Abstract
Objective: To assess if the use of humor in education helps with retention of knowledge post-operatively.
Design: Experimental.
Setting: Northwest Kansas healthcare facility.
Participants: Elective orthopedic patients that are 65 years and older.
Methods: A group of geriatric orthopedic patients will receive perioperative education with the use of humor (cartoons) and a control group with standard perioperative education.
Results/Conclusion: Pending.

Introduction
The purpose of this study is to see if incorporating humor into patient education improves their ability to recall the information postoperatively. The improved knowledge may contribute to better patient outcomes and higher satisfaction ratings.

Literature Sources
This is a partial replication study. Previous studies have been conducted in Taiwan and southeastern United States. This study will be focused on midwestern United States and takes recommendations from the previous studies into consideration.

Both previous studies that were researched were experimental and utilized patient surveys. The only major difference was one utilized open-ended questions and the other closed-ended questions.

Framework
This study will utilize concepts from Imogene King’s Conceptual System. Her system identifies and analyzes “the interdependent variables and concepts that exist in phenomena” (Alligood & Tomey, 2010, p. 154), as well as defining components utilized in variables and concepts that exist in phenomena (Alligood & Tomey, 2010).

Methodology
Research Design/Interventions
- Experimental design.
  - Random assignment.
  - Intervention.
  - Control group.
- The intervention in this study is the use of humor (cartoons) in patient education.
- IV: Education with humor vs. education without humor.
- DV: Retention of perioperative care expectations and instructions.

Proposed Research Question
- Will the use of humor during perioperative education help with retention of knowledge post-operatively?

Sample
Non Probability, convenience.
N = 72 adults that are 65 and over receiving elective orthopedic surgery.
N = 36 that receive perioperative education with humor (cartoons).
N = 36 that receive perioperative education without humor (cartoons).

Strategies for minimizing bias and error
- Make sure that the same surveys are given within the same pre/post-op timeframe.
- Will not re-educate patient after first survey.

Ethical Considerations
- Pending approval through the IRB at the hospital and FHSU.
- Will obtain signed informed consent.

Data Collection
- Patients will take a survey after education to evaluate baseline knowledge and understanding.
- Patient’s will repeat the survey 24 hours postoperatively to evaluate retention of knowledge and understanding.
- Study will start in June of 2018 and end in May of 2019.
- We will spend 45 minutes educating patients on preoperative care.
- The control group will receive perioperative care instructions using resources that are standard to the facility.
- The experimental group will receive perioperative care instructions using resources that are standard to the facility and supplemented with humorous cartoons.
- Will be done at Northwest Kansas healthcare facility.

Results/Findings
Projected Data Analysis Method
- Paired T-Test will be used to compare preoperative and postoperative results of IV: Use of humor vs. no humor (nominal) effects on DV: knowledge retention (ratio).

Previous Results/Findings
- No correlation between humor and knowledge retention (Schrecengost, 2001).
- Inconclusive.
- Environment is a factor.
- Humor is an effective form of communication.
- Suggestions to make study more viable.
- Not critical setting.
- Less restrictive inclusion criteria.
- Increased sample size.

Conclusion
Implications For Nursing
Understanding of perioperative care education from nursing staff is essential to proper patient recovery. If patients are able to understand and retain information that is given to them throughout the use of humor by nursing staff, it could contribute to:
- Better patient outcomes.
- Higher patient satisfaction.

Discussion

References