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Nephrology Social Workers' Opinions on the Use of Acceptable Humor in Conversations with Advanced Illness Patient: A National Survey

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ABSTRACT

Introduction: *In our everyday lives, no matter what field we are in, humor is everywhere. The use of humor with our patient should be selective, being mindful that some patients may feel uncomfortable. For the purpose of this survey, we defined acceptable humor as "a smile, a laugh, or a joke." In multiple studies on palliative care, the use of humor allows providers, patient, and caregivers to be connected and provides hope. Humor is used to fend off stress when dealing with intense issues surrounding death and dying.* **Method:** *This cross-sectional study implemented a 33-item anonymous online survey. It was sent by the Executive Directors from the 18 ESRD Networks. Permission to proceed with our survey was granted by the Centers for Medicare & Medicaid Services (CMS) and the Walter Reed National Military Medical Center Institutional Review Board. No identifiable information was collected, questions were optional, and the survey could only be taken once.* **Results:** *In all, 6,138 surveys were emailed, with a 16.58% response rate (1,018), from May–June 2022, with 99.6% completion rate. Ninety-two percent (935/1,015) of social workers engaged in acceptable humor, 79.3% (803/1,013) experienced symptoms of burnout, and 67% (678/1,017) felt humor decreased their symptoms of burnout. Acceptable humor enhanced personal connections with their patient (95%; 967/1,014). Eighty-three percent (838/1,012) would wait until the patient initiated acceptable humor before doing so, and 60% (608/1,011) felt their own culture positively influenced their ability to use humor. Seventy-five percent (758/1,016) felt that the use of humor during advance care planning discussions helped the patient dialog their unique end-of-life journey.* **Conclusion:** *This national survey began with a question in a dialysis center, "Do social workers use acceptable humor?" In our survey of 1,018 nephrology and transplant social workers throughout the United States, the answer was "yes." The majority saw a benefit in using acceptable humor in their practices, both to their patient, and themselves.*

KEYWORDS: advance care planning, humor, palliative care, end-stage kidney disease

INTRODUCTION

The Association for Applied and Therapeutic Humor defines humor as "any intervention that promotes health and wellness by stimulating a playful discovery, expression, or appreciation of the absurdity, or incongruity of life's situation" (Pinna et al., 2018, p. 1342). In this survey, we wanted to see if nephrology and transplant social workers used humor in their practices. In developing this survey, we reviewed the literature to see how humor was being used with the patient, including the end-stage kidney disease (ESKD) patient. We were curious if social workers nation-wide were actually using humor in their conversations with their patient. Humor according to the literature, has been used with great success in palliative care settings, intensive care units (ICUs), hospice programs, and within dialysis centers and cancer programs nation-wide (Adamle & Turkoski, 2006; Cox, 1998; Dean & Gregory, 2004; Kontos et al., 2016; Kontos et al., 2017).

The literature also informed us that some patients like to initiate humor first, and the care provider may feel uncomfortable with those conversations. The patient may like to poke fun at death, or joke about their caregivers. We were curious if social workers had a particular comfort level, based on their age, gender, cultural background, geographic region, or years as a clinician. And why use humor at all? Does the patient's pain, worry, anxiety, and stress decrease by applying humor? In many noted instances, the perception of pain actually decreases, and so does one's stress, worry, and anxiety (Bennett et al., 2014; Erdman, 1991; Perez-Aranda et al., 2019; Pinna et al., 2018; Weisenberg et al., 1995).

The patient may actually use humor more often than their providers to cope with some very difficult circumstances. In a few studies, the patient's gender and age played a part in using humor or not, and some patients felt humor was a normal part of their everyday life. One common thread occurred: rapport-building with the patient and their caregiver was necessary before using humor (Adamle & Ludwick, 2005; Ridley et al., 2014).

We were also curious about symptoms of burnout. How many of the social workers participating in this survey had symptoms of burnout, and could humor help alleviate those symptoms? The literature clearly stated that those working in hospice and palliative medicine experienced increased levels of exhaustion. (Swetz, et al., 2009). The emotional toll was high and one's self-worth decreased. Humor was seen as a way to decrease cynicism. For the patient who knew death was coming, humor was a way to cope, be light-hearted, and it was okay to joke. (Bennett et al., 2014; Claxton-Oldfield & Bhatt, 2017; Dean & Gregory, 2004; Erdman, 1991; Gramling & Gramling, 2012; Linge-Dahl et al., 2018; Swetz et al., 2009; Wilkins & Eisenbraun, 2009).

Despite an extensive literature review examining the use of humor in healthcare settings, humor, as used by nephrology social workers, has not been previously examined. This survey is a first step in exploring the use of humor by nephrology social workers nationally. Advanced illness in this study is defined as a patient with end-stage kidney disease (ESKD) on dialysis or who chooses not to undertake dialysis and elects conservative care. Conversations allow for the discussion of care plans to assess where the patient is at in a particular time and place. Those plans change with the patient's input. With our advanced-illness patients, death is all too frequent. Humor in one's life, enjoying a laugh, joking with others, smiling with friends and family, can be a part of a patient's journey, and no less important for the patient with advanced illness.

METHOD

Study Design

A cross-sectional, 33-item anonymous online survey (see **Supplement**) was administered from May–June 2022. No identifiable information was collected from the respondents, and IP addresses were blocked. The survey could only be filled out once. The survey and research protocol were reviewed and approved by the Walter Reed National Military Medical Center Department of Research Protections, and deemed exempt from IRB review (45 CFR 46.104). All surveys were preceded by an explanatory text, indicating that they were voluntary research surveys, and thus allowing disengagement. Entering the survey implied consent.

Data Collection Procedure

The survey was created on November 1, 2019 and then in December, COVID-19 struck the world. This "humor" survey was shelved during that time and was sent out in the early summer of 2022. The survey link was sent by email from May–June, 2022, to the 18 End-Stage Renal Disease (ESRD) Network Executive Directors, with permission from the Centers for Medicare & Medicaid Services (CMS). The Network Directors were asked to send the survey link to their social workers, using the Network's confidential email lists. They informed the investigator of the number of surveys they forwarded. This permitted determination of the response rate for the study. The survey contained 33 questions and took approximately six minutes to complete. Question 33 left room for comments and it read, "If you wish to make a comment about acceptable humor in your practice, please use the space provided."

Sample

This survey was a sample of social workers in the fields of nephrology and transplantation from across all 18 ESRD Networks in the U.S., including Puerto Rico, U.S. Virgin Islands, American Samoa, Guam, and Mariana Islands. According to the Networks, 6,138 potential social workers were offered this survey by email. They were either dialysis or transplant social workers. All questions were optional.

Data Analysis

We used a Likert scale of 1–5, from "Strongly Agree" (1) to "Strongly Disagree" (5). Data were presented as percentages, counts, and mean scores (± *SD*). All questions were optional, and could be skipped, so the number of respondents (*n*) varied from question to question. Question 33, which asked for comments, was analyzed by predominant themes.

RESULTS

The response rate was 16.58% (1,018/6,138) surveys fully or partially completed. The completion question response range 98.4–100% responses for the first 32 questions (see **Supplement**). Question 33 was optional and invited comments to the survey on acceptable humor. Twenty-six percent (264/1,018) of social workers commented with more than 10,500 words expressed about acceptable humor.

This nationwide survey had a diverse group of social workers participating. Our "N" value per question varied due to completion of the survey, with some respondents choosing to skip certain questions. We noted those changes in the Tables and Figures with an asterisk. In all, 91% were female (923/1,014) 8% male (80/1,014), 0.4% non-binary (4/1,014), 0.7% prefer not to say" (7/1,014), and nobody identified as "other gender identity" (see Table 1). Most respondents 92.5% (938/1,014) were 26-65 years of age (see Table 1). In

Table 1, a comparison was made between the respondent's geographical region, age and their gender. For the question on race, (see Table 2) 77% (771/1,005) were White, 11.5% (116/1,005) Black or African American, 0.9% (9/1,005) (American Indian/Alaska Native, 4% (42/1,005) Asian, 0.7% (7/1,005) Native Hawaiian or Other Pacific Islander, and 5.9% (60/1,005) marked Other and described their race. Twenty-four of these same respondents also wanted to choose more than one race to identify themselves (see Table 16). For each geographic region (see Table 2, Table 3) 10.8% (109/1,012) were from the Northeast, 33.3% (337/1,012) Southern, 18.6% (188/1,012) Midwest, and 37.3% (378/1,012) West. When asked to respond to ethnicity, 18.7% were Hispanic, Latino/a, or Latinx, and 81.3% Not Hispanic, Latino/a, or Latinx (see Table 2). Table 4 looked at the percent of Hispanic, Latino/a, or Latinx vs. Not Hispanic, Latino/a, or Latinx respondents in each geographic region. The largest group of respondents that were Hispanic, Latino/a, or Latinx respondents were from the West (32%) vs. Northeast (5%), Southern (15%), and Midwest (5.5%).

Figures 1–4 looked at social worker's years in practice (Question 1), age (Question 4) and the percentage of time they used acceptable humor in their overall practice (Question 12). There were 976 respondents who answered all three of these questions. We regrouped respondents' age into two groups, 19 – 50 vs. 51–≥65 and regrouped percent time (PT) using humor in one's practice into two groups, 1–50% vs 51–100%. Looking at the four "years in practice" groups, and the two age groups (older vs younger), acceptable humor's use at the "1–50% of the time" range had 511 respondents and the "50–100% of the time" range had 465 respondents, so almost 50:50 for this survey group.

Table 5 looked at how the respondents answered Questions 7–11 of the survey. Specifically, did the social workers think they were funny, did they like to smile, did they like to laugh, and did they enjoy jokes. Seventy one percent said they were funny (724/1,015), 96% said they enjoyed smiling (975/1,014), 98% enjoyed laughing (998/1,017) and 92% enjoyed jokes (935/1,014). Ninety three percent of our respondents say they engage in acceptable humor (smile/laugh/joke) (935/1,015).

Table 6 specifically illustrated Question 12, "I use acceptable humor (smile/laugh/joke) with advanced illness patients in my overall practice ___% of the time". There were 18.1% at 1–25% (183/1,011), 32.74% at 26-50% (331/1,011), 28.78% at 51–75% (291/1,011), 18.2% at 76–100% (184/1,011) and 2.18% chose NA (22/1,011). We converted the categories into Likert Scale with 1=1–25%, 2=26–50%, 3=51–75%, 4=76–100%, and 5=NA. We then looked at race and also those who kept race blank and the Mean= 2.53 or a Likert Scale equivalent of 51–75%. There was no evidence that being of a particular race or not designating a particular race influenced whether or not the respondent used acceptable humor in their practice.

Tables 7–8 looked at the influence of one's cultural background (Questions 13–14) on the use of acceptable humor by respondent's race and ethnicity. For all races, respondents believed that their cultural background influenced positively (M= 2.07) vs negatively (M= 3.82) their ability to engage in acceptable humor. Likewise, when we looked at ethnicity, the respondents believed, that their cultural background influenced positively (M= 2.21) vs. negatively (M= 3.74) their ability to engage with the patient.

Tables 9–11 examined if the respondent would engage in acceptable humor before or after the patient engages in acceptable humor (Questions 15–16) which we called the timing of the respondent to engage in acceptable humor. We looked at this question by race, region and ethnicity. Regardless of race, region, or ethnicity, the respondent would wait until the patient engaged in humor before doing so themselves (M= 2.18, M= 1.94, M= 2.11 respectively). We also asked if the respondents would be more likely to engage in acceptable humor with a patient of their own gender or the opposite gender (Questions 17–18). We also looked at this question by race, region and ethnicity as well. Gender did not play a part in whether the respondent would only engage in humor with a patient of the same or opposite gender by race, region or ethnicity. We found that the respondent would engage with their patient if the patient was the same gender or different gender as themselves with results being by race M= 3.32 vs M= 3.18; by region M= 3.39 vs M= 3.21; by ethnicity M= 3.53 vs M= 3.33 respectively.

Table 12 focused on symptoms of burnout (Question 19). Over 79%, (803/1013) of our respondents indicated that they had experienced symptoms of burnout in their practice. We looked at this by race and ethnicity. A majority of our respondents were in agreement that they indeed had symptoms of burnout in their practice. We went a little deeper (**Table 13**) and asked if they believed that using acceptable humor with their advanced illness patient helped to lower their own burnout (Question 20). Sixty-seven percent (678/1017) felt that it did.

Our respondents (see **Table 14**), (Questions 21–32) felt that they can appreciate being able to laugh (Question 21) with their patient (97%), (979/1,014). They also believed that acceptable humor can enhance their personal connections (Question 22) with their patient (95%), (967/1,014). The respondents believed that humor can be a positive communicative tool (Question 23) for their patient (96%), (976/1,016) and that acceptable humor allows their patient to give the current situation their own perspective (Question 24) (89%), (905/1,017). Our respondents believed (Question 25) that

psychological distress in their patient was decreased with the use of humor (86%), (879/1,016), and that humor (Question 26) in their patient's life enhanced their over well-being (95%), (971/1,018). Question 27 focused on the caregiver and our respondents felt that they can be influenced in a positive way by using acceptable humor (89%), (909/1,017). The respondents also believed that humor decreased agitation (Question 28) in their patient (84%), (849/1,011). Question 29 addressed the issue of patients poking fun at their own illness and did that relieve perceived pain. It read, "I believe humor (poking fun at one's illness) can decrease perceived pain in my patient with advanced illness". Only 34% strongly agreed or agreed with this statement (349/1,015) and another 43% neither agreed nor disagreed (439/1,015). Question 30 addressed emotion and asked the respondent if they believed humor helped their patient process emotion with 84% who strongly agreed or agreed with this statement (849/1,012). Our respondents believed humor (Question 31) helped their advanced illness patient process grief (72%), (731/1,015) and they also believed (Question 32) that humor helped their patient with their end-of-life journey (75%), (758/1,016).

Table 13 was developed from Question 33 in the survey: "If you wish to make a comment about acceptable humor in your practice, please use the space provided." A few common themes were demonstrated by these comments and are summarized in the table.

DISCUSSION

When social workers were asked if they engaged in acceptable humor, defined as a "smile/laugh/joke," when they were having conversations with their patient about advanced illness, a majority of the respondents agreed that using acceptable humor was very beneficial in many ways in their practice. We just never asked them before. We do agree, as Freud informed us, that jokes provide us with pleasure (Strachey & Gray, 1960) and that "laughter releases psychic energy" that helps us to "release tension" and rid ourselves of "excess energy." (Hardy, 2019, p.182). Weisenberg, et al., (1995) reminds us that "humor proves some degree of control over an uncontrollable situation" and humor is seen as a "means of anxiety reduction (Weisenberg et al., 1995, p. 207).

Our respondents had symptoms of burnout across all races, and ethnicities. We did not define "burnout" so it would be difficult to say that the use of acceptable humor actually lessened burnout in one's practice. The respondents' opinions were that the use of acceptable humor with their advanced illness patient did assist in decreasing their symptoms of burnout. This was also seen in the literature (Swetz et al., 2009, Kurtz, 1999).

As seen in this and other studies, humor seems to neutralize the assault on the patient's dignity at the end-of-life. Having humor for some at the end of a long struggle with a terminal illness was "a means to express sensibility" (Dean & Gregory, 2004, p.140) and with this expression of sensibility, it "represented an important end-of-life wish" (Linge-Dahl et al., 2018, p.6).

We did presume that there would be an increase in the use of acceptable humor as the number of years one has in practice increased but we did not. Perhaps having humor is a learned defense mechanism and maybe it is something that we may not feel comfortable using. It has been said that if we are funny people from a young age, we continue to be funny people later in life (Ridley et al., 2014). And of note, the top seven wishes cancer patients had at the end-of- life were, "to be at peace with God; to pray; to have family with me; to be free of pain; not being a burden to my family; to trust my doctor; and to keep my sense of humor" (Delgado-Guay et al., 2016, p. 42).

This survey reminds us that the first step in using acceptable humor is building rapport with our patient. Patient-centered communication is associated with a positive therapeutic alliance which leads to a positive and clinically productive relationship (Pinto et al., 2012). Recognizing that as we are involved with the patient's end-of-life journey, while supporting their caregivers, we are reinforcing a bond and a trust. When the patient feels a genuine comfort level with their provider, a connectedness and a bond begins to develop. Establishing this rapport with the patient uses both a verbal and non-verbal understanding of the patient in situation (Pinna et al., 2018; Pinto et al., 2012). Building this rapport with the patient may take time before the patient is ready to use acceptable humor in their dialogue about their end-of-life journey. We as social workers need to listen to the cues and engage appropriately.

FUTURE SURVEY

A future survey might explore other healthcare professions and how they are using acceptable humor in their practice. The effects of the use of acceptable humor on burnout might also be explored. This survey was brief and was not launched until we were far past the vaccination stage of the COVID pandemic. We know all too well how many ESKD patients died from COVID-19.

Also another future study would be to develop Question 29 above about using humor in helping the patient to cope with perceived pain. Patients are entitled to make fun of their illness even though society may be saying don't do it. (Linge-Dahl et al., 2018). But "one of the key benefits of humor in

health care", "was an increased pain tolerance" (Linge-Dahl et al., 2018, p.8). This would be an interesting study to develop with many benefits to the patient and for the caregiver.

CONCLUSIONS

This is the first nationwide survey of all nephrology and transplant social workers within the ESRD Networks in which their opinions about and use of acceptable humor were queried. We have seen in this survey that acceptable humor, a smile/laugh/joke is widely used by this population of social workers. They feel it is of benefit to themselves and to their patient.

AUTHOR'S NOTES

Our research team wishes to thank the Centers for Medicare & Medicaid Services (CMS) and ESRD Network Executive Directors for helping us distribute this survey. We wish to thank each social worker for taking the time out of their busy day to inform us of their opinion about acceptable humor. We also wish to thank our reviewers who wished not to be named but who contributed greatly to the success of this project.

DISCLOSURES

The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the U.S. Department of the Navy, the U.S. Department of the Army, the U.S. Department of the Air Force, the U.S. Department of Defense, nor the U.S. Government.

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TABLES

TABLE 1. RESPONDENT AGE AND GENDER BY GEOGRAPHIC REGION*

Characteristics	**Geographic Region (*N*= 1012)**					**No Region**	
Gender	**Northeast (10.8%) n=109**	**Southern (33.3%) n=337**	**Midwest (18.6%) n=188**	**West (37.3%) n=378**	**Total Gender by Region (*N*= 1012)**	**Total No Region by Gender**	**Total Gender (*N*= 1014)**
Female	101	307	176	335	919 (90.8%)	4	923 (91%)
Male	7	26	9	38	80 (8%)	0	80 (8%)
Nonbinary	0	1	1	2	4 (0.4%)	0	4 (0.4%)
Prefer not to Say	1	2	1	3	7 (0.8%)	0	7 (0.7%)
Gender Left Blank	**0**	**1**	**1**	**0**	**2 (0.2%)**	**2 (0.2%)**	
Age	**(*n*=109)**	**(*n*=337)**	**(*n*=188)**	**(*n*=378)**	**Total Region (*N*= 1012)**	**No Region**	**Total Age (*N*= 1014)**
19–25 years old	3	4	4	0	11 (1.1%)	0	11 (1.17%)
26–50 years old	53	178	100	244	575 (57%)	4	579 (57.1%)
51–65 years old	42	129	78	109	358 (35.3%)	1	359 (35.4%)
> 65 years old	10	26	6	23	65 (6.3%)	0	65 (6.4%)
Age Left Blank	**1**	**0**	**0**	**2**	**3 (0.3%)**		

*Key to Geographic Census Areas: Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT); Southern (AL, AR, DC, DE, FL, GA, , KY, LA, OK, MD, MS, NC, Puerto Rico, SC, TN, TX, US Virgin Islands, VA, WV); Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI); West (AK, American Samoa, AZ, CA, CO, Guam, HI, ID, Mariana Islands, MT, NM, NV, OR, UT, WA, WY). Some respondents chose to skip this question.

TABLE 2. RESPONDENT RACE, ETHNICITY AND YEARS IN SOCIAL WORK PRACTICE*

Characteristic	**n (%)**
Race (*N*= 1005)	
American Indian/Alaska Native	9 (0.90%)
Asian	42 (4%)
Black or African American	116 (11.50%)
Native Hawaiian or Other Pacific Islander	7 (0.70%)
Other	60 (5.90%)
White	771 (77%)
Ethnicity (*N*= 1002)	
Hispanic/Latino/a, or Latinx	188 (18.70%)
Not Hispanic/Latino/a, or Latinx	814 (81.30%)
Social Work Years in Practice (*N*= 1009)	
< 5 Years in Practice	212 (21.01%)
5–10 Years in Practice	227 (22.5%)
> 10–20 Years in Practice	272 (26.96%)
> 20 Years in Practice	298 (29.53%)

*Some respondents chose to skip this question. For race, we had ***(N= 1005) and 24 respondents selected more than one race to their family history which inflated the total number for race to (N= 1029), (see*** Supplement, Table 16).

TABLE 3. RESPONDENT RACE AND GEOGRAPHIC REGION*

Race (*N*= 1005)	Geographic Region (*N*= 1012)						
	Northeast (10.8%)	Southern (33.3%)	Midwest (18.6%)	West (37.3%)	Race by Region Total (*N*= 1012)	Region Blank for Race	Total Race (*N*= 1005)
	n=109 n	n=337 n	n=188 n	n=378 n	n (%)	n	n (%)
American Indian/ Alaska Native	0	3	1	5	9 (0.88%)	0	9 (0.90%)
Asian	4	3	0	35	42 (4.15%)	0	42 (4%)
Black or African American	10	68	15	21	114 (11.26%)	2	116 (11.5%)
Native Hawaiian or Other Pacific Islander	0	0	0	7	7 (0.70%)	0	7 (0.70%)
Other Race	3	11	3	43	60 (5.93%)	0	60 (5.90%)
White	92	248	169	258	767 (75.80%)	4	771 (77%)
Race Blank for Region	0	4	0	9	13 (1.28%)		

*Key to Geographic Census Areas: Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT) ; Southern (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, Puerto Rico, SC, TN, TX, US Virgin Islands, VA, WV); Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI); West (AK, American Samoa, AZ, CA, CO, Guam, HI, ID, Mariana Islands, MT, NM, NV, OR, UT, WA, WY). Some respondents chose to skip this question.

TABLE 4. RESPONDENTS BY GEOGRAPHIC REGION AND ETHNICITY*

Ethnicity (*N*= 1002)	Geographic Region (*N*= 1012)					Left Region Blank	Total Ethnicity (*N*= 1002)
	Northeast n=109 n (%)	Southern n=337 n (%)	Midwest n=188 n (%)	West n= 378 n (%)	Total by Region (*N*= 1012) n (%)	n	n (%)
Hispanic, Latino/a, or Latinx	5 (4.6%)	50 (15%)	11 (5.5%)	120 (32%)	186 (18.3%)	2	188 (18.7%)
Not Hispanic, Latino/a, or Latinx	104 (95.4%)	277 (82%)	176 (94%)	253 (67%)	810 (80.3%)	4	814 (81.3%)
Left Ethnicity Blank	0	10 (3%)	1 (0.5%)	5 (1%)	16 (1.4 %)		

*Key to Geographic Census Areas: Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT) ; Southern (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, Puerto Rico, SC, TN, TX, US Virgin Islands, VA, WV); Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI); West (AK, American Samoa, AZ, CA, CO, Guam, HI, ID, Mariana Islands, MT, NM, NV, OR, UT, WA, WY). Some respondents chose to skip this question.

TABLE 5. RESPONDENTS REACT TO ACCEPTABLE HUMOR DEFINED AS A SMILE/LAUGH/JOKE*

Survey Question	Respondents Who Strongly Agree n (%)	Respondents Who Agree n (%)	Total n (%)
Q7. I am a funny person. (*N*= 1015)	200 (20%)	524 (52%)	724 (72%)
Q8. I enjoy smiling. (*N*= 1014)	587 (58%)	388 (38%)	975 (96%)
Q9. I enjoy laughing. (*N*= 1017)	682 (67%)	316 (31%)	998 (98%)
Q10. I enjoy jokes. (*N*= 1014)	444 (44%)	491 (48%)	935 (92%)
Q11. I engage in acceptable humor (smile/laugh/joke) with my advanced illness patients. (*N*= 1015)	401 (40%)	534 (53%)	935 (93%)

*Some respondents chose to skip this question.

TABLE 6. PERCENT USE OF ACCEPTABLE HUMOR IN ONE'S PRACTICE BY CATEGORY AND RACE/NO RACE IDENTIFIED*

Q12. I use acceptable humor (smile/laugh/joke) with my advanced illness patients in my overall practice_____% of the time. (*N*= 1011)		
Likert Scale Conversion	**n**	**(%)**
1=1–25%	183	18.10%
2=26–50%	331	32.74%
3=51–75%	291	28.78%
4=76–100%	184	18.20%
5=NA	22	2.18%
Race	**Likert Scale Conversion M (SD)**	**n**
American Indian/Alaska Native	2.88 (0.64)	9
Asian	2.73 (1.19)	42
Black or African American	2.66 (1.21)	115
Native Hawaiian or Other Pacific Islander	2.00 (1.19)	6
Other	2.68 (1.18)	60
White	2.50 (0.50)	766
Left Race Blank	1.92 (0.83)	13
Mean (51-75%)–regardless of race	**2.53 (0.83)**	**(*N*= 1011)**

*The 1–5 is the Likert Scale used in the survey with 1=1–25%, 2=26–50%, 3=51–75%, 4=76–100%, 5=NA, to calculate the Mean (SD) of acceptable humor being used by Race and Left Race Blank. Some respondents chose to skip this question.

TABLE 7. INFLUENCE OF CULTURAL BACKGROUND ON USE OF ACCEPTABLE HUMOR BY RESPONDENT RACE*

Q13. I believe that my cultural background influences *POSITIVELY* my ability to engage in acceptable humor with my advanced-illness patient. (*N*= 1011)	**Mean (SD)**	**n**
American Indian/Alaska Native	1.77 (0.70)	9/9
Asian	2.41 (0.69)	41/42
Black or African American	1.82 (1.02)	116/116
Native Hawaiian or Other Pacific Islander	2.00 (0.87)	7/7
Other	2.27 (0.86)	59/60
White	2.31 (0.87)	767/771
7 Skipped this question		
Left Race Blank	1.91 (0.77)	12/13
Mean (Agree)—regardless of race	**2.07 (0.82)**	**(*N*= 1011)**
Q14. I believe that my cultural background influences *NEGATIVELY* my ability to engage in acceptable humor with my advanced-illness patient. (*N*= 1012)		
American Indian/Alaska Native	4.33 (0.53)	9/9
Asian	3.47 (1.13)	42/42
Black or African American	4.17 (0.83)	116/116
Native Hawaiian or Other Pacific Islander	3.50 (0.97)	7/7
Other	4.03 (0.98)	60/60
White	3.71 (0.95)	766/771
6 Skipped this question		
Left Race Blank	3.58 (0.89)	12/13
Mean (Disagree)—regardless of race	**3.82 (0.89)**	**(*N*= 1012)**

***Likert Scale Key:** 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 = Disagree; 5 = Strongly Disagree. The "n" column shows those who skipped this question, e.g. In Q13 above, 767/771 in the White row indicates 4 White respondents skipped this question out of 771 White respondents, etc. The "Left Race Blank" row shows those who did not indicate a race but answered the question. There were 13 respondents who did not mark a race in this survey.

TABLE 8. INFLUENCE OF CULTURAL BACKGROUND ON USE OF ACCEPTABLE HUMOR BY RESPONDENT ETHNICITY*

Q13. I believe that my cultural background influences *POSITIVELY* my ability to engage in acceptable humor with my advanced illness patients. *(N*= 1011)	**Mean (SD)**	**n**
Hispanic, Latino/a, or Latinx	2.06 (0.81)	186/188
Not Hispanic, Latino/a, or Latinx	2.28 (0.81)	812/814
Left Ethnicity Blank	2.30 (0.90)	13/16
Mean (Agree)—regardless of ethnicity	**2.21 (0.84)**	**(N= 1011)**
Q14. I believe that my cultural background influences *NEGATIVELY* my ability to engage in acceptable humor with my advanced illness patients. (*N*= 1012)		
Hispanic, Latino/a, or Latinx	3.94 (0.90)	186/188
Not Hispanic, Latino/a, or Latinx	3.75 (0.89)	813/814
Left Ethnicity Blank	3.53 (0.84)	13/16
Mean (Disagree)—regardless of ethnicity	**3.74 (0.87)**	**(*N*= 1012)**

Likert Scale Key: 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 = Disagree; 5 = Strongly Disagree. The "n" column shows those who skipped this question, e.g. In Q13 above, 186/188 in the Hispanic, Latino/a, or Latinx row indicates 2 Hispanic, Latino/a, or Latinx respondents skipped this question out of 188 Hispanic, Latino/a, or Latinx respondents, etc. The "Left Ethnicity Blank" row shows those who did not indicate an ethnicity but answered the question. There were 16 respondents who did not mark ethnicity in this survey.

TABLE 9. WHEN TO ENGAGE IN ACCEPTABLE HUMOR AND EFFECTS OF GENDER BY RESPONDENT RACE*

Q15. I engage in acceptable humor BEFORE my patient engages in it. (*N*= 1014)	**Mean (*SD*)**	***n***
American Indian/Alaska Native	2.66 (0.86)	9/9
Asian	2.85 (0.86)	42/42
Black or African American	2.95 (1.07)	116/116
Native Hawaiian or Other Pacific Islander	2.85 (0.96)	7/7
Other	2.98 (0.98)	60/60
White	2.89 (0.93)	767/771
4 Skipped this question		
Left Race Blank	3.07 (1.04)	13/13
Mean (Neither Agree nor Disagree)—regardless of race	**2.89 (0.95)**	**(*N*= 1014)**
Q16. I engage in acceptable humor *AFTER* my patient engages in it. (*N*= 1012)		
American Indian/Alaska Native	2.33 (0.91)	9/9
Asian	1.95 (0.86)	42/42
Black or African American	2.07 (0.83)	115/116
Native Hawaiian or Other Pacific Islander	2.33 (1.01)	6/7
Other	1.98 (0.81)	60/60
White	1.96 (0.75)	767/771
6 Skipped this question		
Left Race Blank	2.69 (0.74)	13/13
Mean (Agree)—regardless of race	**2.18 (0.84)**	**(*N*= 1012)**
Q17. I am more likely to engage in acceptable humor with patient whose *GENDER IS DIFFERENT* than mine. (*N*= 1016)		
American Indian/Alaska Native	3.44 (0.70)	9/9
Asian	3.38 (0.88)	42/42
Black or African American	3.25 (0.93)	116/116
Native Hawaiian or Other Pacific Islander	2.71 (0.88)	7/7
Other	3.53 (0.88)	60/60
White	3.40 (0.90)	769/771
2 Skipped this question		
Left Race Blank	3.53 (0.84)	13/13
Mean (Neither Agree nor Disagree)—regardless of race	**3.32 (0.85)**	**(*N*= 1016)**
Q18. I am more likely to engage in acceptable humor with patient whose *GENDER IS THE SAME* as mine. (*N*= 1013)		
American Indian/Alaska Native	3.11 (0.99)	9/9
Asian	3.27 (1.16)	40/42
Black or African American	3.09 (0.57)	116/116
Native Hawaiian or Other Pacific Islander	2.85 (0.89)	7/7
Other	3.26 (0.87)	60/60
White	3.28 (0.90)	768/771
5 Skipped this question		
Left Race Blank	3.46 (0.82)	13/13
Mean (Neither Agree nor Disagree)—regardless of race	**3.18 (0.88)**	**(*N*= 1013)**

***Likert Scale Key:** 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 = Disagree; 5 = Strongly Disagree. The "n" column shows those who skipped this question, e.g. In Q15 above, 767/771 in the White row indicates 4 White respondents skipped this question out of 771 White respondents, etc. The "Left Race Blank" row shows those who did not indicate a race but answered the question. There were 13 respondents who did not mark a race in this survey.

TABLE 10. WHEN TO ENGAGE IN ACCEPTABLE HUMOR AND THE EFFECTS OF GENDER DIFFERENCES BASED ON RESPONDENT GEOGRAPHIC REGION*

Q15. I engage in acceptable humor BEFORE my patient engages in it. (N= 1014)	**Mean (SD)**	**n**
Midwest	2.88 (0.82)	187/188
Northeast	2.77 (0.83)	109/109
Southern	2.88 (0.83)	336/337
West	2.97 (0.98)	376/378
4 Skipped this question		
Left Geographic Region Blank	2.33 (0.97)	6/6
Mean (Neither Agree nor Disagree)—regardless of geographic region	**2.76 (0.88)**	**(*N*= 1014)**
Q16. I engage in acceptable humor AFTER my patient engages in it. (*N*= 1012)		
Midwest	1.94 (0.57)	187/188
Northeast	1.94 (0.56)	107/109
Southern	2.02 (0.70)	336/337
West	2.00 (0.83)	376/378
6 Skipped this question		
Left Geographic Region Blank	1.83 (0.70)	6/6
Mean (Agree)—regardless of geographic region	**1.94 (0.67)**	**(*N*= 1012)**
Q17. I am more likely to engage in acceptable humor with patient whose GENDER IS DIFFERENT than mine. (N= 1016)		
Midwest	3.38 (0.82)	188/188
Northeast	3.45 (0.82)	109/109
Southern	3.36 (0.79)	336/337
West	3.40 (0.91)	377/378
2 Skipped this question		
Left Geographic Region Blank	3.40 (0.91)	6/6
Mean (Neither Agree nor Disagree)—regardless of geographic region	**3.39 (0.85)**	**(*N*= 1016)**
Q18. I am more likely to engage in acceptable humor with patient whose GENDER IS THE SAME as mine. (*N*= 1013)		
Midwest	3.32 (0.82)	188/188
Northeast	3.28 (0.82)	108/109
Southern	3.20 (0.80)	335/336
West	3.27 (0.78)	376/378
Left Geographic Region Blank	3.00 (0.91)	6/6
Mean (Neither Agree nor Disagree)—regardless of geographic region	**3.21 (0.82)**	**(*N*= 1013)**

***Likert Scale Key:** 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 = Disagree; 5 = Strongly Disagree. The "n" column shows those who skipped this question, e.g. In Q15 above, 187/188 in the Midwest row indicates 1 Midwest respondent skipped this question out of 188 Midwest respondents, etc. The "Left Geographic Region Blank" row shows those who did not indicate a geographic region but answered the question. There were 6 respondents who did not mark a geographic region in this survey.

TABLE 11. WHEN TO ENGAGE IN ACCEPTABLE HUMOR AND EFFECTS OF ETHNICITY*

Q15. I engage in acceptable humor before my patient engages in it. (*N*= 1014)	**Mean (SD)**	**n**
Hispanic, Latino/a, or Latinx	3.07 (1.02)	186/188
Not Hispanic, Latino/a, or Latinx	2.86 (1.02)	813/814
No Ethnicity indicated	3.00 (0.87)	15/16
Mean (Neither Agree nor Disagree)—regardless of ethnicity	**2.97 (0.97)**	**(*N*= 1014)**
Q16. I engage in acceptable humor after my patient engages in it. (*N*= 1012)		
Hispanic, Latino/a, or Latinx	2.03 (0.72)	188/188
Not Hispanic, Latino/a, or Latinx	1.97 (0.72)	809/814
No Ethnicity indicated	2.33 (0.69)	15/16
Mean (Agree)—regardless of ethnicity	**2.11 (0.71)**	**(*N*= 1012)**
Q17. I am more likely to engage in acceptable humor with patient whose *GENDER IS DIFFERENT* than mine. (*N*= 1016)		
Hispanic, Latino/a, or Latinx	3.44 (0.79)	188/188
Not Hispanic, Latino/a, or Latinx	3.37 (0.84)	813/814
Left Ethnicity Blank	3.73 (0.83)	15/16
Mean (Disagree)—regardless of ethnicity	**3.53 (0.82)**	**(*N*= 1016)**
Q18. I am more likely to engage in acceptable humor with patient whose *GENDER IS THE SAME* as mine. (*N*= 1013)		
Hispanic, Latino/a, or Latinx	3.23 (0.79)	188/188
Not Hispanic, Latino/a, or Latinx	3.20 (0.87)	811/814
Left Ethnicity Blank	3.57 (0.83)	14/16
Mean (Neither Agree nor Disagree)—regardless of ethnicity	**3.33 (0.82)**	**(*N*= 1013)**

***Likert Scale Key:** 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 = Disagree; 5 = Strongly Disagree. The "n" column shows those who skipped this question, e.g. In Q15 above, 186/188 in the Hispanic, Latino/a, or Latinx row indicates 2 Hispanic, Latino/a, or Latinx respondents skipped this question out of 188 Hispanic, Latino/a, or Latinx respondents, etc. The "Left Ethnicity Blank" row shows those who did not indicate an ethnicity but answered the question. There were 16 respondents who did not mark ethnicity in this survey.

TABLE 12. SELF-REPORTED SYMPTOMS OF BURNOUT BY RESPONDENTS BASED ON REPORTED RACE*

Q19. I have experienced symptoms of burnout in my practice. (*N*= 1013)	**Mean (SD)**	**n**
American Indian/Alaska Native	2.33 (1.18)	9/9
Asian	2.12 (1.11)	41/42
Black or African American	2.12 (1.26)	116/116
Native Hawaiian or Other Pacific Islander	1.85 (1.00)	7/7
Other	2.23 (1.00)	60/60
White	2.06 (1.05)	767/771
5 Skipped this question		
Left Race Blank	1.84 (1.01)	13/13
Mean (Agree)—regardless of race	**2.07 (1.08)**	**(*N*= 1013)**
Q20. I believe that acceptable humor with my advanced illness patient helps to lower my burnout. (*N*= 1017)		
American Indian/Alaska Native	2.44 (1.30)	9/9
Asian	2.14 (1.23)	42/42
Black or African American	2.28 (0.93)	116/116
Native Hawaiian or Other Pacific Islander	2.00 (0.89)	7/7
Other	2.50 (0.88)	60/60
White	2.28 (0.87)	770/771
1 Skipped this question		
Left Race Blank	2.84 (0.76)	13/13
Mean (Agree)—regardless of race	**2.35 (0.98)**	**(*N*= 1017)**

***Likert Scale Key:** 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 = Disagree; 5 = Strongly Disagree. The "n" column shows those who skipped this question, e.g. In Q19 above, 41/42 in the Asian row indicates 1 Asian respondent skipped this question out of 42 Asian respondents, etc. The "Left Race Blank" row shows those who did not indicate a race but answered the question. There were 13 respondents who did not mark a race in this survey.

TABLE 13. SELF-REPORTED SYMPTOMS OF BURNOUT BY RESPONDENTS BASED ON REPORTED ETHNICITY*

Q19. I have experienced symptoms of burnout in my practice. (*N*= 1013)	**Mean (SD)**	**N**
Hispanic, Latino/a, or Latinx	2.20 (1.19)	188/188
Not Hispanic, Latino/a, or Latinx	2.05 (0.96)	810/814
Left Ethnicity Blank	1.93 (0.96)	15/16
Mean (Agree)—regardless of ethnicity	**2.06 (1.03)**	**(*N*= 1013)**
Q20. I believe that acceptable humor with my advanced illness patients helps to lower my burnout. (*N*= 1017)		
Hispanic, Latino/a, or Latinx	2.34 (0.85)	188/188
Not Hispanic, Latino/a, or Latinx	2.28 (0.75)	813/814
Left Ethnicity Blank	2.50 (0.75)	16/16
Mean (Agree)—regardless of ethnicity	**2.37 (0.78)**	**(*N*= 1017)**

***Likert Scale Key:** 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 = Disagree; 5 = Strongly Disagree. The "n" column shows those who skipped this question, e.g. In Q19 above, 810/814 in the Not Hispanic, Latino/a, or Latinx row indicates 4 Not Hispanic, Latino/a, or Latinx respondents skipped this question out of 814 Not Hispanic, Latino/a, or Latinx respondents, etc. The "Left Ethnicity Blank" row shows those who did not indicate an ethnicity but answered the question. There were 16 respondents who did not mark ethnicity in this survey.

TABLE 14. QUESTIONS 21-28 AND QUESTIONS 30-32, RESPONDENTS "AGREEING" OR "STRONGLY AGREEING" TO STATEMENTS REGARDING THE USE AND EFFECTS OF ACCEPTABLE HUMOR*

Question	Respondents "Strongly Agree" n (%)	Respondents "Agree" n (%)	Total "Strongly Agree" and "Agree" n (%)
Q21. I appreciate when my advanced-illness patient and I can laugh together. (*N*= 1014)	618 (61%)	361 (36%)	979 (97%)
Q22. I believe acceptable humor can enhance my personal connection(s) with my patient. (*N* = 1014)	569 (56%)	398 (39%)	967 (95%)
Q23. I believe humor can be a positive communicative tool for patient with advanced-illness. (*N*= 1016)	535 (53%)	441 (43%)	976 (96%)
Q24. I believe humor allows my patient to give the current situation their own perspective. (*N*= 1017)	377 (37%)	528 (52%)	905 (89%)
Q25. I believe psychological distress in my patient is decreased with the use of humor. (*N*= 1016)	320 (31%)	559 (55%)	879 (86%)
Q26. I believe that humor in my patient's life enhances their overall well-being. (*N*= 1018)	453 (44%)	518 (51%)	971 (95%)
Q27. I believe that a patient's caregiver can be influenced positively by humor. (*N*= 1017)	319 (31%)	590 (58%)	909 (89%)
Q28. I believe humor can decrease agitation in my patient. (*N*= 1011)	296 (29%)	553 (55%)	849 (84%)
Q29. I believe humor (poking fun at one's illness) can decrease perceived pain in my patient with advanced illness. (*N*= 1015)	70 (7%)	279 (27%)	349 (34%)
Q30. I believe humor can help my patient process emotion. (*N*= 1012)	212 (21%)	637 (63%)	849 (84%)
Q31. I believe humor can help my patient process grief. (*N*= 1015)	174 (17%)	557 (55%)	731 (72%)
Q32. I believe humor can help my patient with their end-of-life journey. (*N*= 1016)	214 (21%)	544 (54%)	758 (75%)

***Likert Scale Key:** 1 = Strongly Agree; 2 = Agree; 3 = Neither Agree nor Disagree; 4 =Disagree; 5 = Strongly Disagree. Some respondents chose to skip this question.

TABLE 15. RESPONDENT COMMENTS TO QUESTION 33, BASED ON THEMES

Theme	Comments		
I use acceptable humor in my practice.	*"I let my patient be the guide in what their humor style is, and follow their lead. The journey belongs to them and should offer comfort."*	*"Once confident in my own style of practice, I was able to use humor to connect with patient and help them relax and feel more at ease."*	*"We have to protect everyone's dignity with respect. Using non-harmful humor could be the best intervention to improve everyone's quality of life."*
Social workers smile/laugh/ joke with their patient.	*"I think that engaging in light-hearted conversation and making jokes is something I try to do with all my patient to let them know there is more to life than their illness and that joy can still be found in life."*	*"Many of my patient say that, overall, I bring joy and happiness as I'm always smiling…waiting for masks to go away so we can be more expressive soon[er]!"*	*"I am naturally smiley, humorous, and an engaging person, but I am more focused on what will help build rapport than anything else. This rapport is crucial in creating a quality, individualized plan. I use playful humor in the same vein as self-disclosure."*
Social workers see themselves and their patient as funny or having fun with life.	*"I tend to go where the patient takes the atmosphere. I do try to do life reflection, which often leads to happy or funny memories that allow humor to emerge."*	*"I like to always ask my typically funny patient if they are in a funny mood or not today. Patient are very honest and open to it."*	

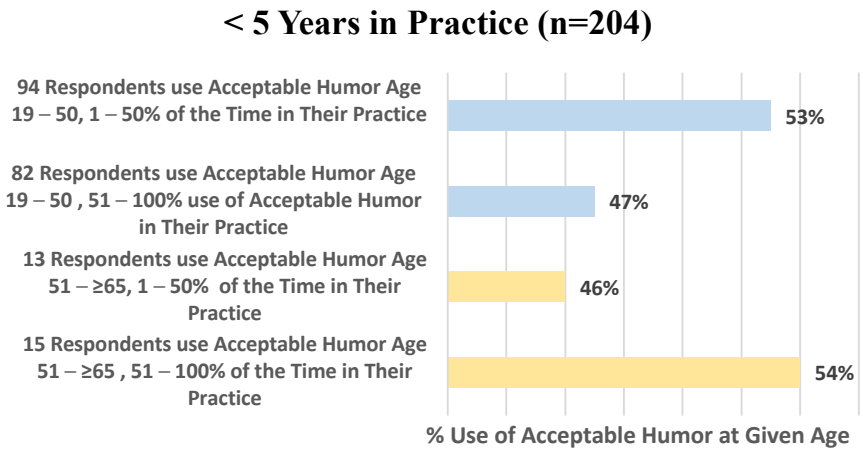
Do I engage in humor before my patient?	*"I believe knowing your patient very well is the main factor as to whether they will or will not respond [to]or benefit from humor. I believe there is a time and a place for humor."*	*"I have used during all my SW [social work] life…humor with my ill patient, but it takes time, as you need to know them, considering different cultures, and backgrounds, sexual orientation, race, etc., as all these are always a part of acceptable humor."*	*"I have never made note of whether I use humor more with [the] same or different gender[s], but I do generally take my que from the patient as to their use of humor before I engage in humor. I try to caution staff, however, that even a patient who engages in humor may not always feel like it, as that can backfire when a patient is having a bad day."*
Using humor can be beneficial in my practice.	*"I believe humor, when done correctly and appropriately, provides emotional relief for such patient, and helps to build connection, especially if they engage first and I respond accordingly."*	*"Humor, when appropriate, reduces emotional stress and decrease pain. I love to laugh with my patient. It is true that some patients are not receptive to humor. When patient and I laugh together, our life experiences become exponentially better. Thank you."*	*"Using humor is part of allowing patient to express difficult feelings. I allow patient to initiate humor as part of a trust-building process. Sometimes the humor comes after a period of grief, tears, and release of emotion. Acceptable humor is kind and sensitive, not sarcastic, with caution to the patient's personal culture."*
Social workers build rapport with their patient before engaging in humor.	*"The strength of rapport and individual personalities need to be considered. There are some patients I will never use humor with, as it is clear they do not use humor on their own regarding their illness, personal situation, or beliefs, and others who exclusively use humor to address illness, frustrations, challenges, etc."*	*"Humor is a tricky intervention, as it is not for everyone, but when used right it can be helpful. I think humor also works best when you have good rapport with patient. I know some people use humor as well to break the ice, but it really depends on the level of comfort of the patient and clinician."*	

TABLE 16. RESPONDENT'S RACE AS DESCRIBED USING MORE THAN ONE CATEGORY (N=24)*

Region	Gender	Primary Race from Survey	Race 2	Race 3	Race 4
Midwest	Female	White	Hispanic		
Midwest	Female	White	Black or African American		
Northeast	Female	White	Asian		
Northeast	Female	Asian	"Hmong"		
Southern	Female	White	American Indian/ Alaska Native		
Southern	Female	White	Black or African American		
Southern	Female	White	Hispanic		
Southern	Female	White	Black or African American		
Southern	Female	White	Black or African American		
Southern	Female	White	Black or African American	"Other"	American Indian/ Alaska Native
Southern	Female	White	American Indian/ Alaska Native		
Southern	Male	White	Hispanic		
West	Female	White	Hispanic		
West	Female	White	French/Spanish/ Portuguese		
West	Female	White	"Middle Eastern"		
West	Female	White	Asian		
West	Female	White	Black or African American		
West	Female	White	Hispanic		
West	Female	White	Asian		
West	Female	Black or African American	American Indian/ Alaska Native		
West	Female	Black or African American	"Caribe"		
West	Male	White	Asian		

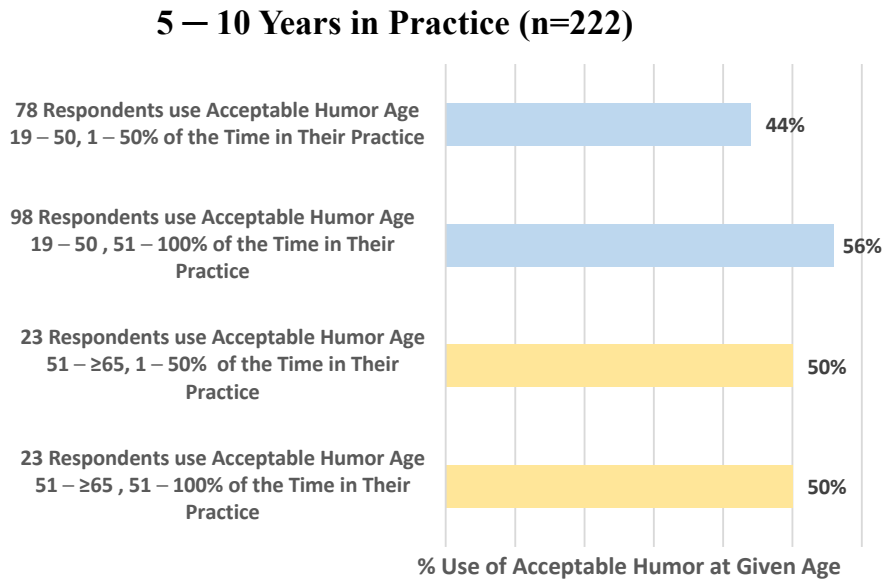
*22 respondents wished to describe themselves using more than one race, n=24. This created the overall race response to increase (***N***= 1,029). For the purpose of this study, we counted the first race that the respondent placed in the race category and noted the rest. The number of survey respondents would have been skewed and none of the tables and figures would have match 1,018 survey respondents. According to the survey, Race ***(N***= 1005) with 13 skipping this question.

FIGURE 1. <5 YEARS IN PRACTICE VS PERCENT USE OF ACCEPTABLE HUMOR BY AGE*



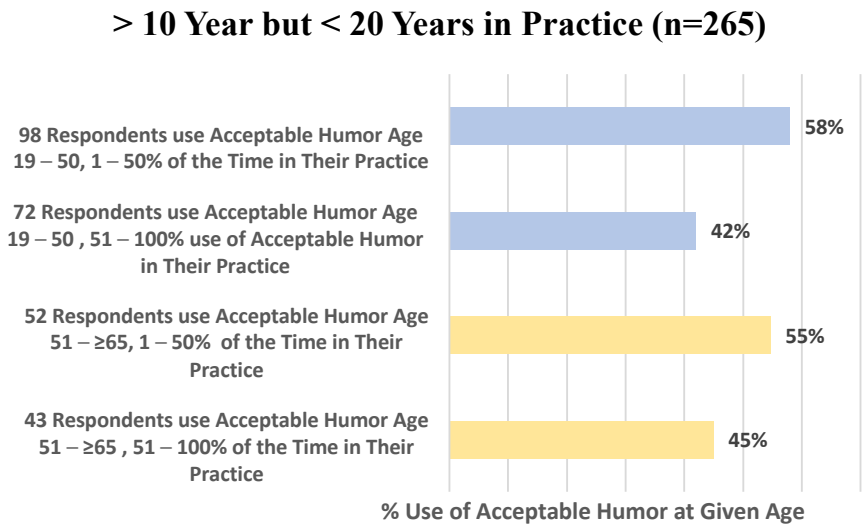
*A combination of survey questions 1, 4 and 12, with 976 surveys having complete data in all three categories (age, years in practice and percent use of acceptable humor in one's practice) to illustrate Figures 1-4. Some respondents chose to skip this question. There were 20 respondents who skipped the questions and there were 22 respondents who marked "NA" for percent time using acceptable humor in their practice for a total of 42 less respondents. (976+42=1,018).

FIGURE 2. 5 – 10 YEARS IN PRACTICE VS PERCENT USE OF ACCEPTABLE HUMOR BY AGE*



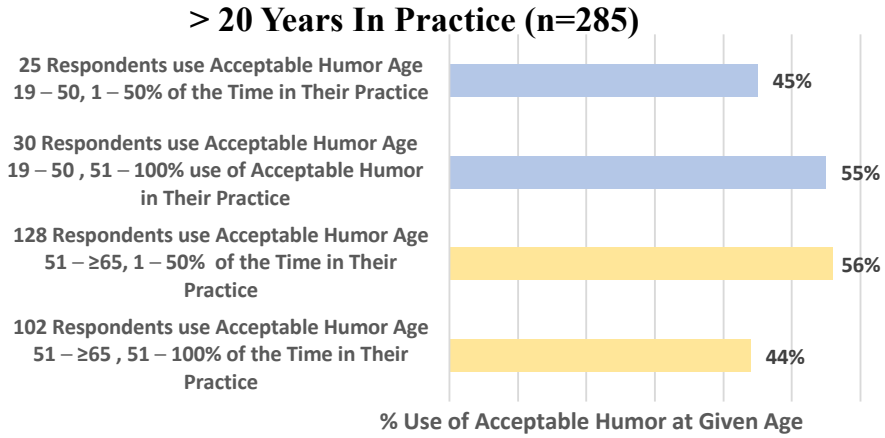
*Some respondents chose to skip one of three questions.

FIGURE 3. >10 – 20 YEARS IN PRACTICE VS PERCENT USE OF ACCEPTABLE HUMOR BY AGE*



*Some respondents chose to skip one of three questions.

FIGURE 4. >20 YEARS IN PRACTICE VS PERCENT USE OF ACCEPTABLE HUMOR BY AGE*



*Some respondents chose to skip one of three questions.

SUPPLEMENT

TABLE 17. QUESTION BY QUESTION SURVEY COMPLETION: 1018 RESPONDENTS ENTERED SURVEY

Q1. How many years have you been a practicing Clinical Social Worker?	**1009/1018**
Q2. My gender.	**1014/1018**
Q3. My present practice geographic area is.	**1012/1018**
Q4. My age is.	**1014/1018**
Q5. My Race is (check all that apply):	**1005/1018**
American Indian/Alaska Native	**9 (0.90%)**
Asian	**42 (4%)**
Black or African American	**116 (11.5%)**
Native Hawaiian or Other Pacific Islander	**7 (0.70%)**
Other	**60 (5.9%)**
White	**771 (77%)**
Not completed	**13**
Q6. Ethnicity is:	**1002/1018**
Hispanic, Latino/a, or Latinx	**188 (18.70%)**
Not Hispanic, Latino/a, or Latinx	**814 (81.30%)**
Q7. I am a funny person.	**1015/1018**
Q8. I enjoy smiling.	**1014/1018**
Q9. I enjoy laughing.	**1017/1018**
Q10. I enjoy jokes.	**1014/1018**
Q11. I engage in acceptable humor (smile/laugh/joke) with my advanced illness patients.	**1015/1018**
Q12. I use acceptable humor (smile/laugh/joke) with advanced illness patients in my overall practice _____% of the time.	**1011/1018**
Q13. I believe that my cultural background influences *positively* my ability to engage in acceptable humor with my advanced illness patients.	**1011/1018**
Q14. I believe that my cultural background influences *negatively* my ability to engage in acceptable humor with my advanced illness patients.	**1012/1018**
Q15. I engage in acceptable humor *before* my patient engages in it.	**1014/1018**
Q16. I engage in acceptable humor *after* my patient engages in it.	**1012/1018**
Q17. I am more likely to engage in acceptable humor with patients whose gender is *different* than mine.	**1016/1018**
Q18. I am more likely to engage in acceptable humor with patients whose gender is the *same* as mine.	**1013/1018**
Q19. I have experienced symptoms of burnout in my practice.	**1013/1018**
Q20. I believe that acceptable humor with my advanced illness patients helps to lower my burnout.	**1017/1018**
Q21. I appreciate when my advanced illness patient and I can laugh together.	**1014/1018**
Q22. I believe acceptable humor can enhance my personal connection(s) with my patient.	**1014/1018**
Q23. I believe humor can be a positive communicative tool for patients with advanced illness.	**1016/1018**
Q24. I believe humor allows my patient to give the current situation their own perspective.	**1017/1018**
Q25. I believe psychological distress in my patient is decreased with the use of humor.	**1016/1018**
Q26. I believe that humor in my patient's life enhances their overall well-being.	**1018/1018**
Q27. I believe that a patient's caregiver can be influenced positively by humor.	**1017/1018**
Q28. I believe humor can decrease agitation in my patient.	**1011/1018**
Q29. I believe humor (poking fun at one's illness) can decrease perceived pain in my patient with advanced illness.	**1015/1018**
Q30. I believe humor can help my patient process emotion.	**1012/1018**
Q31. I believe humor can help my patient process grief.	**1015/1018**
Q32. I believe humor can help my patient with their end-of-life journey.	**1016/1018**
Q33. If you wish to make a comment about acceptable humor in your practice, please use the space provided.	**264 comments, 26% of respondents, 10,500 words expressed.**

Acceptable Humor Survey

Nephrology Social Workers' Opinion on the Use of Acceptable Humor in Conversations with Advanced Illness Patients

This is an anonymous, voluntary survey meant to assess social workers' comfort level in using acceptable humor with their patients with advanced illness. Advanced Illness is being defined as a patient on dialysis or choosing not to begin dialysis and having a poor prognosis. This survey has 33 questions and should take approximately 4 minutes to complete. Thank-you for participating in this important research.

1. How many years have you been a practicing Clinical Social Worker?

- ◯ <5 years
- ◯ 5-10 years
- ◯ >10-20 years
- ◯ >20 years

2. My gender:

- ◯ Female
- ◯ Male
- ◯ Other
- ◯ Prefer not to say

3. My present practice geographic area is:

- ◯ Northeast (CT, ME, MA, NH, RI, VT, NJ, NY, PA)
- ◯ Southern (FL, GA, MD, NC, SC, VA, WV, DE, AL, KY, MS, TN, AR, LA, OK,TX, DC, Puerto Rico, US Virgin Islands)
- ◯ Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, SD, OH, WI)
- ◯ West (AZ, CO, ID, MT, NV, NM, UT, WY, AK, CA, HI, OR, WA, American Samoa, Guam, Mariana Islands)

4. My age is:

- ◯ 19-25
- ◯ 26-50
- ◯ 51-65
- ◯ >65

5. Race is:

- White
- Black or African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

6. Ethnicity is:

- Not Hispanic or Latino
- Hispanic or Latino

7. I am a funny person.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

8. I enjoy smiling.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9. I enjoy laughing.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

10. I enjoy jokes.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

11. I engage in acceptable humor (smile/laugh/joke) with my advanced illness patients.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

12. I use acceptable humor (smile/laugh/joke) with advanced illness patients in my overall practice _____% of the time.

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- NA

13. I believe that my cultural background influences **positively** my ability to engage in acceptable humor with my advanced illness patients.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

14. I believe that my cultural background influences **negatively** my ability to engage in acceptable humor with my advanced illness patients.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

15. I engage in acceptable humor **before** my patient engages in it.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

16. I engage in acceptable humor **after** my patient engages in it.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

17. I am more likely to engage in acceptable humor with patients whose gender is **different than mine**.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

18. I am more likely to engage in acceptable humor with patients whose gender is the **same as mine**.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

19. I have experienced symptoms of burnout in my practice.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

20. I believe that acceptable humor with my advanced illness patients helps to lower my burnout.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

21. I appreciate when my advanced illness patient and I can laugh together.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

22. I believe acceptable humor can enhance my personal connection(s) with my patient.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

23. I believe humor can be a positive communicative tool for patients with advanced illness.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

24. I believe humor allows my patient to give the current situation their own perspective.

- ◯ a) Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

25. I believe psychological distress in my patient is decreased with the use of humor.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

26. I believe that humor in my patient's life enhances their overall well-being.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

27. I believe that a patient's caregiver can be influenced positively by humor.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

28. I believe humor can decrease agitation in my patient.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

29. I believe humor (poking fun at one's illness) can decrease **perceived pain** in my patient with advanced illness.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

30. I believe humor can help my patient process emotion.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

31. I believe humor can help my patient process grief.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

32. I believe humor can help my patient with their end-of-life journey.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

33. If you wish to make a comment about acceptable humor in your practice, please use the space provided.