




Funny or risky? Humour in health-related social media

Gitte Galea ^{1*}

 0000-0003-2674-2531

Ritesh Chugh ¹

 0000-0003-0061-7206

Lydia Mainey ¹

 0000-0003-1438-8061

¹ Central Queensland University, Rockhampton, QLD, AUSTRALIA

* Corresponding author: g.galea@cqu.edu.au

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ABSTRACT

Social media has emerged as a vital platform for health communication, facilitating audience engagement and disseminating health-related information. It offers opportunities to implement innovative approaches to help audiences acquire health knowledge, presenting a compelling alternative to traditional fear-based campaigns. The paper is part of a doctoral study exploring how Queensland Health uses social media to communicate with the public, providing insights into the use of humour in health-related social media. Using a Constructivist Grounded Theory methodology, interviews were conducted with nineteen social media administrators employed by a large Australian health organisation to explore their experiences and perceptions of social media health messaging. The findings reveal that humour can enhance engagement and potentially improve health literacy, but they also highlight its risks, including the possibility of miscommunication and loss of trust. The study suggests that humour's role in health messaging must be carefully managed, balancing its benefits with cultural sensitivity. Future research should further investigate the multifaceted role of humour in health communication to optimise its effectiveness.

Keywords: social media, health, health communication, humour

INTRODUCTION

The pervasive reach of social media has rendered it an indispensable platform for health organisations to rapidly and efficiently disseminate health-related information. These platforms have become essential tools for health campaigns, raising public awareness of health services and addressing pressing health issues, thereby underscoring the critical role of social media in health communication. By overcoming physical barriers to access, social media provides an efficient means to connect diverse audiences with healthcare resources (Chen et al., 2022). While these platforms offer significant benefits, it is equally important to consider how social media can be leveraged to enhance health literacy and ensure that health messages are both engaging and accurate.

Social media can educate and engage audiences, enhancing their understanding of health and increasing health literacy (Prakash, 2024). Health literacy is an individual's level of knowledge, understanding and application of health information (Baker, 2006; Headley et al., 2022). Low health literacy is associated with difficulty understanding health messaging (Ayre et al., 2022), susceptibility to misinformation (Taba et al., 2023), hesitancy in making health decisions (Yildiz et al., 2023) and consequently, poorer health outcomes. Accurate health messaging, delivered to the right people in the right manner, is essential for improving health literacy and health outcomes (Roberts et al., 2017).

Fear is a common strategy used in health campaigns to improve health literacy. It is used to draw attention to issues of concern (Johnson, 2025; So et al., 2016) or disrupt complacency (Fairchild et al., 2018). For instance, health warning labels on cigarette packaging that display graphic images, highlight the risks of smoking during pregnancy (Kollath-Cattano et al., 2017), and a highly aversive video produced by the New York City Department of Health and Mental Hygiene, which portrays a man drinking cola that has transformed into fat, accentuates the dangers associated with sugary beverages (Glauser, 2011). While there is evidence that when used correctly, fear-based health campaigns work (Fairchild & Bayer, 2018), they have also been criticised for inciting panic, shame and stigmatisation (Guttman & Salmon, 2004). For instance, Australia's Grim Reaper AIDS campaign, where a skeletal figure in a black robe and carrying a scythe uses a bowling ball to knock over men, women and children, drew sharp criticism for its divisive fear-based messaging (Fairchild et al., 2018).

One underexplored alternative to fear-based strategies in health communication is the use of humour (Headley et al., 2022). Humour is an interdisciplinary area of study (Johnson, 2025) that encompasses verbal and written jokes, as well as describable actions that evoke laughter or elicit joy (Sen, 2012). Moreover, humour can be regarded as an intervention that fosters health and wellness through the physiological benefits of laughter (Association for Applied and Therapeutic Humor, n.d.; Cernerud & Olsson, 2004).

Humour's almost universal nature makes it an appealing tool for social media health campaigns, particularly for audiences with high digital literacy but low health literacy (Miller, 2024; Taba et al., 2023). There is a notable gap in research specifically addressing the use of humour in health-related social media communication, as well as its practical application by health organisations and audience responses.

This investigation addresses the research question, 'How does Queensland Health use humour in health-related social media?' Queensland Health is a state government health organisation in Australia, comprising 16 Hospital and Health Services (HHS) and the Department of Health (Queensland). Queensland has a resident population of 5.6 million people (Australian Bureau of Statistics, 2025) and spans a total land area of 1,729,742 km² (Australian Government, 2014). Given Australia's population exceeds 27.5 million people (Australian Bureau of Statistics, 2025), Queensland Health accounts for one-fifth of the nation's health organisations.

The remainder of the paper is organised as follows: the next section provides a review of the relevant literature, followed by a detailed explanation of the methodological approach adopted for this study. Subsequently, the findings are presented and discussed. The paper concludes with a summary of key insights and the study's limitations.

LITERATURE REVIEW

Emotional persuasion strategies are widely used in health communication to influence public attitudes and behaviours (Odunfa, 2023). These strategies can be broadly categorised into negative and positive persuasion approaches. Negative persuasion strategies emphasise the consequences of certain behaviours to influence thoughts and actions (Boshoff & Toerien, 2017), whereas positive persuasion strategies utilise humour to increase engagement, enhance message retention and reinforce beneficial behaviours (Nabi, 2016). Research suggests that these two approaches function as contrasting persuasive strategies, with fear appeals categorised as negative due to their reliance on risk perception, and humour appeals as positive because they create a pleasant emotional response (Casais & Proença, 2022). Casais and Proença (2022) analysed television advertisements for HIV/AIDS prevention, illustrating how positive and negative appeals are strategically employed in public health messaging. Their study reinforces the importance of emotional persuasion strategies in health campaigns, particularly in balancing fear-based urgency with more approachable, humour-driven communication.

Both positive and negative persuasion strategies offer distinct advantages. Humour appeals, in particular, foster engagement and message retention, thereby encouraging voluntary behaviour change (Miller et al., 2021). These strategies have proven effective in introducing new health topics and increasing receptivity to health information (Suka & Shimazaki, 2023). In contrast, fear appeals create a sense of urgency by emphasising negative consequences, which can successfully motivate attitude and behaviour change. This has been particularly evident in anti-smoking campaigns, where graphic warnings on cigarette packaging have effectively deterred smoking (Boshoff & Toerien, 2017; Reis et al., 2019). While both persuasion strategies can be effective in appropriate contexts, research remains inconclusive regarding the complexities of crafting

emotionally compelling and contextually relevant health messages (Odunfa, 2023). Therefore, identifying the most effective strategy for each health campaign is essential in optimising persuasive impact.

Despite their widespread use, the effectiveness of persuasion strategies in health communication remains debated. Fear-based appeals in social health promotion have yielded inconsistent results and, in some cases, led to unintended consequences, such as defensive reactions from audiences (Boshoff & Toerien, 2017). Kessels et al. (2014) found that individuals often resist fear-based messaging, such as anti-smoking warnings, due to psychological reactance. Furthermore, excessive fear in health messaging can reduce the likelihood of successful persuasion unless accompanied by a clear solution (Kessels et al., 2014; Witte & Allen, 2000). In contrast, research suggests that positive appeals may be more effective than negative appeals in certain contexts (Yousef et al., 2023). While previous studies have explored fear and humour appeals in health campaigns across various media, including television, radio and print (Casais & Proença, 2022; Harrington et al., 2014; Reis et al., 2019; Witte & Allen, 2000), there is a relative paucity of research examining their effectiveness within social media contexts (Schumacher, 2017).

Humour has been found to be more shareable on social media (Nabi, 2016), but its effectiveness depends on factors such as the health topic and audience demographics (Schumacher, 2017). Kite et al. (2016) suggest that both fear-based and humorous social media posts generate high levels of user engagement due to their controversial nature. However, humour tends to receive fewer likes and shares, as its impact is highly subjective (Kite et al., 2016). Schumacher (2017) argues that as social media continues to play an increasing role in health communication, humour-based persuasion strategies will become more relevant. Therefore, further research is needed to determine how humour can be effectively leveraged to enhance engagement and promote health-related behavioural change in digital environments.

One of the dominant theories of humour in philosophy and psychology is the incongruity theory, which explains humour as arising from the perception of something unexpected or the contrast between ideas (Morreal, 2024). This understanding underscores humour's potential effectiveness in health-related social media communication, particularly when addressing sensitive or uncomfortable topics (Queensland Health, 2024). By easing tension and enhancing engagement, humour can serve as a powerful tool to make complex or sensitive health information more accessible and relatable, ultimately supporting the broader goals of health communication (Meyer & Venette, 2017).

A primary goal of health communication is to encourage positive behaviours and improve health outcomes. However, designing health messages that effectively lead to behaviour change in individuals is a complex process (Mahoney & Tang, 2024). Humour, ubiquitous in our society (Yeo & McKasy, 2021), presents significant opportunities to engage audiences and disseminate information through 'infotainment' (Heuss et al., 2023) and 'edutainment' (McKee et al., 2004). Entertainment education strategies have been found to incite positive behaviour change in audiences (Mahoney & Tang, 2024). Research suggests that satire can affect information processing and can potentially combat misinformation (Yeo & McKasy, 2021). Humour is known to produce unique benefits in science communication (Vraga et al., 2019) and is often used in the context of storytelling (Johnson, 2025).

The use of humour can affect audience engagement, comprehension, and retention (Pretorius et al., 2020). For decades, humour and storytelling have been used in medical television shows to discuss various health issues and depict lighter moments in healthcare settings (Johnson, 2025). Designing programs with health messages combines the power of mass media and social models, allowing people to gain knowledge about health situations (McKee et al., 2004). Humour can provide an effective way to gain audience attention in public health communication (Suka & Shimazaki, 2023) and has emerged as a useful persuasion strategy (So et al., 2016). However, the results are mixed on whether humour helps or hinders health communication (Wang & Pavelko, 2024). So et al. (2016) found that humorous social media posts containing health information were frequently shared, increasing the reach of health messaging. Humour is connected with positive emotions, and people are more likely to share social media content that is expected to evoke positive emotions. The use of social media in sexual health education is well-received by young people, who find the material valuable and support its dissemination as shareable, spreadable media (McKee et al., 2018).

Humour is one element in the persuasion process and may offer an opportunity to address topics that trigger a defensive reaction (Moyer-Gusé et al., 2018). Humour was influential in the Stop the Sores campaign

in Los Angeles County, a social marketing campaign to raise awareness of a bacterial sexually transmitted infection, gaining the attention of an audience that appreciated the use of humour to discuss a serious topic, making the issue memorable, and setting it apart from other serious health messages that often use fear (Plant et al., 2010). Humour-based health promotion strategies may be useful for increasing awareness and help-seeking behaviour for public health priorities, particularly those associated with stigma (Miller et al., 2021).

Literature suggests that humour can mitigate uncomfortable reactions to certain health topics and enhance health promotion engagement (Miller et al., 2021). However, it is crucial that humour campaigns are perceived as humorous by the audience. Humour should be incorporated into well-tested public health initiatives to fully realise its potential in influencing health behaviour change and regularly reviewed (Schumacher, 2017).

Humour injected into social media health-related content is an opportunity for health organisations to showcase their identity and build trust (Cernerud & Olsson, 2004; Hynan et al., 2014). The results of a study on COVID-19 public health communication found that health professionals receive more engagement when using humour (Parveen et al., 2024).

The application of humour can mitigate anxiety and enhance individuals' receptiveness to accurate health information (Schumacher, 2017). However, health communication can vary significantly, making it impractical to adopt a standardised approach to using humour (Miller et al., 2021). While some topics are well-suited to the use of humour, others may pose the risk of causing harm.

Queensland Health has successfully launched innovative social media health campaigns that address taboo topics and promote the normalisation of healthy behaviours, earning recognition from health and marketing experts as world-leading (May, 2024). However, Queensland Health has also encountered challenges in utilising humour on social media, facing public backlash in 2022 for a meme that was perceived as dismissive of the sentiments of a particular community cohort (AMA Queensland, 2022). Using humour in health-related social media presents several challenges and risks, as it requires a balance between engaging the audience and maintaining sensitivity.

Despite its potential, humour can be subjective and context-dependent, eliciting varied responses (Martin, 2007). The effectiveness of using humour in health communication is dependent on the health topic and the characteristics of the audience (Schumacher, 2017). The use of humour can have negative effects, such as being a tool for oppression (Moloney & Love, 2018). This makes it essential for health organisations to evaluate its impact on the audience carefully. While humour can foster engagement and relatability, it may also lead to misunderstandings or diminish the perceived seriousness of health messages (Cann & Matson, 2014).

A key challenge organisations face when incorporating humour into public health communications is managing the risks of misinterpretation; a post intended to engage the public with humour can quickly backfire and attract negative reactions (Baer, 2011). Sexual health content disseminated through social media platforms has the potential to reach audiences ranging from hundreds to millions of users; however, concerns remain about whether such messages are taken seriously (Jones et al., 2019). Similarly, health messaging must avoid an overly didactic tone, as audiences may feel they are being lectured or preached to, underscoring the importance of balancing education with entertainment to foster meaningful engagement (McKee et al., 2018).

Mahoney and Tang (2024) build on Effing and Spil's (2016) social media strategy framework, emphasising the critical need to align health campaign goals with the interests and needs of target audiences. Social media provides unique opportunities to connect with these audiences, particularly young people, for whom it forms an integral part of daily life (Dunlop et al., 2016). Humour has been identified as an effective and engaging approach for reaching young people on social media, encouraging interaction, content sharing, and introducing a creative dimension to health campaigns (Miller, 2024; Taba et al., 2023). The shareability of social media content enhances the reach of positive health messages, with young people showing enthusiasm for sharing sexual health promotion content as a way to educate their peers (McKee et al., 2018). Despite these advantages, stakeholders in sexual health promotion often express hesitancy in leveraging social media, even when it aligns with the preferences of their target audience (Engel, 2023).

This hesitancy highlights the broader issue that humour in health communication remains an understudied area, with a clear need to bridge the gap between empirical findings and the development of

Table 1. Participant roles held with Queensland Health Hospital and Health Services (Galea et al., 2024)

Participant	Participant role
001	Manager communications
002	Director communications
003	Director communications
004	Director communications
005	Social media advisor
006	Senior media officer
007	Communications officer
008	Manager digital engagement
009	Media officer
010	Communications officer
011	Senior communications officer
012	Communications officer
013	Communications officer
014	Communications officer
015	Director communications
016	Principal media & communications advisor
017	Manager public affairs
018	Social and digital media team leader
019	Manager public relations

actionable best practices and strategies (Yeo & McKasy, 2021). Further research is required to explore the mechanisms through which humour impacts the effectiveness of health-related messaging on social media (Miller et al., 2021).

METHODOLOGICAL APPROACH

This paper, derived from a doctoral study examining the adoption and utilisation of social media within a large Australian health organisation, explores the use of humour in health-related social media. The study employed a Constructivist Grounded Theory (CGT) approach, which is particularly well-suited for investigating emerging phenomena (Charmaz, 2014), such as the use of humour in health-related social media content. CGT facilitates the development of theory grounded in participants' experiences and perspectives, providing a rich understanding of the interplay between humour and health messaging (McCreddie & Wiggins, 2009). This approach underscores the significance of human interaction, allowing for unique insights into processes and strategies to emerge through the synthesis of participant narratives and the researchers' interpretive analysis (Charmaz & Smit, 2007).

Interviews were chosen as the primary data collection method to align with the CGT approach. Interviews are particularly valuable for uncovering tacit knowledge and providing a platform for participants to articulate their understanding of complex and context-specific phenomena (Brinkmann & Kvale, 2014). This method also allows researchers to probe deeper into participants' responses, facilitating a more comprehensive understanding of their strategies and decision-making processes (Rubin & Rubin, 2012).

The study's sample was purposively selected (Creswell, 2013), comprising interviews with Queensland Health employees responsible for administering or overseeing social media. To complement the interviews, internal Queensland Health policy and guideline documents, obtained after the interviews were utilised as secondary data sources, alongside externally sourced online documents. Ethical approval from the researchers' university and Queensland Health was obtained before data collection. Furthermore, participation in this study was voluntary and participants provided informed consent prior to the interview.

Queensland Health employs a decentralised approach to managing social media, with 16 HHSs and DOH operating autonomously. A total of 19 Queensland Health communicators were recruited for this study. These represented a diverse mix of roles, including senior management and operational staff, who were responsible or accountable for managing social media channels. Participants included both male and female employees employed in various roles, as summarised in [Table 1](#). This diversity allowed for a comprehensive understanding of perspectives on the use of humour in social media health communication.

Table 2. Use of humour as reported by participants

Participant	Participants
Confident in using humour in the right context	3
Experimenting with humour	6
Occasionally uses humour	1
Rarely uses humour	1
Does not use humour	3
No mention of humour	5

Table 3. The benefits and challenges of using humour in social media health communication

Benefits	Challenges
Humour can make complex topics more accessible	Difficulty in executing and placing humour appropriately
Attracts and engages younger audiences	Risk of cultural misinterpretation
Acts as an entry point to engage the audience	Potential for humour to undermine serious messages
Useful for addressing sensitive topics, such as sexual health	Ethical concerns when using humour for serious health issues
Increases audience engagement	Possibility of spreading misinformation

Coding was performed using NVivo, a qualitative analysis tool, employing techniques such as line-by-line coding and in vivo coding, followed by focused coding. The analysis was conducted concurrently with coding, utilising an inductive approach. The concept of “*humour*” emerged after the initial interview. Each subsequent interview was compared to previous ones through constant comparison to group similar concepts. Theoretical sampling was achieved through in-depth interviewing techniques to further explore the concept of humour. Memos were created after each interview and were continually compared for theoretical refinement.

FINDINGS

Participants reported varying degrees of confidence and experience in using humour in social media content or commentary, underscoring a cautious approach to its use. These responses are summarised in **Table 2**.

The majority of participants (n = 6) reported experimenting with humour, while three expressed confidence in its application when applied in the right context. Conversely, three participants explicitly stated that they do not employ humour in social media, and five did not mention humour in their responses.

This study identified a spectrum of perspectives on the use of humour in health-related social media. While the potential benefits of humour were acknowledged, the challenges and risks associated with its use were also emphasised.

More than ten descriptions of participants’ views on humour were coded and indicated that the use of humour in Queensland Health is a contentious issue. While one participant emphasised that “*humour absolutely does not work*”, another noted its effectiveness “*when used in the right context*”.

The findings revealed that humour in social media health communication is both a valuable approach and a challenging strategy. Participants reflected on their experiences, reporting successes and setbacks. Three HHSs reported that they did not attempt to use humour, and five HHSs did not mention using it. One HHS that had experimented with humour in the past resolved never to use it again after experiencing a public backlash due to a cultural miscalculation. Overall, the majority of participants maintained a conservative outlook on the use of humour, acutely aware of the potential consequences, such as reputational damage, if the execution of humour were to go awry and audience perception was negative.

Several participants observed that other organisations, such as the Queensland Police Service (QPS), had successfully used humour on official social media channels (Taylor, 2015). Participant 3 remarked, “*We kind of haven’t reached that stage of where QPS is, of being able to have fun... and people find it hard to laugh about health*”.

Most participants reported experimenting with humour on social media channels, citing both benefits and challenges (**Table 3**). Participant 9 described how their social media posts felt “*a bit heavy*” and explained that despite the risks, they sought “*opportunities to inject humour, wherever possible*”.

Participant 12 noted the effectiveness of using humour to make sensitive topics, such as sexual health, more approachable: *"If you tie in a bit of humour to lighten up the mood a little, you're still being able to get that information out there without people shying away from it or feeling uncomfortable"*.

Participant 13 reinforced this view, highlighting the importance of using humour successfully in sexual health promotions and aligning it with social media trends. Participant 6 and Participant 18 identified humorous content as an effective way to capture a younger audience.

However, participants also expressed concerns about the challenges of executing humour in social media. Participant 11 remarked,

"I think it's the fact that humour is one of those types of – because it's only written and visual that they see humans need all of the other prompts, communications, cues, to make it work and with only a couple at your fingertips it isn't going to work".

Seven participants discussed the use of memes with mixed experiences. While two participants occasionally used memes, five either avoided or discontinued their use, citing past incidents where the meme's tone offended audiences, leading to public backlash. Participant 3 recounted that humour was not considered in crafting content when the HHS initially adopted social media in health communication. They reflected that this absence was beneficial, as it reduced a source of potential risk.

Regularly assessing audience perceptions of humorous content is critical. Participant 18 articulated how the COVID-19 pandemic prompted a review of the use of humour. Prior to the pandemic, humorous content was successfully employed in strategically aligned social media health campaigns, receiving high engagement. However, during the pandemic, Participant 18 observed a shift in audience followers towards the end of the pandemic, resulting in a step back in using humour and redirecting the focus to implementing a conversational and casual tone of voice. They reflected, *"So I guess when Queenslanders are ready for humour again, and you know, they feel like they can completely trust us on social media, that's probably when we will dip our toes into it again"*.

Participant 17 noted that their social media tone was initially overly casual and youthful, resembling the humorous style of an Australian blogger. The participant felt this tone was inappropriate for a HHS, which should maintain a more professional and authoritative tone. Participant 17 also shared an example of a viral social media post outside the HHS's control, involving a local hospital emergency department notice addressing *"wall licking"*. The participant explained the challenge of crafting a humorous response, balancing the need to address the situation without offending certain members of the community. They concluded, *"it's hard to be funny in health"*, articulating the difficulty of using humour in a sensitive and impactful way.

Participants also concurred that humour often feels inappropriate for serious health messages. However, exceptions exist, such as men's sexual health topics, which have been successfully presented on social media using humour by a well-known and respected doctor.

Document analysis revealed that one HHS social media policy explicitly listed humour as a risk factor, derived from the Crime and Corruption Commission Queensland July 2017 Advice for government employees (Crime and Corruption Commission Queensland, 2017), which noted: *"Inappropriate use of social media can result in...creating the wrong impression by using humour, irony or satire which can be misunderstood in impersonal or abbreviated formats"*. This policy advice underscores the risks associated with humour and highlights the responsibility of social media health communicators to manage these risks effectively.

DISCUSSION

The findings indicate that participants held divided opinions on the effectiveness of humour. While some recognised its potential to engage younger audiences, particularly young males, and make sensitive health topics more approachable, others highlighted significant risks, such as reputational damage and the potential for miscommunication, especially in culturally diverse contexts.

Certain health-related topics may be better received by audiences when humour is applied thoughtfully and appropriately. However, the use of humour inherently carries risks that must be carefully managed. These

findings reflect the complex balance between the potential of humour to enhance engagement and comprehension of health information and its potential to detract from the seriousness of health messages.

The results align with previous research that identifies humour as a novel strategy to improve engagement and understanding of health topics while enhancing health literacy (Miller et al., 2021; Yeo & McKasy, 2021). While participants expressed varying opinions about humour's effectiveness, the study reinforces its potential as a strategic alternative to fear-based communication. By identifying both the benefits and challenges, this study contributes insights that can inform health organisation decision-makers and future researchers. In Australia, there has been a shift in understanding how to address health literacy. Miller (2024) argues that health organisations must take responsibility for simplifying health-related information rather than relying on individuals to make sense of it (Miller, 2024). Miller further notes that younger audiences prefer humour on social media to improve their health literacy. This resonates with findings from this study, where participants emphasised that humour is an effective approach to engage younger audiences. Participants indicated that young males often connect with humour, which serves as an effective way to engage and attract the intended audience. Furthermore, Sharif et al. (2021) note that young people, as the most active users of social media, often share health-related information with family members (Sharif et al., 2021). Ayre et al. (2022) similarly found that people with lower health literacy rely on family and friends as key sources of information. These findings underscore the potential for humour to indirectly improve health literacy across broader communities when it successfully engages younger audiences.

Humour has proven effective in enhancing engagement by making content more relatable and enjoyable. For instance, the Australian Bureau of Statistics (2025) successfully employed humour in tweets to boost public support for the 2011 census, resulting in a significant increase in followers (Macnamara, 2012). However, many government organisations remain hesitant to use humour due to perceived risks. Heuss et al. (2023) describe humour as a form of "*infotainment*," which can increase user interest, particularly among younger audiences. Experimental research by Miller (2024) further indicates that humorous and fact-based video formats are equally effective for audiences with lower health literacy, demonstrating the versatility of humour in health communication. Vraga (2019) found that humour-based corrections to vaccine misinformation on social media were an effective approach that led individuals to agree with expert consensus.

However, the effectiveness of humour is not universally positive. Kite et al. (2016) found that humorous health posts on Facebook received fewer likes and shares but generated more comments, some of which reflected unhealthy behaviours in conflict with the intended message. This highlights the subjective nature of humour and its potential to provoke mixed or negative reactions.

Trust plays a critical role in health messaging on social media. Ayre et al. (2022) observed that humour in health-related posts was often misunderstood in culturally and linguistically diverse communities in Australia. Participant 18 reinforced the importance of establishing trust before integrating humour into health communication.

Sexual health messaging emerged as a potential starting point for using humour effectively. Several participants noted its success in engaging audiences without compromising the seriousness of the topic. Humour and storytelling are increasingly used as engaging tools to facilitate discussions about sexual health and reinvalidate education in this area (Gordon & Gere, 2016).

The findings have significant implications for social media strategies in health organisations. Health communicators must develop strategic approaches that consider audience preferences and cultural sensitivities while addressing the potential risks of humour. Incorporating humour into sexual health campaigns may be a practical first step, given its proven success in engaging audiences. However, as one participant noted, audience perceptions of humour evolve over time, necessitating regular assessments and adaptation of strategies to remain relevant and appropriate. Moreover, the process of designing, testing, and refining humorous social media content must be iterative and ongoing (Lombard et al., 2018).

This study offers a unique perspective on humour in social media health communication, highlighting its potential to improve engagement and health literacy. Future research could build on this work by investigating how humour influences health literacy across different demographic groups. Recent studies, such as Taba et al. (2023), highlight humour's potential to address health literacy issues. As health communication research

progresses, it is crucial to evaluate campaign effectiveness within the rapidly evolving media landscape (Harrington et al., 2014). It is recommended that future studies include audience feedback to better understand perceptions of humour in health-related social media content and assess its impact on engagement and knowledge acquisition. Exploring experimental designs comparing humorous and non-humorous content could provide deeper insights into this approach's effectiveness. Additionally, the measure of success should extend beyond social media metrics to encompass actual health behaviour changes (Kite et al., 2023).

CONCLUSION

Humour in social media health communication presents both opportunities and challenges. While it has the potential to enhance engagement and increase health literacy, its use must be approached with care to prevent miscommunication, erosion of trust, or the trivialisation of serious health issues. Thoughtful implementation is essential to maximise its benefits while mitigating risks. By strategically incorporating humour, health organisations can cultivate a platform that leverages its uplifting effects, enhances comprehension, and fosters a cohesive environment where laughter serves as an engagement element in health communication.

A key strength of this study lies in its focus on Queensland Health employees who directly manage social media platforms. This perspective provided candid and practical insights into the unique challenges and opportunities of using humour in health-related social media. These insights contribute valuable knowledge that can inform future strategies and research in the field of health communication.

However, this study also has limitations. As part of a broader doctoral research project, humour in social media health communication was not the primary focus. The exploration of humour emerged through theoretical sampling, which generated rich and nuanced data but may not fully capture all dimensions of humour in health communication. Additionally, the findings should be interpreted cautiously due to the study's focus on a single organisation within a specific context, which may limit the generalisability of its results.

Looking forward, humour has the potential to play a transformative role in digital health communication beyond social media. Emerging technologies, such as AI-driven health tools and virtual reality, provide new platforms for delivering engaging, personalised, and interactive health messages. These tools could leverage humour to improve user experiences, foster greater engagement, and make health information more accessible. Future research should explore how humour can be integrated into these innovative technologies to address health literacy challenges and drive meaningful behaviour change.

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Declaration of interest: The authors declared no competing interest.

Data availability: Data generated or analysed during this study are available from the authors on request.

REFERENCES

- AMA Queensland. (2022). Queensland Health meme makes light of employee burnout. *AMA Queensland*. <https://www.ama.com.au/index.php/qld/advocacy-policy/QHinstagrampost>
- Association for Applied and Therapeutic Humor. (n.d.). About. *Association for Applied and Therapeutic Humor*. <https://www.aath.org/about-aath>
- Australian Bureau of Statistics. (2025). Population clock. *Australian Bureau of Statistics*. <https://www.abs.gov.au/statistics/people/population/population-clock-pyramid>
- Australian Government. (2014). Area of Australia - States and territories. *Australian Government*. <https://www.ga.gov.au/scientific-topics/national-location-information/dimensions/area-of-australia-states-and-territories>
- Ayre, J., Muscat, D. M., Mac, O., Batcup, C., Cvejic, E., Pickles, K., Dolan, H., Bonner, C., Mouwad, D., Zachariah, D., Turalic, U., Santalucia, Y., Chen, T., Vasic, G., & McCaffery, K. J. (2022). Main COVID-19 information sources in a culturally and linguistically diverse community in Sydney, Australia: A cross-sectional survey. *Patient Education and Counseling*, 105(8), 2793–2800. <https://doi.org/10.1016/j.pec.2022.03.028>
- Baer, J. (2011). When funny becomes inferno a cautionary tale of social media humor gone wrong. *CONVINCE & CONVERT*. <https://www.convinceandconvert.com/social-media/when-funny-becomes-inferno-a-cautionary-tale-of-social-media-humor-gone-wrong/>
- Baker, D. W. (2006). The meaning and the measure of health literacy. *Journal of General Internal Medicine*, 21(8), 878–883. <https://doi.org/10.1111/j.1525-1497.2006.00540.x>
- Boshoff, C., & Toerien, L. (2017). Subconscious responses to fear-appeal health warnings: An exploratory study of cigarette packaging. *South African Journal of Economic and Management Sciences*, 20(1), Article a1630. <https://doi.org/10.4102/sajems.v20i1.1630>
- Brinkmann, S., & Kvale, S. (2014). *Interviews: Learning the craft of qualitative research interviewing* (3rd ed.). SAGE.
- Cann, A., & Matson, C. (2014). Sense of humor and social desirability: Understanding how humor styles are perceived. *Personality and Individual Differences*, 66, 176–180. <https://doi.org/10.1016/j.paid.2014.03.029>
- Casais, B., & Proença, J. F. (2022). The use of positive and negative appeals in social advertising: A content analysis of television ads for preventing HIV/AIDS. *International Review on Public and Nonprofit Marketing*, 19(3), 623–647. <https://doi.org/10.1007/s12208-021-00318-y>
- Cernerud, L., & Olsson, H. (2004). Humor seen from a public health perspective. *Scandinavian Journal of Public Health*, 32(5), 396–398. <https://doi.org/10.1080/14034940410026895>
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE.
- Charmaz, K., & Smit, J. (2007). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE. <https://doi.org/10.4135/9781848607927.n14>
- Chen, S., Xing, X., Li, Z., & Zhang, W. (2022). Scoping review on the role of social media in oral health promotion. *European Review for Medical and Pharmacological Sciences*, 26(22), 8256–8264. https://doi.org/10.26355/eurrev_202211_30357
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE.
- Crime and Corruption Commission Queensland. (2017). Social media and the public officer. *Crime and Corruption Commission Queensland*. <https://www.ccc.qld.gov.au/sites/default/files/Docs/Publications/CCC/Corruption-Prevention-Advisory-Social-media-and-the-public-officer-2017.pdf>
- Dunlop, S., Freeman, B., & Jones, S. C. (2016). Marketing to youth in the digital age: The promotion of unhealthy products and health promoting behaviours on social media. *Media and Communication*, 4(3), 35–49. <https://doi.org/10.17645/mac.v4i3.522>
- Effing, R., & Spil, T. A. M. (2016). The social strategy cone: Towards a framework for evaluating social media strategies. *International Journal of Information Management*, 36(1), 1–8. <https://doi.org/10.1016/j.ijinfomgt.2015.07.009>
- Engel, E. (2023). Young peoples' perceived benefits and barriers of sexual health promotion on social media - a literature review. *International Journal of Health Promotion and Education*. <https://doi.org/10.1080/14635240.2023.2241035>
- Fairchild, A. L., & Bayer, R. (2018). Public health with a punch: Fear, stigma, and hard-hitting media campaigns. In B. Major, J. F. Dovidio, & B. G. Link (Eds.), *The Oxford handbook of stigma, discrimination, and health* (pp. 429). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190243470.013.25>

- Fairchild, A. L., Bayer, R., Green, S. H., Colgrove, J., Kilgore, E., Sweeney, M., & Varma, J. K. (2018). The two faces of fear: A history of hard-hitting public health campaigns against tobacco and AIDS. *American Journal of Public Health, 108*(9), 1180–1186. <https://doi.org/10.2105/AJPH.2018.304516>
- Galea, G., Chugh, R., & Mainey, L. (2024). Managing adverse commentary on social media: A case study of an Australian health organisation. In J. Filipe, M. Śmiałek, A. Brodsky, & S. Hammoudi (Eds.), *Proceedings of the 26th International Conference on Enterprise Information Systems - Volume 2: ICEIS, 28-30 April 2024, Angers, France* (pp. 443–448). <https://doi.org/10.5220/001255280003690>, <https://www.scitepress.org/Papers/2024/125528/125528.pdf>
- Glauser, W. (2011). Soda war heats up. *Canadian Medical Association Journal, 183*(15), E1095–E1096. <https://doi.org/10.1503/cmaj.109-3965>
- Gordon, R., & Gere, D. (2016). Sex squad: Engaging humor to reinvigorate sexual health education. *Sex Education: Sexuality, Society and Learning, 16*(3), 324–336. <https://doi.org/10.1080/14681811.2015.1120193>
- Guttman, N., & Salmon, C. T. (2004). Guilt, fear, stigma and knowledge gaps: Ethical issues in public health communication interventions. *Bioethics, 18*(6), 531–552. <https://doi.org/10.1111/j.1467-8519.2004.00415.x>
- Harrington, N. G., Palmgreen, P. C., & Donohew, L. (2014). Programmatic research to increase the effectiveness of health communication campaigns. *Journal of Health Communication, 19*(12), 1472–1480. <https://doi.org/10.1080/10810730.2014.954082>
- Headley, S.-A., Jones, T., Kanekar, A., & Vogelzang, J. (2022). Using memes to increase health literacy in vulnerable populations. *American Journal of Health Education, 53*(1), 11–15. <https://doi.org/10.1080/19325037.2021.2001777>
- Heuss, S. C., Zachlod, C., & Miller, B. T. (2023). ‘Social’ media? How Swiss hospitals used social media platforms during the early months of the COVID-19 pandemic crisis. *Public Health, 219*, 53–60. <https://doi.org/10.1016/j.puhe.2023.03.019>
- Hynan, A., Murray, J., & Goldbart, J. (2014). ‘Happy and excited’: Perceptions of using digital technology and social media by young people who use augmentative and alternative communication. *Child Language Teaching and Therapy, 30*(2), 175–186. <https://doi.org/10.1177/0265659013519258>
- Johnson, M. A. (2025). *Humor and health in the media: Raising the question, should illness be funny?* (1st ed.). Routledge. <https://doi.org/10.4324/9781003356745>
- Jones, K., Williams, J., Sipsma, H., & Patil, C. (2019). Adolescent and emerging adults’ evaluation of a Facebook site providing sexual health education. *Public Health Nursing, 36*(1), 11–17. <https://doi.org/10.1111/phn.12555>
- Kessels, L. T. E., Ruiters, R. A. C., Wouters, L., & Jansma, B. M. (2014). Neuroscientific evidence for defensive avoidance of fear appeals. *International Journal of Psychology, 49*(2), 80–88. <https://doi.org/10.1002/ijop.12036>
- Kite, J., Chan, L., MacKay, K., Corbett, L., Reyes-Marcelino, G., Nguyen, B., Bellew, W., & Freeman, B. (2023). A model of social media effects in public health communication campaigns: Systematic review. *Journal of Medical Internet Research, 25*, Article e46345. <https://doi.org/10.2196/46345>
- Kite, J., Foley, B. C., Grunseit, A. C., Freeman, B., & Adams, J. (2016). Please like me: Facebook and public health communication. *PLoS ONE, 11*(9), Article e0162765. <https://doi.org/10.1371/journal.pone.0162765>
- Kollath-Cattano, C. P. D., Osman, A. P., & Thrasher, J. F. P. (2017). Evaluating the perceived effectiveness of pregnancy-related cigarette package health warning labels among different gender/age groups. *Addictive Behaviors, 66*, 33–40. <https://doi.org/10.1016/j.addbeh.2016.11.007>
- Lombard, C., Brennan, L., Reid, M., Klassen, K. M., Palermo, C., Walker, T., Lim, M. S. C., Dean, M., McCaffrey, T. A., & Truby, H. (2018). Communicating health—Optimising young adults’ engagement with health messages using social media: Study protocol. *Nutrition & Dietetics, 75*(5), 509–519. <https://doi.org/10.1111/1747-0080.12448>
- Macnamara, J. (2012). Democracy 2.0: Can social media engage youth and disengaged citizens in the public sphere? *Australian Journal of Communication, 39*(3), 65–86.
- Mahoney, L. M., & Tang, T. (2024). *Strategic social media: From marketing to social change*. John Wiley & Sons.
- Martin, R. A. (2007). *The psychology of humor: An integrative approach* (1st ed.). Elsevier Academic Press.

- May, N. (2024). 'It's okay to poo at work': Australian health department praised for tackling taboo with humorous campaign. *The Guardian*. <https://www.theguardian.com/australia-news/article/2024/sep/09/queensland-health-social-media-campaign-okay-to-poo-at-work>
- McCreadie, M., & Wiggins, S. (2009). Reconciling the good patient persona with problematic and non-problematic humour: A grounded theory. *International Journal of Nursing Studies*, 46(8), 1079–1091. <https://doi.org/10.1016/j.ijnurstu.2009.01.008>
- McKee, A., Albury, K., Burgess, J., Light, B., Osman, K., & Walsh, A. (2018). Locked down apps versus the social media ecology: Why do young people and educators disagree on the best delivery platform for digital sexual health entertainment education? *New Media & Society*, 20(12), 4571–4589. <https://doi.org/10.1177/1461444818778255>
- McKee, N., Becker, B. L., & Bertrand, J. T. (2004). *Strategic communication in the HIV/AIDS epidemic*. SAGE.
- Meyer, J. C. & Venette, S. J. (2017). Humor in health and risk messaging. *Oxford Research Encyclopedia of Communication*. <https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-507>
- Miller, E., Bergmeier, H. J., Blewitt, C., O'Connor, A., & Skouteris, H. (2021). A systematic review of humour-based strategies for addressing public health priorities. *Australian and New Zealand Journal of Public Health*, 45(6), 568–577. <https://doi.org/10.1111/1753-6405.13142>
- Miller, G. (2024). How health literacy can combat misinformation and improve health for all. *The Australian Prevention Partnership Centre*. <https://preventioncentre.org.au/resources/how-health-literacy-can-combat-misinformation/>
- Moloney, M. E., & Love, T. P. (2018). TheFappening: Virtual manhood acts in (homo) social media. *Men and Masculinities*, 21(5), 603–623. <https://doi.org/10.1177/1097184X17696170>
- Morreal, J. (2024). The Stanford encyclopedia of philosophy. *Stanford University*. <https://plato.stanford.edu/entries/humor/>
- Moyer-Gusé, E., Robinson, M. J., & McKnight, J. (2018). The role of humor in messaging about the MMR vaccine. *Journal of Health Communication*, 23(6), 514–522. <https://doi.org/10.1080/10810730.2018.1473533>
- Nabi, R. L. (2016). Laughing in the face of fear (of disease detection): Using humor to promote cancer self-examination behavior. *Health Communication*, 31(7), 873–883. <https://doi.org/10.1080/10410236.2014.1000479>
- Odufa, E. O. (2023). *The power of emotion in health campaign messages: Investigating the effects of fear and hope appeals on college students* [PhD thesis, Western Illinois University].
- Parveen, S., Pereira, A. G., Garzon-Orjuela, N., McHugh, P., Surendran, A., Vornhagen, H., & Vellinga, A. (2024). Optimizing public health communication: An analysis of type, sentiment and source of COVID-19 tweets. *Journal of Medical Internet Research*, 9, Article e59687. <https://doi.org/10.2196/preprints.59687>
- Plant, A., Montoya, J. A., Rotblatt, H., Kerndt, P. R., Mall, K. L., Pappas, L. G., Kent, C. K., & Klausner, J. D. (2010). Stop the sores: The making and evaluation of a successful social marketing campaign. *Health Promotion Practice*, 11(1), 23–33. <https://doi.org/10.1177/1524839907309376>
- Prakash, O. (2024). Strategic enhancement of health literacy through social media in India. *BMJ*, 386, Article q1473. <https://doi.org/10.1136/bmj.q1473>
- Pretorius, J., Koen, M., & Schall, R. (2020). Using intentional humour in a higher education classroom: Connecting with, and building on Lovorn and Holaway (2015). *European Journal of Humour Research*, 8(2), 146–165. <https://doi.org/10.7592/EJHR2020.8.2.PRETORIUS>
- Queensland Health. (2024). *POV: When you've got thrush and need to scratch the itch in public*.
- Reis, E. S., Arriaga, P. P. L. E., & Postolache, O. A. (2019). Fear or humour in anti-smoking campaigns? Impact on perceived effectiveness and support for tobacco control policies. *Ciência & Saude Coletiva*, 24(12), 4727–4738. <https://doi.org/10.1590/1413-812320182412.09322018>
- Roberts, M., Callahan, L., & O'Leary, C. (2017). Social media: A path to health literacy. *Information Services and Use*, 37(2), 177–187. <https://doi.org/10.3233/ISU-170836>
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). SAGE.
- Schumacher, A. C. (2017). *Humor in public health messaging: Past, present, future* [PhD thesis, The University of Iowa].
- Sen, A. (2012). Humour analysis and qualitative research. *Social Research Update*, (63), 1–4.

- Sharif, N., Opu, R. R., Alzahrani, K. J., Ahmed, S. N., Islam, S., Mim, S. S., Khan, F. B., Zaman, F., & Dey, S. K. (2021). The positive impact of social media on health behavior towards the COVID-19 pandemic in Bangladesh: A web-based cross-sectional study. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 15(5), Article 102206. <https://doi.org/10.1016/j.dsx.2021.102206>
- So, J., Prestin, A., Lee, L., Wang, Y., Yen, J., & Chou, W.-Y. S. (2016). What do people like to “share” about obesity? A content analysis of frequent retweets about obesity on Twitter. *Health Communication*, 31(2), 193–206. <https://doi.org/10.1080/10410236.2014.940675>
- Suka, M., & Shimazaki, T. (2023). Effectiveness of using humor appeal in health promotion materials: Evidence from an experimental study in Japan. *Archives of Public Health*, 81(1), Article 212. <https://doi.org/10.1186/s13690-023-01226-9>
- Taba, M., Ayre, J., Freeman, B., McCaffery, K., & Bonner, C. (2023). COVID-19 messages targeting young people on social media: Content analysis of Australian health authority posts. *Health Promotion International*, 38(2), Article daad034. <https://doi.org/10.1093/heapro/daad034>
- Taylor, T. (2015). Seven times QPS media won the social media game: As Queensland Police Service’s social media team outdoes itself with a Hoverboard Unit for Back to the Future day, look back on other times the boys in blue “won the internet”. *ABC Premium News*. <https://www.proquest.com/wire-feeds/seven-times-qps-media-won-social-game/docview/1724073510/se-2>
- Vraga, E. K., Kim, S. C., & Cook, J. (2019). Testing logic-based and humor-based corrections for science, health, and political misinformation on social media. *Journal of Broadcasting & Electronic Media*, 63(3), 393–414. <https://doi.org/10.1080/08838151.2019.1653102>
- Wang, T., & Pavelko, R. (2024). Engaging audience on social media: The persuasive impact of fit between humor and regulatory focus in health messages. *Health Communication*, 39(8), 1479–1490. <https://doi.org/10.1080/10410236.2023.2218532>
- Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education and Behavior*, 27(5), 591–615. <https://doi.org/10.1177/109019810002700506>
- Yeo, S. K., & McKasy, M. (2021). Emotion and humor as misinformation antidotes. *PNAS*, 118(15), Article e2002484118. <https://doi.org/10.1073/pnas.2002484118>
- Yildiz, G. N., Kaya, A., Çiftçi, B., Yıldiz, Ö., & Körkoca, H. (2023). A study of health literacy and social media use of the students on vaccine preferences during COVID-19 pandemic in Turkey. *Indian Journal of Public Health*, 67(3), 387–392. https://doi.org/10.4103/ijph.ijph_1641_22
- Yousef, M., Rundle-Thiele, S., & Dietrich, T. (2023). Advertising appeals effectiveness: A systematic literature review. *Health Promotion International*, 38(4), Article daab204. <https://doi.org/10.1093/heapro/daab204>

