3067(.503)	-.5204(.231)	.5615(.190)
4E	.7488(.033)	.5228(.184)	.6114(.107)	-.3427(.406)

Table 18

Correlations Between Group Cohesion and Subject Characteristics by Study Group

Group	Age r (p)	Employ RN r (p)	Employ Un r (p)	Education r (p)
1D	.0388(.910)	.0087(.980)	.3245(.330)	.2097(.536)
1N	-.7953(.010)*	-.6509(.058)	-.6120(.080)	. (.)
2D	.2646(.526)	.3415(.408)	.4330(.284)	-.1741(.680)
2E	-.2376(.571)	.6570(.077)	.6117(.107)	.5699(.140)
3E	.1928(.647)	.1929(.647)	.2772(.506)	-.1314(.757)
4D	.5731(.179)	.3859(.393)	.2005(.666)	.0000(1.00)
4E	-.0924(.828)	-.2374(.571)	-.0381(.929)	.2822(.498)

Note: *Represents significant findings

CHAPTER 5

DISCUSSION AND IMPLICATIONS

Discussion Related to Findings

The findings of this study did not support hypothesis 1: Group members who value and use humor to cope did not consistently have a higher assessment of group cohesion. There were no consistent significant findings among the four units with their assessment of the three humor measures and group cohesion. However, on two of the four units, there were significant correlations between the use of humor to cope and that of group cohesion.

In the study groups, results were similar to those of the units. Only two groups had significant correlations. The significant findings among these two groups were the relationship between the group's Total Humor Score and group cohesion, and value of humor and group cohesion. Interestingly, one group had positive correlations and the other negative. The most significant correlation was found in results reported in study group 3E. They had strong negative correlations (-.8745 and -.8591) among these variables. This may indicate that this study group viewed themselves as cohesive, however, demonstrated little value or use of

humor (see Table 15), thus the negative correlation between group cohesion and the humor scores. The small sample size makes this finding more notable.

Partial support for hypothesis 2 was found in this study: Groups, rank ordered based on the mean rating of humor will be similarly ranked on the mean rating of group cohesion. The hypothesis was supported by the study groups who scored at the farthest extremes, i.e., were the highest or the lowest in their value and use of humor to cope and their assessment of group cohesion. The hypothesis was not supported by groups who ranked in the middle as their rankings varied on both the humor and group cohesion scores.

The study groups that supported hypothesis 2 ranked either first or last on 3 of the 4 measures. Study group 2D ranked number one on all measures except on the Coping Humour Scale where it ranked number two. And study group 4D ranked last on all measures except on the Coping Humour Scale, where it ranked number six. These results may indicate that there is a relationship between the value and use of humor to cope with that of group cohesion at the extremes. In addition, the two groups were similar to each other in demographic characteristics. The mean age of study group 2D was 33.5 years and 4D was 33.0 years. Both groups had similar lengths of employment as a Registered Nurse with mean length of employment of 10.75 to 11.43 years respectively. The length of time employed on their current unit also was similar with mean lengths of

employment as 9.14 to 11.13 years respectively. Other areas that were similar between 2D and 4D included the percentage of full and part-time members, sex of group members and distribution of educational levels.

Discussion Related to Literature Review

The literature review supports some of the findings in this study. The literature supports the concept that levels of cohesion vary between units and that many factors affect this (Tumulty, Jernigan, & Kohut, 1994). In this study, a wide range of scores existed among group members on their assessment of the level of group cohesion on their units. This wide range may represent the difference in the strength of their working relationships. According to Tumulty et al. (1994), some reasons affecting the strength of these working relationships may include leadership or peer support, participation in the decision making process, clearly defined goals or vision of the unit where they work and comfort of the work place.

Staff member feedback also influences an individual's assessment of group cohesion. Group members who provide positive feedback to others may create a desirable climate in which to work. For those members who are constantly exposed to negative feedback conditions, Rotheram, La Cour, and Jacobs(1982) suggest the outcome will be negative. This may explain the two groups who ranked at the opposite ends of their assessment on group cohesion. One group

may be working in an environment where positive feedback is readily given and accepted and the other where negative feedback is common.

Zaccaro and Lowe (1988) support two types of cohesion, task-based and interpersonal cohesion. It has been noted that groups who are encouraged to interact with one another have a higher tendency to be cohesive. In today's healthcare environment efficiencies are essential. In order to provide cost effective care many nursing activities have been decentralized. Activities such as decentralized charting, bedside medications, and nurse servers only discourage interactions between healthcare team members. This may explain the low assessment of cohesion among Registered Nurses in this study.

Humor, although positive, may or may not have an effect on relationships. Studies have cautioned individuals to carefully assess whether or not to use humor in certain situations. White and Howse (1993) suggested that humor should not be considered a reward for professional work nor as a means to improve relationships between nurses. In addition, all types of humor are not positively received by everyone equally. This may explain the differences in the scores of the humor scales used in this study.

Even though the manager is usually the least likely to initiate jokes, the manager's response to humor also plays a key role in the work place (Duncan, 1985). In this study, a conclusion can not be drawn as to the role the manager did

or did not play in the use of humor on the unit as no assessment of the manager was completed.

Duncan (1985) supports that more experienced employees are more likely to initiate jokes in the work place than their less experienced peers. Fox-Tennant's (1990) study supports that the older the subject, the more positive the attitude towards humor. This may in part support the finding that the group in this study who valued and used humor to cope the most was one of the groups with some of the more experienced Registered Nurses.

Another factor which may have influenced the results in this study was the individual's mood during the completion of the surveys. The current work climate experienced by the participants has an impact on attitude, work performance and overall feeling of well being. Peer relationships, personal relationships and work load all affect the mood of the participant. In this study it should be noted that work climate may have affected an individual's assessment of both humor and group cohesion. These variables could not be controlled and were not measured.

Discussion Based on Theoretical Framework

Roy's Adaptation Model (1991) supports the relationship between groups and forces that impact the adaptation of a system. Although extreme examples of the phenomenon were supported in this study, the relationship between the value and use of humor to cope with group cohesion was not established. Sister Callista

Roy's belief that human beings are open systems striving for adaptation may be supported by research, however, humor may not consistently provide individuals with the mechanism to do so. Past experience with the use of humor may establish a foundation on which to build. If the experience produced the desired outcome, the staff member may choose to use the same method again.

Another point of discussion of Roy's theory was that of the need for humans to have a purpose for existence. According to Roy (1988) groups must exist for a purpose, have unity, have a goal for the common good and must understand the value and meaning of life. The role, if any, that humor plays in these concepts was not established.

In this study, adaptation, defined by Roy (1988) as a changing point that allows an individual to respond positively, was represented by group cohesion. Cohesion can be influenced by the group's ability to cope with changing situations or issues. Results of this study indicate that two of the four units had a significant relationship between their use of humor to cope and their assessment of group cohesion. However, since all groups in this study did not support this relationship no generalized conclusion can be drawn.

Systems Theory supports the concept that members of groups are interdependent and rely on each other to maintain equilibrium. All systems try to maintain equilibrium with their environment. The action of one system member

affects others because they are unified as a whole. The cohesion scores in this study suggest that several groups may be experiencing a lack of equilibrium. The interaction of both the internal and external environment of these groups affects their sense of equilibrium. A conclusion can not be reached in this study as the interaction causing this disequilibrium was not assessed.

Attraction between elements or group members can occur for a variety of reasons. Some group members are attracted to groups for status, to meet unmet needs or to fulfill a sense of belonging. The results of this study indicate that three out of the four units and six out of seven study groups rated their assessment of group cohesion above the median. No relationships with other variables were found consistently.

The relationship between the humor theory selected for this study and group cohesion could not be examined because the type of humor was not assessed in this study. However, the value and use of humor to cope was measured and results indicate that some groups did value and use humor to cope.

Limitations and Recommendations

The findings from this research study are from a small, non random sample (units: N=71, study groups: n=59), therefore the findings cannot be generalized beyond the present sample. A research design incorporating random sampling and a larger sample size would facilitate greater generalizability.

A limitation of this study which affected sample size is the limited number of Registered Nurses currently employed in the acute care setting. The environment that surrounds healthcare today limits the number of Registered Nurses and supports the incorporation of support staff into the work group. Partnerships are being formed between the Registered Nurses and support staff to deliver cost effective healthcare to patients in the acute care setting today. Therefore, a recommendation for future study would be to include support staff as unit and study group members. This recommendation would allow for larger sample sizes. In addition, it would support the Systems Theory by viewing work groups as a system with all its members serving as interacting parts.

The instruments used in this study were another major limitation. Besides a limited availability of instruments, it is also questionable that these surveys actually measure what was needed for this study or what they say they measure. A recommendation for future research would be to develop a tool that specifically measures the use of humor among group members in the work place or evaluates humor via a different method, such as observation. In addition, the reliability of the group cohesion subscale is in question because it has never been tested in the same format (i.e., as a free-standing instrument) as used in this study.

Other limitations of the study include the limited number of male participants and the homogeneous characteristics of the respondents. No

conclusions could be drawn from the male response. All participants in this study were Caucasian, therefore, no relationship between culture/ethnicity could be explored.

Future Research

Although the hypotheses were not statistically supported, the use of humor in the work place may influence group functioning. Literature supports the use of humor in groups and the work place. The results of this study indicate that many factors probably affect group cohesion. These may include a role for humor. However, future research studies need to examine the effect of such factors as leadership support, external stressors, unit culture and work environment on group cohesion.

Future research studies using humor as a variable could be examined using an experimental design. By using an experimental design, extraneous factors could be controlled and conclusions could be readily drawn. An example of this type of research design could include the introduction of humor into work groups by having members watch funny videos or cartoons. Observation of group members could be used for evaluating the effects of these interventions.

As mentioned earlier, the scarce availability of tools that measure humor is a limitation and speaks to the need to develop tools for future studies. Tools, other than surveys, would assist with other methods to evaluate humor. Scales that score

verbal and non-verbal reactions from observation would be an example of tools that would measure an individuals' response to humor.

Studies involving group cohesion need to consider the effects of other variables. For instance, are work groups perceived as being more cohesive in times of change or with greater leadership support? Surveys of staff members measuring individuals' perception of support provided by leadership and the amount of current change will provide data regarding the impact of these variables. Another study could examine the effects on group cohesion when humor is initiated by different people. This study could evaluate whether there is a difference between the perception of cohesion among group members when humor is initiated by a leader or another group member.

And finally, future research studies on humor and group cohesion could include the comparison of work groups in different clinical settings. An example of a hypothesis that may be examined in a future research study may include the evaluation of the difference among group members of specialty units. Does a difference exist between the perception of cohesion among group members of critical care versus medical surgical units? And is there a difference between group members of critical care and medical surgical units with their use of humor to cope?

Implications for Nursing

Several implications from this study are important. In the administrative area, the manager may play a key role in developing this method of coping by encouraging and accepting the use of humor in the work environment. Measures of the managers' role in the use of humor could be included in the assessment of the work group culture and the fit of staff members seeking employment. This may ultimately affect retention. Another role the manager may play is facilitating and guiding the direction of the work group culture with an emphasis on using humor constructively in the work place. These functions of humor, if used appropriately, may serve to positively impact the relationship of group members in the work place. If the healthcare environment becomes more chaotic and difficult, effective work groups will be essential to face the challenges of tomorrow.

Although this study did not address the use of humor in the educational setting, the use of humor in educational programs has been supported by prior research. The use of humor has been reported to assist with the retention of information in the classroom setting. In addition to nurses, humor has been used as a teaching strategy with patients, especially children. Since nursing consists of many educational components, this technique has significant implications.

In the clinical setting, humor and group cohesion may have positive effects on the care that is delivered to the patient. Group members who view themselves

as being cohesive may produce positive outcomes by approaching patient care through a combined team effort. Teamwork is essential in today's fast paced health care environment. Humor may also affect patient care through the positive effect that it can have on the group members. Group members who display a positive attitude in the clinical setting may have an impact on the patients disposition as well.

Conclusion

The purpose of this study was to determine if there is a relationship between individuals' value and use of humor to cope and their assessment of group cohesion in the acute care setting. It was concluded that there is no statistically significant linear relationship between the independent variable humor and the dependent variable group cohesion. The role humor plays in group cohesion is unclear and essentially unsupported. Although the study did not find any relationship between these variables, it cannot be concluded that humor does not play a role in the work setting. Many other factors probably relate to or result in cohesion. These include leadership support, work environment, unit culture, or team work incentives. Humor may influence other factors that affect the work environment, however only future research studies will determine if this exists.

APPENDICES

APPENDIX A

Coping Humour Scale

APPENDIX A

THE COPING HUMOUR SCALE

Please indicate the extent to which you agree or disagree with each statement by circling the appropriate number.

1. I often lose my sense of humor when I'm having problems.

1
strongly
disagree

2
mildly
disagree

3
mildly
agree

4
strongly
agree

2. I have often found that my problems have been greatly reduced when I tried to find something funny in them.

1
strongly
disagree

2
mildly
disagree

3
mildly
agree

4
strongly
agree

3. I usually look for something comical to say when I am in tense situations.

1
strongly
disagree

2
mildly
disagree

3
mildly
agree

4
strongly
agree

4. I must admit my life would probably be easier if I had more of a sense of humor.

1
strongly
disagree

2
mildly
disagree

3
mildly
agree

4
strongly
agree

5. I have often felt that if I am in a situation where I have to either cry or laugh, it's better to laugh.

1
strongly
disagree

2
mildly
disagree

3
mildly
agree

4
strongly
agree

6. I can usually find something to laugh or joke about even in trying situations.

1
strongly
disagree

2
mildly
disagree

3
mildly
agree

4
strongly
agree

7. It has been my experience that humor is often a very effective way of coping with problems.

1
strongly
disagree

2
mildly
disagree

3
mildly
agree

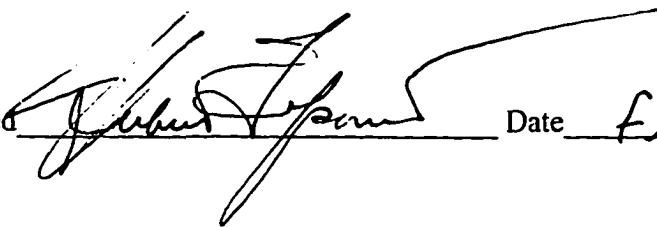
4
strongly
agree

APPENDIX B

Permission Letters

PERMISSION TO USE TOOL AS PART OF
MASTERS THESIS

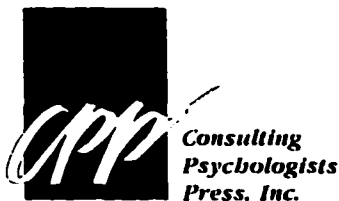
I, Dr. H.M. Lefcourt give Marla J. Niedzwiecki, Graduate Student of Grand Valley State University, permission to use a copy of the tool entitled Coping Humour Scale to be included as a part of her Master's Thesis.

Signed  Date Feb 11, 1997

PERMISSION TO USE TOOL AS PART OF
MASTERS THESIS

I, Dr. Thomas Herzog give Marla J. Niedzwiecki, Graduate Student of Grand Valley State University, permission to use a copy of the tool entitled Sense of Humor Questionnaire to be included as a part of her Master's Thesis.

Signed Thomas Herzog Date 2-4-97



Marla J. Niedzwiecki
6655 3 Mile Rd
Ada, MI 49301

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By 
Authorized Representative

Date 3/26/96

I AGREE TO THE ABOVE CONDITIONS.

By 
Marla J. Niedzwiecki

Date 3/20/96

APPENDIX C

Sense of Humor Questionnaire (Form SH-1)

APPENDIX C

Form SH-I

Please rate how much you agree with each of the following statements by writing one of the following numbers in the blank space before the statement: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Neutral, 5=Slightly Agree, 6=Agree, 7=Strongly Agree.

- _____ 1. I like comedy of all sorts.
- _____ 2. Some things are too serious to be joked about.
- _____ 3. I can find something funny in almost any situation.
- _____ 4. I love to hear jokes.
- _____ 5. I initiate or start humor more than others.
- _____ 6. I often clown around or act silly.
- _____ 7. I can often see the light side of bad experiences.
- _____ 8. There is no topic that is "off-limits" for humor.
- _____ 9. I consider jokes played on others to be funny.
- _____ 10. I consider jokes played on myself to be funny.
- _____ 11. As far as I am concerned, some topics are simply never funny.
- _____ 12. I seldom tell jokes.
- _____ 13. I often use humor to help me cope with difficult situations.
- _____ 14. People laugh too often at things that aren't funny.
- _____ 15. There is nothing worse than a tasteless joke.
- _____ 16. I find many things amusing during an ordinary day.
- _____ 17. People should never joke about delicate or sensitive matters.
- _____ 18. I laugh a lot.

APPENDIX D

Subject Characteristic Profile

APPENDIX D

Subject Characteristic Profile

Complete the following by writing the answer in the blank space provided:

1. Unit _____ (6-7)
2. Age (Years) _____ (9-10)
3. Length of time employed as a Registered Nurse (Years) _____ (12-13)
4. Length of employment on current unit (Years) _____ (15-16)

Complete the following by placing an (x) next to the answer which applies to you:

5. Shift Worked at least 50% of your scheduled time: (18)
 - () 7a-3p
 - () 7a-7p
 - () 3p-11p
 - () 7p-7a
6. Sex (20)
 - () Male
 - () Female
7. Race (22)
 - () African American
 - () American Indian
 - () Asian
 - () Caucasian
 - () Other, Specify _____
8. Is your position: (24)
 - () Part-time
 - () Full-time
9. Highest level of professional education: (26)
 - () Diploma
 - () Associate Degree
 - () Bachelors Degree
 - () Masters Degree
 - () Doctoral Degree

Thank you. Your time and contribution to this research study are sincerely appreciated.

APPENDIX E

Cover Letter for Research Participants

APPENDIX E

Dear Research Participant:

I am a graduate student at Grand Valley State University participating in the research component of the Master's of Science in Nursing program. As such, the research proposal that I am working on is entitled "Humor and its Relationship to Cohesion of Work Group Members in the Acute Care Setting." Studying work group characteristics can provide valuable information to unit leaders, practitioners, and potential future staff members. Identifying these characteristics helps us to understand how work groups are developed, how to foster or inhibit their growth, and how to evaluate their potential success or failure. As such, I am asking for your participation in this research study. There will be approximately 250 participants in my research study.

Participation will entail the completion of the attached forms. The subject characteristic profile will allow me to know which work group to assign your data. The directions to complete the subject characteristic profile and the surveys are at the beginning of each form. It will take approximately 20-30 minutes to complete all four forms. All four forms must be completed and returned for your study participation and results to be valid.

Confidentiality of all participants will be maintained to extent permitted by law, as all materials require no names are attached. Participation in this study is voluntary. Completion and return indicates you have voluntarily consented to participate in my research study. Choosing to participate will in no way affect your employment. When you have finished filling out all four forms please place them in the envelope provided and drop into the box provided on your unit labeled "Survey Return Drop Box". There are no risks involved with your participation. However, there are benefits, though not directly related to you, that the information learned from this study may provide.

If you have any questions regarding my research study or completing any of the forms, please phone me at 391-1524. If you have any questions about your rights as a participant, phone the Butterworth Human Rights Representative, Linda Pool at 391-1291. Thank you for your participation.

Sincerely,

Marla J. Niedzwiecki

LIST OF REFERENCES

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