



Editorial

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This month we feature a manuscript on an all too familiar topic, the problem of box jellyfish in Hawaii waters.

We published an earlier study by Craig Thomas MD and Susan Scott RN and their associates in the April 2001 issue of the Journal dealing specifically with the effects of hot or cold packs on box jellyfish stings. In this follow-up manuscript, emergency room physician Craig Thomas MD, Honolulu Star-Bulletin marine science writer Susan Scott RN, working with Daniel Galanis PhD, an epidemiologist with the Hawaii Department of Health, and Ralph Goto BEd, the very experienced water safety administrator with the City and County of Honolulu Parks and Recreation Department, study the efficacy of some popular remedies of box jellyfish stings.

Aldoph Meat Tenderizer has been used ever since the late Harry Arnold Jr. MD proposed its trial in the late 1960s. Despite the negative results of the study, beach-goers will undoubtedly continue to use this treatment for their stings. Other home remedies such as the application of figs, mustard, manure and perhaps the most common urine, will also persist. Hopefully, the work of these authors will help get the message out that they just don't work!

The most effective method of relief recommended by the authors is to spray or pour vinegar on the stung areas to inactivate the nematocysts, then flush the remaining tentacles with fresh or salt water, and either apply hot or cold packs or take hot or cold showers, "whichever makes the victims feel better."

The troika of books by Craig Thomas and Susan Scott: "All Stings Considered: First Aid and Medical Treatment of Hawaii's Marine Injuries", "Pests of Paradise" and "Poisonous Plants of Paradise" belong in every physician's office, first-aid station, school nurse's office, and hospital emergency room in our state. If you don't have them yet, I strongly urge that you add them to your library.

"Our AMA" or "How to cover collective assets"

Many of our readers go right to the back page to start reading the Hawaii Medical Journal. Just in case you don't read it back to front, or if you missed the item by our Contributing Editor Russell Stodd MD go to it right now.

The AMA needs leaders that lead. The AMA and HMA have lost too many members. Fortunately the HMA is on the road to recovery, but we need a more active membership. We need your commitment.



Commentary

Today's Health Crisis: A Laughing Matter?
Karyn Buxman RN, MSN, CSP

According to a recent study, one of every three U.S. nurses surveyed under age 30 planned to leave their jobs within the next year. One in five nurses plans to leave the profession within five years because of unsatisfactory working conditions. According to the Bureau of Labor Statistics, 450,000 additional registered nurse will be needed to fill the present demand through the year 2008. Experts worry about the year 2020, when the registered nurse shortage is projected to reach 500,000 positions, coinciding with the increasing needs of healthcare in an aging US population.

It is obvious that the state of health care today is no joke. But it may be a laughing matter, if one understands the premise that humor oftentimes is generated by painful circumstances. There is nothing funny about unlimited resources, job security or a physician who responds quickly and cheerfully to a nurse's request. The things that make nurses laugh tend to be the very things that drive nurses crazy.

While nurses often have no control over all the stressful events that happen in their lives, they do have a choice in how they respond to those happenings. No single strategy will be appropriate for every situation, so a healthy individual must have a repertoire of responses. Numerous means of coping with stress in a healthy manner are available, but one of those ways is with humor.

There are three primary functions of humor in the healthcare setting: psychological, social, and communicational.

Psychological: As nurses become more anxious and their focus becomes narrower, they become less creative and are more easily angered. Stress may not come from the event itself, as much as from the nurse's perception of that event. Humor provides a perceptual flexibility that can increase one's sense of control. Learning techniques such as *catastrophizing the event*, where one takes the situation at hand and looks for the absurdity by asking, "How could this be worse?" may help the nurse put the event into its proper perspective.

Social: As Victor Borge, a well-known comedian, said so eloquently, "Laughter is the shortest distance between two people." When two or more can share in amusement, there is a commonality experienced among them, thus creating a bond. Some types of shared humor, such as self-effacing humor, reveal one's own flaws, 'humanness' and vulnerability. This 'revelation' creates an environment where the listener feels that it's safe to share, helping to develop rapport and establish or strengthen relationships. For that moment, the humor helps to diminish the perceived hierarchy, such as nurse/patient, doctor/nurse, or teacher/student while all involved participate in the fun.

Communicational: Sometimes a joke is just a joke. But often, true words are spoken in jest. It may be helpful for the nurse to know that frequently people will present a serious concern in the guise of a joke. A patient may joke about an embarrassing or frightening

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The site visit team is a recommending body and takes no formal action on accreditation. The LCME reviews the report of the site visit team and makes an accreditation decision. The decision can range from full and unconditional accreditation for seven years to probation for serious violations of the accreditation standards.

The accreditation standards consist of nearly 156 separate requirements.⁵ Of these, approximately 50 apply to teaching, learning and evaluation, i.e. the educational process. A recent initiative of the Association of American Medical Colleges called the Medical Education Standards and Assessment Project examined a number of salient issues in the accreditation process, including the meaning and application of medical accreditation standards, the importance and validity of medical accreditation standards and the influence of accreditation on educational change in U.S. medical schools.

Accreditation requires that medical schools specify their educational objectives, develop resources and programs to accomplish those objectives and track whether those objectives are being achieved through the implementation of evaluation systems. Accreditation is a quality assurance mechanism for medical education in the United States. It requires medical schools to undertake periodic external and internal self evaluations, a process that spurs continual adaptation and evolution on behalf of those institutions. Several reports have concluded that accreditation has had a positive effect on the education of physicians in the United States.^{6,7} The LCME claims that its accreditation standards encourages educational reform, fosters the adoption of pedagogical methods more likely to cultivate habits of self assessment and life long learning, creates greater coherence of instruction across the basic and clinical science years and leads to stronger institutional oversight and accountability for the curriculum.⁸

In conclusion, the process of accreditation of medical schools in the United States has led to an educational system for physicians without peer in the world. This claim is substantiated by hard evidence; 97% of students admitted to United States medical schools subsequently graduate, 95% of graduates are accepted into residency programs, 95% of residents complete their programs and 94% of students and residency graduates pass licensing exams on the first try.² Although the accreditation process is complex, burdensome, resource intensive and time consuming, it does appear to be fostering high quality medical education. For those spending many hours preparing for JABSOM's upcoming reaccreditation, it is of comfort to know that the process has value both as an internal quality control mechanism and an external endorsement of the quality of the education provided. Thus, continuation as a fully accredited medical school is an important priority worthy of the efforts expended.

situation. If the nurse responds in the manner as hoped, the desired outcome has been achieved. However, if the nurse doesn't recognize the serious nature of the comment, then the ability to "save face" is achievable by saying "only joking." The skill for nurses is in learning to listen beyond the laughter, whether the person addressing them is a peer, patient, family member, or doctor.

Physiological effect: In addition to the functions of humor, the physiological effect of humor is identified as a benefit. Most nurses are able to describe at least one negative physiological effect of stress: muscle tension, cold hands, headaches, gastrointestinal disturbances, and many more. While researchers have spent years identifying the negative effects of stress on body systems, they are now looking at the therapeutic effects of humor and laughter on the human body. These include decreased muscle tension, deeper respirations, and positive increases in the immune system.

As nurses practice to improve their abilities to use and appreciate humor, they also enhance their skill. "Humor appreciation involves responding to humor produced by others or being a good audience. On the other hand, humor production involves thinking of things on your own to amuse yourself or others," says Michelle Newman, PhD. When using humor as a coping mechanism, one cannot always count on being able to find an external focus of amusement. "Of the two, humor production is the more portable skill," says Newman and adds, "From the standpoint of coping, it seems to me to be less important whether you can amuse other people than whether you can amuse yourself." The implication for nurses is that while they may gain benefits from humor when enjoying it passively, there are even more benefits in being active participants by producing a humorous state of mind for themselves.

Because everyone's sense of humor is unique, the techniques used to create humor must be highly individualized. The methods need not be flamboyant to be effective. For example, some nurses might be comfortable wearing a small decorative pin with an amusing picture or statement on it, particularly at seasonal times. Colorful clothing with festive accents might be an option if dress codes do not forbid. Some nurses are subtle, wearing Looney Tunes socks or Mickey Mouse jewelry while others walk the halls wearing a red sponge nose or carrying a rubber chicken! Posting cartoons and illustrations can brighten up any nursing unit. Sharing jokes, stories, or embarrassing moments are other ways to generate laughter. Humor baskets, carts and humor rooms are means of creating a more humorous environment.

Many nurses may refrain from using the skill of humor on the grounds that it is not "professional." Humor is not the equivalent of "goofing off." Indeed, it is important for nurses to maintain high standards and high expectations on their units and to take their work seriously. It is also important for nurses to be able to take themselves lightly. Sad is the nurse who cannot learn to separate the two—and that is no joke.

References

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