

The Impact of Humor on Patients With Cancer

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Humor can be a therapeutic experience for patients. Therapeutic humor was defined by the Association for Applied and Therapeutic Humor (2004) as “any intervention that promotes health and wellness by stimulating a playful discovery, expression, or appreciation of the absurdity or incongruity of life’s situations . . . [and can] be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social, or spiritual.”

Fry (1992) referred to laughter as an internal jogging mechanism because it stimulates all physiologic systems. Laughter is a healthy way to reduce stress, provide a sense of control, and help the body relax (McGhee, 1998). People feel good when they share a laugh, which often results in an increased sense of belonging and friendship (Bloch, Browning, & McGrath, 1983).

Nurses spend more time than any other healthcare worker with patients. Humor can be an effective tool for nurses, but only in conjunction with their competence and commitment to patient care. Nightingale (1946) referred to the value of laughter for a patient when she wrote,

It is a matter of painful wonder to the sick themselves how much painful ideas predominate over pleasurable ones in their impression. . . . The fact that these painful impressions are far better dismissed by a real laugh, if you can excite one by books or conversation, than by any direct reasoning; or if

Using the Stetler model, in-depth literature reviews were performed that demonstrated a positive correlation between humor and comfort levels in patients with cancer. Humor frequently was used for relaxation and as a coping mechanism that aided in promoting general wellness. The literature indicated that various types of humorous material lessened anxiety and discomfort, which allowed for patients’ concerns and fears to be discussed openly. The literature also showed that humor had a positive effect on the immune system. Improvements in pain thresholds and elevations in natural killer cell activity consistently appeared in quantitative experimental studies. In addition, measurements of specific neuroendocrine and stress hormone levels revealed biochemical changes that suggested improved physical stress responses and increased feelings of well-being after humorous interventions. This article has implications for nurses because humor can be an effective intervention that impacts the health and well-being of patients with cancer.

the patient is too weak to laugh, some impression from nature is what he wants. I have mentioned the cruelty of letting him stare at a dead wall (p. 34).

Most nurses working with patients with cancer realize that humor is an important coping tool for people in crisis; therefore, the authors decided to explore the therapeutic use of humor as an intervention for patients with cancer. The Stetler (2001) model of research utilization, which focuses on the use of research findings to change critical thinking and practice, guided the analysis. The Stetler model involves five phases: (a) preparation, (b) validation, (c) comparative evaluation and decision making, (d) translation and application, and (e) evaluation.

Preparation: Literature Search Strategies and Review Method

In the first phase of the Stetler model, the purpose of the literature review is determined. A literature search was undertaken to examine the evidence for the use of humor as a coping tool for patients with cancer. The authors included studies that used humor as an intervention and were available at the university library at the authors’ institution or through interlibrary loan. Because the use of humor as an intervention has not been researched frequently, the studies were not limited to randomized controlled trials (RCTs). In addition, the insight provided by non-RCT studies was deemed valuable. The fol-

lowing study types were excluded: (a) non-English articles; (b) nonresearch articles; (c) review and/or meta-analysis articles; (d) abstracts, editorials, opinion pieces, position statements, case studies, dissertations, and models; (e) research articles with inadequate descriptions of participants, intervention(s), outcome measures, or research methods; and (f) articles published prior to 1985. Searching for relevant articles pertaining to humor interventions involved several sequential steps. Initially, the authors identified appropriate search terms and key words,

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