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Title: The role of humour in the social care professions: An exploratory study

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The role of humour in the social care professions: An exploratory study

Abstract

Six social care professionals were recruited to take part in in-depth interviews which sought to explore their phenomenological experiences of humour within their place of work. Using an Interpretative Phenomenological Analysis (IPA) approach, the results suggest that humour serves various important functions within social care. Humour can allow social care professionals to relieve themselves of negative emotions, to avoid stress and cynicism, to achieve a sense of normality and perspective and to engage with service users. The positive impact humour appears to have upon these professionals is in-keeping with the humour-health hypothesis, which posits that humour enhances well-being. However, results from the current paper also suggest that humour may be capable of negatively impacting well-being. Arguably, these findings highlight the need to extend the humour-health hypothesis and incorporate the negative effects humour can have upon well-being. Results also indicate that, if used appropriately, humour can be utilised to benefit work performance and service user outcomes. The findings of the current research hold important implications for how humour may be understood and fostered in social care training, practice and policy.

Key words: humour, social care professionals, service users, well-being, work performance, IPA

Introduction

Amongst professionals exposed to what might be described as the darker elements of life - such as death, trauma and abuse - the presence of humour is not as uncommon as one might expect. The importance of humour has been identified within the social care professions, with Moran and Hughes (2006) highlighting humour as one of the most readily used coping mechanisms by social workers. Exploring the potential benefits of humour within the social care professions appears crucial when considering the issues these professionals face. Psychologists, therapists and social workers are amongst social care professionals found to be at risk of both secondary traumatic stress and burnout (Di Benedetto and Swadling, 2014; Sodeke-Gregson *et al.*, 2013; Wagaman *et al.*, 2015). This not only holds negative implications for practitioners themselves but also the service users with whom they work. A capable and committed team has been described as vital in order for vulnerable children and their families to get the support they require (McFadden *et al.*, 2014). However, in 2015 a survey of 2000 social workers found that eighty percent believed their stress levels were affecting their ability to do their job (Schraer, 2015).

Taking into consideration the relative dearth of research in this area, the present study aims to investigate further how humour is used within the social care professions. Four social workers, a therapist and an assistant psychologist were interviewed in-depth to examine the ways in which a range of social care professionals use humour. The study seeks to explore the role of humour within these professions, including the impact humour may have upon the participants' well-being and work performance. Work performance refers mostly to how humour may impact service user outcomes, arguably the most important work performance indicator within social services (Law, 2013). Where applicable, the humour-health hypothesis will provide a framework through which to discuss any benefits found. Until now, the humour-health hypothesis has mostly been adopted within healthcare research (Martin, 2002;

Martin and Lefcourt, 2004, McCreaddie and Wiggins, 2008), with a stronger focus upon how humour affects physical health. However, throughout this paper it will be applied to a social care context, exploring how humour may impact well-being in general.

The humour-health hypothesis

Humour has been found to affect both our physical and mental health and well-being (Martin and Lefcourt, 2004). In this respect, the humour-health hypothesis posits four main mechanisms (Martin and Lefcourt, 2004). Firstly, it is suggested that there are direct means through which humour can benefit us, including physiological changes such as improved respiratory function, found to occur through laughter (Martin, 2002). Another way humour is said to impact health and well-being directly is through its capacity to induce positive affective states. This is supported by an experimental study which found that attending a humour group for a period of eight weeks appeared to result in a cultivation of positive emotions, and in turn, improved emotional well-being (Crawford and Caltabiano, 2011).

The humour-health hypothesis also proposes that humour affects physical health and well-being indirectly (Martin and Lefcourt, 2004). For example, humour is seen to provide an individual with perspective over difficult situations and, in turn, moderates the adverse effects of stress. This is supported by a number of studies linking humour to a reduction in stress (Ho, 2017; McCreaddie and Wiggins, 2008). Humour is also said to benefit health and well-being indirectly by increasing one's level of social support (Martin and Lefcourt, 2004), which has been found to play a crucial role in a person's well-being (Siedlecki *et al.*, 2013). For example, a qualitative study exploring community participation found that shared

humour amongst community members helped in fortifying relationships and reinforcing a sense of identification within the group (Kirkby-Geddes *et al.*, 2013).

Despite its many perceived benefits, humour is not always a prosocial outlet. It can be used aggressively, to tease and criticise, often negatively impacting the recipient of such humour. For example, one study found that aggressive humour used by supervisors was positively related to the strain employees experienced as well as employees' addictive behaviours, including problematic usage of alcohol and tobacco (Huo *et al.*, 2012). Humour can also be used as a vehicle to express discriminative attitudes and target those seen to be part of an outgroup (Plester, 2015). It can be used to humiliate, as seen in a study which reviewed times healthcare professionals used humour pejoratively, leaving patients feelings humiliated (Malterud and Thesen, 2008). Therefore, we see that humour can be used as either a positive or negative force in social interactions.

Humour in the social care professionals

Previous research suggests that an important function of humour is that it allows social workers to alleviate any unacceptable feelings they may hold towards service users. An example of this can be seen in a piece of research which examined the use of gallows humour in a social work context (Sullivan, 2000). Gilgun and Sharma (2011) explored the use of humour as a more general construct and found similar results. Their findings suggested that

social workers working with high risk families appeared to use humour to relieve stress, frustration and anger towards service users. Additionally, this cleansing process appeared to have positive results; in Sullivan's (2000) study, using humour provided participants with the capacity to continue helping service users. It was suggested in Gilgun and Sharma's (2011) study, that by regulating feelings through humour, social workers gained a new perspective over stressful situations that resulted in creative problem solving.

Where some studies have focussed exclusively on the ways in which social workers engage in humour with one another, Jordan (2017) introduced the idea of humour as a communication tool between social workers and service users. In this study, participants explained that they used humour to demonstrate their humanity to service users. This was seen as a way in which to diffuse any anxieties the service user may be experiencing or pre-conceived notions they may have about a 'social worker'. The idea that humour can foster a good relationship seems crucial when considering that service users have been found to place great importance upon the bond they have with their social worker (Beresford *et al.*, 2007). On top of this, the study found that humour is seen as a shared human experience, exposing a commonality between social worker and service user (Jordan, 2017) – something considered to be important in reducing hierarchical differences and power imbalances (Robert and Wilbanks, 2012).

The idea that humour can be used as a tool has been explored within therapy, although empirical research remains sparse (Franzini, 2001). Swaminath (2006) suggests that humour plays an important role in therapy, proposing that humour can help a client to relax, allowing for the uncovering of repressed emotions. In another study, 1000 occupational therapists were surveyed regarding the way in which they use humour (Southam, 2003). Of

the 283 surveys that qualified, all respondents were found to have a positive attitude towards the use of humour within the workplace. Participants described using humour to build relationships with service users, help service users cope with adversity and promote service users' physical health.

Using humour in a social care environment is not without its complexities. Professionals must weigh their own personal well-being and the need to let off steam against their professional value base and the risk of using humour at the expense of service users (Jordan, 2013). Sullivan (2000) found that there may be negative consequences of such humour, e.g. creating distance and a power imbalance between staff and service users. Other researchers suggest that using humour may also lead to unresolved emotions, which could affect how practitioners interact with service users (Parkhill *et al.*, 2011). By contrast, it has been suggested that humour is associated with empathy (Andreasson and Dimberg, 2008). This function of humour may be particularly poignant within the social care professions.

Therapists found to be high in empathy have been associated with greater outcomes for service users, whereas therapists lower in empathy are associated with higher drop-out rates and less positive outcomes (Moyers and Miller, 2013). Similarly, empathy has been found to be of great importance in social work practice; this has not only been associated with improved outcomes for service users but also social workers' own abilities to manage their role (Gerdes and Segal, 2011).

The current study hopes to contribute to prior research surrounding humour within the social care professions, looking specifically at the effect humour may have upon the well-being and work performance of these professionals.

Methodology

Ethical Approval

The procedures of this study were approved by the School of Education Ethics Committee at the University of Glasgow. Both written and verbal informed consent was obtained from participants.

Participants

Four social workers, a family therapist and an assistant psychologist were contacted as they were all working within the social care sector. Two of the social workers worked with children and families, another social worker supported adults with HIV and AIDS and another worked with convicted sex offenders and domestic abuse perpetrators. The family therapist worked with children and adolescents with an eating disorder. The assistant psychologist worked at a residential home for adults with autism and learning difficulties. Of the participants, four were female and two were male. Ages and nationalities of participants were not obtained. Five of the participants were asked in person if they would be interested in participating; this was made possible since these five participants were work colleagues of the researcher. The sixth participant was recruited using a snowballing technique, whereby one of the existing participants asked if they would like to take part. Participants were

contacted via email, informed about the purpose of the research and invited to take part in an individual face-to-face interview, to be audio-recorded and transcribed.

Procedures

Upon receiving ethical approval, the initial interview schedule was piloted to allow for any necessary modifications with a view to enhancing face validity. After receiving permission from participants, the semi-structured interviews were audio-recorded with a Dictaphone. Interviews lasted for roughly 30 minutes. At the end of each interview participants were debriefed and questions were welcomed. Express scribe software was used to transcribe the content of the interviews and each interview was transcribed verbatim. Once interviews were transcribed and anonymised (using pseudonyms), each participant was sent their transcript for validation purposes as well as to obtain consent for this data being used.

Data analysis

Due to the study's phenomenological focus, Interpretive Phenomenological Analysis (IPA) was deemed most suitable. IPA is an inductive qualitative approach and caters for both the need to understand participants' 'lived experience' (Smith *et al.*, 2009, p. 33) as well as allowing for the researchers' 'sense-making' (Smith *et al.*, 2009, p. 36), i.e. the way in which the researcher interprets the data. In accordance with the inductive approach, each transcript was read and reread several times. Preliminary notes were made during these readings; however there were no attempts made to select particular passages at this stage. Next, all possible themes were identified and noted from each transcript, resulting in a list of themes

for each interview transcript. The frequency with which a particular theme occurred was also noted as well as the depth in which participants spoke on said theme. The themes which arose with most frequency and were discussed in most depth were then compiled into a smaller list for each transcript. Shared themes from these smaller lists were then identified across interviews. This helped create the master list, which was used in coding the interview transcripts (Smith *et al.*, 2009).

Results

Using the IPA approach, four superordinate themes emerged from the data; ‘Humour as a catharsis’, ‘Humour as a coping mechanism’, ‘Humour as a way of bringing a sense of normality and perspective’ and ‘Humour as a strategy’.

Humour as a catharsis

Four out of six participants suggested that humour allowed for a cleansing process, helping them to free themselves of negative emotions. This bore strong resemblance to the process of catharsis, which involves the release of repressed emotions (Parkison, 2015).

Releasing emotional tension

Results suggested that using humour as a catharsis provides participants with an emotional release from the stress they face, enabling them to continue working with service users even under the most stressful of conditions:

I think that [humour] can lift your spirits then for when you meet the next family, it's almost like a way of... sort of leaving one family...ending that, leaving it there, to move onto the next family, so you can go refreshed rather than carrying that weight.
(Sarah)

In her interactions with service users, Sarah passively absorbs a lot of their trauma and anxieties. However, engaging in humour seems to afford Sarah the opportunity to rid herself of this 'weight' and return to a condition which in turn enables her to continue working with service users. Sarah noted that engaging in humour with service users also facilitates an improvement in her mood, highlighting that using humour to release tension is not limited to interactions with colleagues alone.

Releasing physical tension

In some cases, using humour allowed for a physical release of tension. Greg underlines the physical element of using humour to discharge the strain he experiences:

...it can kind of help you become more relaxed. Because you're feeling quite tense and your whole physiology...changes so I think it can have a positive impact...breaking away the tension. (Greg)

This quotation reflects that, through difficult sessions with service users, Greg begins to carry a physical burden. Using humour allows a release of emotions that not only mentally but also physically impact Greg. However, despite the restorative effects of humour, using humour to rid oneself of negative feelings might also be harmful when that humour is at the expense of service users:

I've witnessed people being quite disrespectful about service users. Perhaps taking out their frustration... kind of venting about them when I think it's quite easy to forget when you're working in a stressful environment...you're there for a reason.

(Greg)

It appears that in a bid to relieve stress, some professionals joke about service users in a way that Greg considers to be harmful to a professional attitude. The word 'venting' holds negative connotations of something that goes beyond simply relieving tension. Notably, many participants acknowledged that jokes about service users can become unintentionally harmful. Participants found it difficult, however, to articulate precisely what it is that differentiates humour that is acceptable from that which is derogatory.

Humour as a coping mechanism

It appears that in using humour to cleanse themselves of negative feelings, as seen within the theme of 'Humour as a catharsis', participants can then see the positive aspects of their situations. Humour seems to provide participants with an alternative to negative emotions and experiences. In this way, humour presents as a coping mechanism.

Avoiding cynicism

One of the ways in which humour appears to help participants cope is through helping them to avoid becoming disillusioned and cynical towards service users. It was suggested that

when working with difficult service users, humour allows participants to see service users' situations in a different light:

...sometimes we were struggling, it felt like you were hitting your head against a brick wall (pauses) somebody you were working with wasn't getting any, I hate to use the word 'better'... and we were getting extremely frustrated... and humour helped us to put that into context... to keep on hanging onto the person and not writing them off in any way. (David)

For David, it appears the negative situations for service users often feel unending. However, he states that humour puts these situations 'into context', suggesting that humour affords professionals a fresh perspective on these difficult situations. It seems that this enables them to continue working with service users when they feel like giving up.

Helping colleagues avoid stress

Other participants discussed how they use humour to try and support their colleagues and deter them from succumbing to the stresses of the work:

...if you've got colleagues that are majorly stressed...most people would rally round them and try and get them to, cheer them up, laugh...so that they're not steeping further and further into a mega stress and then completely lose it. (Kirsty)

For Kirsty, humour provides colleagues with an alternative to work-induced stress. This extract emphasises the way in which humour can be utilised for social bonding and

emotional support amongst colleagues. Kirsty suggests that without the ability to make light of these situations, colleagues are at risk of becoming completely submerged in the stresses of the job. Using humour is seen as a way of helping colleagues to avoid such risks.

However, other participants appeared concerned that by using humour as an alternative to experiencing other emotions, professionals could be left with unresolved feelings, which may be harmful:

...you know the interesting thing is that comedians make us laugh but a lot of comedians have a lot of mental health problems. (Olivia)

Olivia appears to be reflecting upon the idea that humour can be used to masquerade deeper problems, leaving others unable to support them. This is substantiated by the fact that on numerous occasions throughout the interview, Olivia explains that using humour is positive so long as someone is not 'hiding behind humour'. Although humour can be used as a coping mechanism to avoid negative emotions, it is equally capable of disguising a person's, sometimes desperate, need for help.

Humour as a way of bringing a sense of normality and perspective

As well as humour facilitating an alternative to negative emotions, many participants suggested that humour reminded them of an alternate world outside of social care. Humour

can serve as an important reminder that professionals themselves are human, that the situations service users are in are not as common as they may seem and that, even for service users in the most difficult of situations, one can find something positive.

Gaining perspective

Incorporating humour into interactions with service users can assist people facing adversity to gain some perspective and see the positive elements of their lives. This new perspective can then prevent professionals and service users alike from being consumed by the tragedies they face:

...you didn't concentrate on the downside, you concentrated on life, what people had left, their experiences. (David)

David notes the benefits of taking a break from intense therapy and engaging in light-hearted and humorous activities with service users. Humour appears to afford professionals and service users some respite from their problems and represents the positivity that still exists in their lives.

Achieving normality

As well as providing some perspective over situations, results indicated that humour is used by participants to achieve a sense of normality within their place of work:

...that's just not the norm of everyday living [for] most people and when you are dealing with that every single day for approximately 8 hours a day, 5 days a week then I think [humour] brings a sense of normality. (Liz)

Prior to this extract, Liz explained she must remind herself that few people are in the same situation as the service users with whom she works. For Liz, humour seems to bring with it something inherently 'normal', something familiar from a world less dark. Humour appears to provide an outlet for Liz, establishing some distance between her and '8 hours a day, 5 days a week' of emotional duress.

Displaying humanity

In-keeping with the idea that humour is seen as something inherently normal, participants also appeared to use humour as a way in which to display their own humanity and normality to service users:

Especially in childcare, everyone thinks your main priority is to take their children away from them...so using a bit of humour like 'I'm normal, I'm actually wanting to keep your child with you'. (Kirsty)

The normality that participants feel humour creates also appears to serve in breaking barriers and power imbalances between service users and professionals. Kirsty uses humour to create a feeling of affinity between her and the service user. Likewise, Kirsty uses humour to show her humanity to service users, not only to put them at ease but also to reassure herself that she is more than her professional title. As opposed to humour occurring naturally, as it

has within the previous extracts, here Kirsty is consciously using humour to enhance relationships with service users.

Humour as a strategy

This idea of humour being employed as a tool to engage service users is presented in more depth in this final theme. Here, humour is not a spontaneously occurring phenomena but instead humour is actively used by participants as a resource when engaging with service users.

Achieving a comfortable atmosphere

One of the ways in which humour was seen to be utilised by participants was to make interactions with service users feel more natural, despite the often uncomfortable situations in which they meet:

...we used that to try and help (child's name) see that this is an okay situation and we can all have fun together and we can laugh and joke... which you know, when you're a child in the house and adults are socialising that's what you would see. (Sarah)

Sarah discusses the way in which both she and her colleagues have consciously utilised humour. Humour is deliberately incorporated into sessions, to transform the unnatural situation of being observed by a social care professional into something comfortingly familiar. Humour creates a relaxed and comfortable atmosphere.

To broach difficult topics

Another time at which humour is seen to be operationalised, is in situations where participants must question service users but wish to avoid sounding accusatory:

I do use humour with service users as well ... I've said to a service user, 'You've got a memory like a bit of a goldfish don't you?' ... my intention is never to belittle somebody or make them feel bad it's really just about building that relationship but without it being derogatory or disrespectful. (Liz)

Liz explained that due to feelings of shame and embarrassment, service users often lie to her about their situations. For Liz, injecting humour into the situation is seen as a better alternative to directly accusing a service user of lying. Liz notes that using humour to address serious issues is a way of 'building that relationship' between the professional and the service user. This suggests that Liz expects service users to be more receptive to issues addressed in this way, potentially leading to a better outcome and greater openness from a service user than if Liz had not used humour.

Despite the benefits participants appear to draw from consciously employing humour, it was also repeatedly mentioned by participants that professionals must be aware of when humour is and isn't appropriate:

You can't have any humour in that [a first session with the family of a high-risk young person] because you're trying to escalate their anxiety to go actually this is now serious, this is what we are talking about folks and there is no room for humour. If I brought humour into that, that's watering down treatment. (Olivia)

Olivia notes that there are particular situations where humour would be incongruous with the desired atmosphere. Olivia explains that it is not only that humour does not belong in such situations but that it would also have a negative impact on the efficacy of treatments. This suggests that trying to orchestrate a situation whereby service users appreciate the gravity of the situation is rendered ineffective if humour is present.

Discussion

Humour is regarded as a mechanism through which social care professionals, often working within highly stressful and traumatic situations, are able to cope with the pressures of their work (Gilgun and Sharma, 2011; Jordan, 2017; Moran and Hughes, 2006; Sullivan, 2000). The present study has explored further the role of humour within the social care professions, including the impact humour may have upon well-being and work performance. An Interpretative Phenomenological Analysis of the data highlighted four superordinate themes; 'Humour as a catharsis', 'Humour as a coping mechanism', 'Humour as a way of bringing a sense of normality and perspective' and 'Humour as a strategy'.

The theme 'Humour as a catharsis' suggested that using humour within a social care setting allows participants to release negative emotions such as stress or frustration. In relieving themselves of harmful emotions, this in turn appeared to enable participants to continue helping service users. These findings are supported by previous studies which indicate that engaging in humour allows social care professionals to expel negative feelings, enabling them to continue doing their job effectively (Gilgun and Sharma, 2011; Sullivan, 2000). Study participants also alluded to the perceived physiological benefits of laughing after stressful sessions with service users, suggesting it affords their bodies an opportunity to relax. This supports the humour-health hypothesis, which posits that humour and laughter can directly impact and improve well-being due to physiological benefits e.g. relaxing muscles (Martin and Lefcourt, 2004).

Previous research suggests that humour used for the purpose of releasing tension has almost exclusively involved humour amongst professionals, normally at the expense of service users (Sullivan, 2000). In this study, however, service users also engaged in humour, with service users often making jokes themselves. This implies that previous claims which suggest humour in social care is reflective of a social structure (Mik-Meyer, 2007) – with professionals making jokes about and to service users but service users being unable to engage due to feelings of inferiority – may not always be the case. It can be noted that service users also making jokes may be reflective of a recent conceptual shift, through which service users are seen as active participants in their own care (Beinart *et al.*, 2009). It is possible that this shift has reduced hierarchies within social care, with service users no longer feeling inferior but instead empowered and comfortable enough to interact with social care professionals as their equals. These findings would appear to mark a positive shift in social

care, especially when considering that service user empowerment has been seen to lead to improved treatment engagement, and consequently outcomes, for service users (Dixon *et al.*, 2016).

Despite this potential for positive empowerment, it should be noted that, similar to prior research (Gilgun and Sharma, 2011), the findings suggest that humour used to release tension was, at times, derogatory of service users. Not only is expressing derogatory attitudes about service users seen to be unethical and incongruous with the value base of social care professionals (Sullivan, 2000), it could also be seen to affect work performance negatively. Holding prejudices about individuals has been found to affect decision-making (Chapman *et al.*, 2013). This then suggests that if practitioners hold negative judgements about service users, and promote these negative attitudes amongst colleagues, this could lead to biased and potentially incorrect future decisions surrounding service users. Therefore, there is a need to remain aware of the potential harm humour can cause to decision making and overall work performance.

The theme 'Humour as a coping mechanism' suggests that by releasing negative emotions, as seen within the theme of 'Humour as a catharsis', humour allows participants to identify the positive aspects of their situation. It appears from results that this in turn provides social care professionals with an alternative to debilitating stress or giving up on service users. Humour is then viewed as a coping mechanism. These results are in accordance with prior research, which has indicated that humour allows individuals to cope with stress and strain experienced in the workplace. Plester (2009), for example, argued that although humour may not change difficult work situations, it can help foster positive emotions and make challenging circumstances appear more bearable for employees. This study's results are

also supported by the humour-health hypothesis, which suggests that humour allows an individual to reframe a difficult situation and, in turn, moderates the adverse effects of stressful experiences and ultimately improves well-being (Martin and Lefcourt, 2004). This exemplifies how humour may enhance the well-being of those working within social care.

Humour, providing social care professionals with a coping mechanism, may also have important implications for negative outcomes of stress, e.g. burnout (Papathanasiou, 2015). In its capacity to relieve feelings of stress, it is possible that humour may be a protective factor for burnout within the social care professions. A symptom of burnout has been described as a loss of concern for service users (Gallavan and Newman, 2013). Interestingly, participants in the present study suggested that humour not only allows them to destress but also enables them to carry on working with service users they may otherwise have given up on. This suggests that humour can help participants avoid one of the very symptoms of burnout and that perhaps the use of humour should be fostered in the training of social care professionals.

However, as well as providing participants with a coping mechanism, results indicate that humour may also conceal important emotions. Concealing emotions may inhibit a practitioner from obtaining the support they need and, as a result, lead to their own mental health problems. This highlights the need to distinguish between humour that will result in positive outcomes and that which is more harmful. As such, it could be argued that the humour-health hypothesis is limited in that it does not incorporate the negative ways in which humour could impact well-being.

Another theme, 'A sense of normality and perspective', presented the ways in which participants use humour to establish some normality and perspective in the workplace. When dealing with adverse and irregular situations, humour seems to represent something refreshingly familiar from a world outside of social care. The idea that humour can signify something inherently 'normal' is supported by findings from healthcare research. For example, cancer survivors have been found to use humour to demonstrate to their family and friends that they are once again 'ordinary' people (Roaldsen *et al.*, 2015). Humour appears to offer some normalcy within situations which feel unfamiliar or unnerving. The study's results suggest such benefits may be echoed within social care, with humour offering a comforting outlet in the face of extreme situations.

The capacity for humour to present normality is also something that participants utilised during their interactions with service users. Participants suggest that engaging service users in humour is a way in which to display their own humanity, showing service users that they too are 'normal'. This supports previous findings, which suggest that social workers often use humour to demonstrate certain qualities to service users and appear more approachable (Jordan, 2017). In short, using humour to establish some common ground with service users often leads to more successful interactions between social care professionals and service users. In turn, this leads to improved outcomes for service users (Crowther and Cowen, 2011), highlighting how humour may benefit overall work performance.

As well as creating a sense of normalcy, findings indicated that participants (and the service users they worked with) used humour to gain some perspective over situations that may otherwise seem hopeless. The results suggest that an alternative way of looking at their situations provided professionals and service users some relief from the issues they face.

Once again, these findings are supported by the humour-health hypothesis, which proposes that humour can help moderate the adverse effects of stress and enhance well-being (Martin and Lefcourt, 2004). This may be particularly important given that previous findings also suggest that in achieving some perspective over difficult situations, practitioners are better able to reframe the problem, ultimately leading to greater problem solving and better outcomes for service users (Trotter, 2015). In its capacity to provide perspective in difficult situations, our study suggests that humour not only impacts well-being but also enhances work performance.

Another important theme that came out of the present study, 'Humour as a strategy', explores the idea that humour can be consciously employed by service providers in their interactions with service users. This theme can be seen as distinct from prior themes in that humour is not a spontaneous coping mechanism but rather a 'tool' that social care professionals can consciously utilise. Participants reported using humour to try and create a comfortable atmosphere as well as to broach controversial topics or reprimand service users in a light-hearted manner. Using humour in this way appears to support the relationship between practitioner and service user. This supports a previous study which found that humour is a useful communication tool adopted by social workers during their interactions with service users (Jordan, 2017). Therapists have also been found to consciously bring humour into sessions with service users, allowing a service user to relax, cope with adversity and act out impulses in a safe way (Franzini, 2001; Southam, 2003; Swaminath, 2006). As mentioned, outcomes for service users have been found to benefit from good relationships with service providers (Crowther and Cowen, 2011). This suggests that if social care professionals use humour as a way to build their relationship with a service user, this may have a positive impact upon work performance.

At the same time, the idea that humour could be strategised may present practitioners with a dilemma. For example, if humour were to appear contrived or inauthentic, this may undermine, rather than support, relationship building between a practitioner and a client. Although a practitioner may have control over the type of humour used, researchers have noted the importance of humour arising naturally with the need for it to feel genuine (Gladding and Wallace, 2016).

The present study is not without its limitations. Firstly, it should be acknowledged that humour may vary between cultures (Yue *et al.*, 2016). The present study was unable to explore this but instead presents a potential avenue for future research. Moreover, the sample size of the present study is small and therefore provides only a preliminary investigation into the use of humour in the social care professions, pointing to the need for further investigation in this area.

Despite these limitations, this study offers important implications for both theory and practice. The results suggest that, in-keeping with the humour-health hypothesis, humour appears to affect the well-being of participants positively, e.g. through reframing adverse situations and relieving stress. However, it also hints at how humour can pose a risk to participants' well-being in its capacity to disguise important emotions. This suggests the need to extend the humour-health hypothesis, which currently proposes only the positive ways in which humour may impact well-being (Martin and Lefcourt, 2004).

As for practical implications, the idea that humour may positively impact the well-being of participants is especially important when considering the risks of burnout and secondary traumatic stress that social care professionals face (Di Benedetto and Swadling,

2014; Wagaman *et al.*, 2015). If humour provides social care professionals with a coping mechanism, it would seem that the use of humour should be fostered and encouraged in the training of social care professionals. As stressed by the participants, if used appropriately, humour can nurture the relationship between social care professional and service users. This presents another important finding, with the strength of relationships between service users and social care professionals found to have important implications for service user outcomes (Crowther and Cowen, 2011). Despite the potential benefits of humour, results also highlighted the need to remain aware of beneficial versus harmful uses of humour in social care. Results indicated that humour could be used to both ignore important emotions felt by participants as well as degrade service users. It appears that implementing humour into social care training and policies would not be without its complexities. However, results would suggest that, if used appropriately, fostering humour within social care practice may greatly benefit the field.

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