

MN HPNA FALL 2023

**LAUGHTER
AT THE END
OF LIFE
CHEAT*
SHEET**

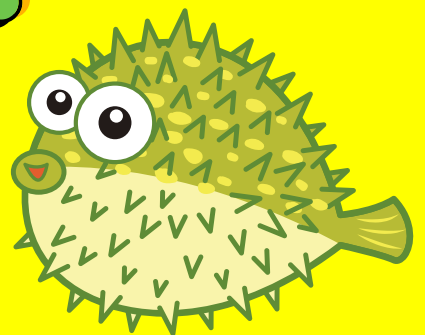
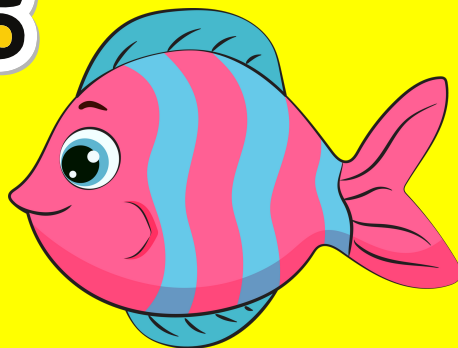
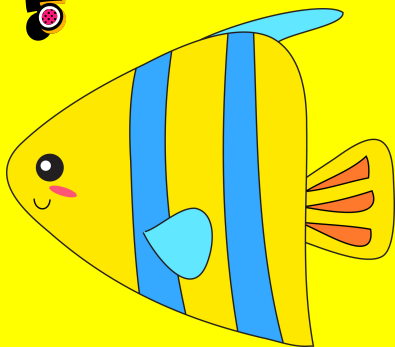
***OF COURSE BY "CHEAT SHEET" WE MEAN "HANDY TIP REMINDER." THERE IS NOTHING ABOUT USING CONSTRUCTIVE HUMOR TO MAKE YOUR JOB EASIER THAT IS CHEATING. BY ANY DEFINITION OF THE WORD. PROMISE.**

ASKING HOSPICE NURSES:

**DID YOU KNOW
PATIENTS
USE HUMOR AT THE
END OF LIFE?**

IS LIKE ASKING FISH

**HEY, HAVE YOU HEARD OF THIS THING
CALLED WATER?**



UNFORTUNATELY WE DIDN'T LEARN ABOUT USING HUMOR IN NURSING SCHOOL

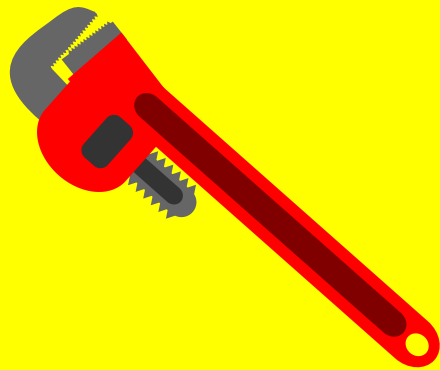
**IN FAIRNESS TO THE FOLKS WHO DESIGN NURSING SCHOOL CURRICULUM...
WHEN WOULD WE HAVE HAD TIME?
WOULD WE WANT TO HAVE FEWER CLINICAL HOURS?
I WOULDN'T HAVE WANTED TO FEEL ANY LESS EQUIPPED THE FIRST TIME I
PUSHED IV MEDS. OR PARTICIPATED IN A CODE.
OR..YOU GET THE PICTURE. YOU PROBABLY HAVE YOUR OWN.**

Syllabus

**Lesson 1: What
is a joke**

**Lesson 2:
Intro to knock
knock jokes**

**LAUGHTER AT THE END OF LIFE IS ABOUT...
ACKNOWLEDGING HOW HUMOR
IS USED AS A TOOL IN OUR WORK**



**AND ASKING OURSELVES,
ARE THERE ANY PLACES
WE COULD USE IT
BETTER OR DIFFERENTLY?***



***AND ALSO SOME BONUS CONTENT ABOUT INTENTIONALLY ADDING
HUMOR INTO OUR OWN LIVES. AS A THANK YOU FOR BEING
SO GENEROUS WITH SHARING IN THE DISCUSSION.**

ALSO, BEYOND OUR OWN EXPERIENCES, WHAT DOES THE RESEARCH HAVE TO SAY ABOUT HUMOR?



**THIS IS AGNES.
THE PEER-REVIEWED
LITERATURE OWL**

**THE OWL SHOWS UP
TO CONFIRM ANYTHING THAT
IS ALSO MENTIONED IN
RESEARCH.
IT'S LIKE A FOOTNOTE.
BUT YKNOW.
AN OWLNOTE**

**PSSSSST IF YOU HAVE A LESS CORNY WAY TO REPRESENT MAKING
SURE THIS PRESENTATION IS RESEARCH-INFORMED,
PLEASE LET ME KNOW
IT'S A BIT OF A THIN LINE.
I'M A COMIC, I'M A NURSE.**

**THE EARLIEST RESEARCH WE HAVE
ABOUT THIS SUBJECT**

**DATED FROM WHEN DINOSAURS
ROAMED THE EARTH**



(EG ADAMLE, DECEMBER, 2005)



**REVEALED THAT HUMOR IN
HOSPICE IS NO JOKE**

**IN ONE STUDY,
HUMOR WAS OBSERVED
IN 85 % OF ALL
PROVIDER-PATIENT INTERACTIONS
70 % WAS INITIATED BY
PATIENTS**

**FORTUNATELY, IN ORDER TO MEET THE HUMOR
NEEDS OF PATIENTS WE DON'T**

**HAVE TO MEMORIZE JOKES:
"SO TWO PEOPLE WITH CANCER
WALKED INTO A BAR..."**


**THAT WOULD BE ABSURD.
ALSO, IT WOULD MAKE US
UNPOPULAR AT PARTIES...**

SO UNPOPULAR

**YOU DON'T HAVE TO CONSIDER YOURSELF A
"FUNNY PERSON" TO USE HUMOR.
IT'S ABOUT RECOGNIZING AND RESPONDING.
THINK OF IT AS A GAME OF BASEBALL.
THE PATIENT THROWS OUT SOME HUMOR AND WE
CATCH IT...**

**WHEN MY PARTNER (WHO HAD OVARIAN
CANCER) DECIDED TO STOP CHEMO AND
TRANSITION HER CARE TO COMFORT
ONLY, WE SCHEDULED AN INTAKE WITH
HOME HOSPICE. THE NURSE DROVE UP
WHILE MY PARTNER AND I WERE OUTSIDE.**





**ARE YOU
ALL...IS THIS...
I MEAN...ARE
YOU HAVING
A SNOWBALL
FIGHT?**



**OH. A PERSON
HAS A LITTLE BIT
OF STAGE FOUR
OVARIAN
CANCER AND
THEY'RE NOT
SUPPOSED TO
HAVE SNOWBALL
FIGHTS?**

**WHAT'S IT
GOING TO DO,
KILL ME?**

THE PITCH



**WELL
HEATHER
THAT....
IS AN
EXCELLENT
POINT.**

THE CATCH



WE INSTANTLY FELL IN LOVE WITH THAT NURSE.

ONCE YOU HAVE CAUGHT THE HUMOR BALL (YOU FRICKIN' HERO, YOU!)



**YOU HAVE A CHOICE.
DO YOU WANT TO
THROW
IT BACK?**

**THE ALGORITHM FOR THIS CHOICE IS
MORE ART THAN SCIENCE,
BUT WE DO KNOW IN THE CASE OF HUMOR
ABOUT VERY SERIOUS SUBJECTS,
IT WORKS BEST IF...**

- YOU HAVE A TRUSTING
RELATIONSHIP WITH THE PATIENT**
- THEY ARE NOT DEALING WITH SEVERE PAIN,
ANXIETY OR A NEW DIAGNOSIS.**
- YOU THROW IT MORE SOFTLY THAN THEY DID**



(DEAN, 2005)

ANOTHER EXAMPLE:

I WAS IN THE ER WITH COVID IN MARCH 2020 (TRYING TO BEAT THE RUSH, APPARENTLY) AND WAS--FOR THE SAKE OF EXPEDIENCY--TEXTING MY SISTER & MY BOSS TOGETHER TO CATCH THEM UP ABOUT LOGISTICS. THEN I SENT A TEXT MEANT TO GO JUST TO MY SISTER.

HERE'S MY PITCH
(ACCIDENTAL. BUT STILL)

WK [REDACTED]

Thank you Beth. I'm glad to connect with you. Don't worry about the rest of everything Kelli. We got you. Feel better.

W

It's f [REDACTED] boomer hell in here.

Oh

That was meant just for my sister

WK [REDACTED]

Your sense of humor isn't sick. Or maybe it is?!

Sorry to hear that. This is a crazy time. The er is bad on a good day.

W

MY BOSS

(BLESS HER HEART)

THROWS IT BACK BUT MORE GENTLY THAN I THREW IT

AND IMPORTANTLY ALSO ACKNOWLEDGED THE EMOTIONAL TRUTH OF MY HUMOROUS COMMENT

**PATIENTS WHO HAVE THEIR OFFERS OF HUMOR IGNORED,
NOT NOTICED, OR REJECTED.**

**ARE LESS ADHERENT
TO TREATMENT
AND
DEMONSTRATE LESS
TRUST IN THEIR PROVIDERS**

**IN A 2016 STUDY OF ADVANCED CANCER PATIENTS'
PRIORITIES REGARDING
WISHES AT THE END OF LIFE
45 PERCENT OF ALL
PATIENTS RATED
"KEEPING MY SENSE OF HUMOR"
AS ONE OF THEIR
TOP TEN PRIORITIES FOR END OF LIFE.
(HOW DID THEY EVEN THINK TO ASK THAT!)
PATIENTS NEED
US TO SEE THEIR HUMOR.**

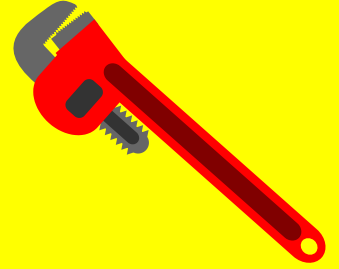


**(DELGADO, 2016)
(HAYDEN, 2014)**

HUMOR CAN BE USED AS A TOOL TO...

B

BUILD



E

EXPRESS

C

COMFORT

K

KEEP OUT

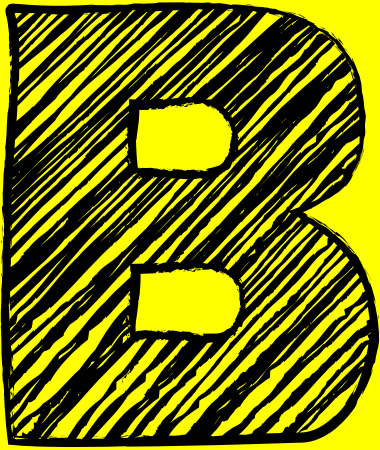
O

ORIENT

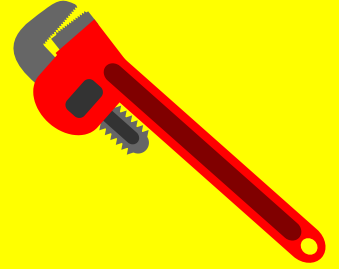
N

NURTURE

HUMOR CAN BE USED AS A TOOL TO...



BUILD



TRUST

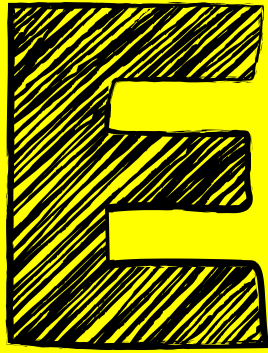
RELATIONSHIPS

COMMUNITY

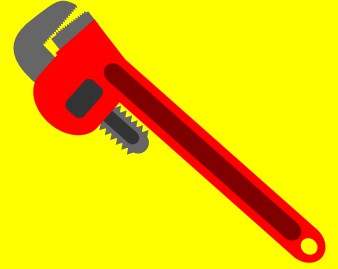


(TANEY, 2018)

HUMOR CAN BE USED AS A TOOL TO...



EXPRESS



UNCERTAINTY

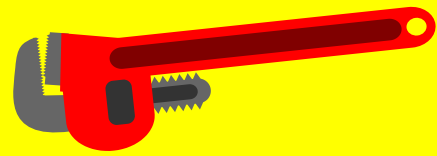
CONCERNS

FEARS

HOPES



(BUIRING, 2020)
(BEACH, 2015)
(WILLIAMS, 2009)



**SOMETIMES PATIENTS USE HUMOR TO
COMMUNICATE SOMETHING THAT THEY
DON'T FEEL COMFORTABLE TALKING
ABOUT IN A MORE SERIOUS WAY.
SOMETIMES HUMOR IS USED TO
START A CONVERSATION BUT
SOMETIMES HUMOR IS USED TO
PREVENT A CONVERSATION
(SEE ALSO K, KEEPING OUT)**

**IF YOU DON'T KNOW THE PATIENT WELL ENOUGH TO
KNOW WHICH ONE THEY'RE TRYING TO DO,
SOMETIMES YOU JUST HAVE TO ASK.
IT'S ACKWARD BUT I PROMISE IT WORKS.
ALSO REMEMBER PATIENTS APPRECIATE YOU
RECOGNIZING HUMOR.
SO REALLY. I PROMISE IT'S OKAY TO ASK.**

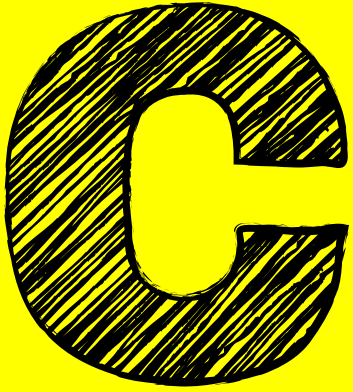


**SOMETIMES WHEN A PATIENT MAKES A
JOKE LIKE THAT, THEY'RE BEING FUNNY* BUT
THEY'RE ALSO TRYING TO COMMUNICATE
SOMETHING. MAYBE THAT THEY WANT TO
TALK ABOUT THE SUBJECT THEY JOKED ABOUT.
OR THAT THEY REALLY
DON'T WANT TO TALK ABOUT IT.
UM, I CAN'T TELL WHICH ONE THIS IS.**

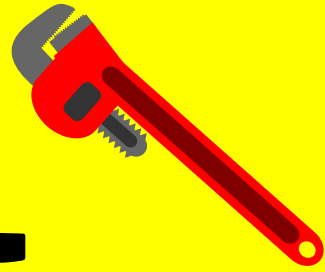
**IN COMEDY BY THE WAY,
WE CALL THIS "CALLING THE ROOM"
IT'S EXTREMELY EFFECTIVE.
IT'S ALMOST GUARANTEED TO GET A LAUGH,
OR AT LEAST KEEP THE LIGHTEARTEDNESS GOING**

***SAY "BEING FUNNY" NOT "TRYING TO BE FUNNY" NO ONE.
LITERALLY ZERO PEOPLE IN THE WORLD WANT TO BE TOLD THAT THEY WERE
TRYING (AND THEREFORE POSSIBLY NOT SUCCEEDING) TO BE FUNNY.**

HUMOR CAN BE USED AS A TOOL TO...



COMFORT



**DISTRACT FROM :
FEAR, SORROW, PAIN**

(HAYDEN, 2015)
(WILLIAMS, 2009)
(DUNBAR, 2012)



RELIEVE TENSION

(CLAXTON, 2016)

SOOTHE OTHERS

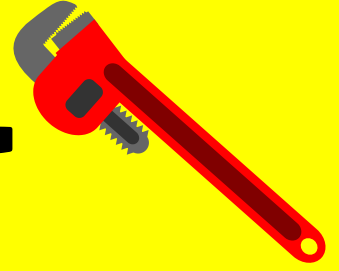
(BUIRING, 2020)
(CHAPPLE, 2004)
(BEACH, 2015)

**EG PATIENT TO FAMILY, PATIENT TO
NURSE, NURSE TO PATIENT**

HUMOR CAN BE USED AS A TOOL TO...



KEEP OUT



YOU KNEW THIS ONE WAS COMING, RIGHT?

HIDE EMBARRASSMENT

DECREASE VULNERABILITY

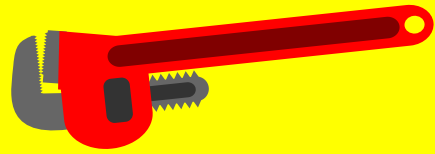
AVOID A TOPIC

AVOID OR POSTPONE A CONVERSATION

**CREATE DISTANCE FROM AGE OR
ILLNESS RELATED LOSSES**



**(WILLIAMS, 2009)
(ASTEDT-KURK, 2001)**



**THERE IS NOTHING INHERENTLY BAD OR WRONG
ABOUT USING HUMOR TO DEFLECT/STOP A
CONVERSATION.**

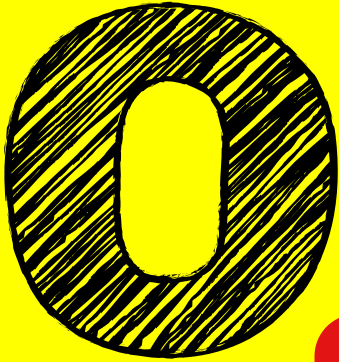
**EITHER AS THE NURSE/PROVIDER
OR THE PATIENT**

**OH YOU DON'T USE HUMOR TO DEFLECT?
HMMM. WHAT DID YOU SAY LAST TIME A PATIENT
ASKED A QUESTION YOU FELT WAS TOO PERSONAL TO ANSWER?
SEE? NOTHING INHERENTLY WRONG.**

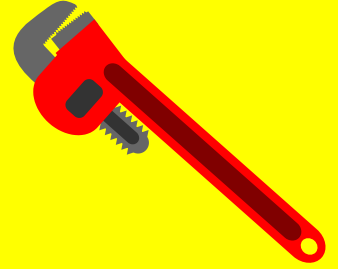
**BUT SOME CONVERSATIONS
CAN'T BE ENDLESSLY POSTPONED.
EVEN REALLY DIFFICULT ONES.
PARTICULARLY DIFFICULT ONES.**

**IN THIS CASE, SOMETIMES THE TOOL IS OVERUSED.
YOU MIGHT TRY A GENTLE RESPONSE LIKE
"IT SEEMS LIKE MAYBE YOU'RE TRYING TO POSTPONE
THIS CONVERSATION BUT I'M WORRIED ABOUT HOW LONG
IT CAN BE POSTPONED."
BUT IF AT ALL POSSIBLE, LAUGH AT THE JOKE FIRST.**

HUMOR CAN BE USED AS A TOOL TO...



ORIENT



TO ANOTHER PERSPECTIVE:

GIVE FEEDBACK TO CAREGIVERS

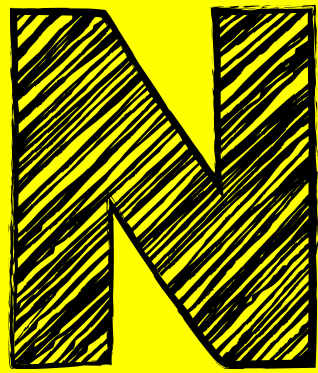
**PROVIDE INFORMATION ABOUT
PHYSICAL CONDITION TO PROVIDER**

**FOCUS ON POSITIVE ASPECTS OF
SITUATION TO IMPROVE MOOD**

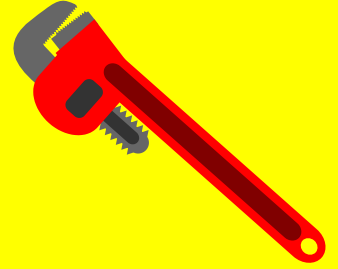


**(WILLIAMS, 2009)
(BEACH 2015)**

HUMOR CAN BE USED AS A TOOL TO...



NURTURE



PRE-EXISTING SOCIAL CONNECTIONS

STATUS AS AN INDIVIDUAL, NOT JUST A PATIENT

CONTROL OF SITUATION

DIGNITY OF PATIENT IN DIFFICULT/ MESSY SITUATIONS

ABILITY TO MAKE AUTONOMOUS DECISIONS



**(ADAMLE, 2005),
(GRAMLING 2012)
(DAMIANAKIS, 2012)**

**AND THEN JUST A FEW QUICK
NOTES ABOUT ADDING
MORE HUMOR TO YOUR DAY**



INTENTION

IS THE KEY WORD.

**AGAIN YOU ABSOLUTELY DO NOT NEED TO BE
(OR SEE YOURSELF AS) A FUNNY PERSON.**

**--SIMPLY PAYING MORE ATTENTION WITH THE
INTENTION OF FINDING MORE HUMOR WILL HELP YOU
ENJOY EVERYDAY LAUGHTER**

**TIP #1: LOOK FOR
FOUND HUMOR.
AND YOU'LL UM, FIND IT.**



**KEEP A LIST OF THINGS THAT
MAKE YOU LAUGH.**

TIP #2

ADD HUMOR

**TO YOUR
PHYSICAL**

&

**VIRTUAL
SPACES**



**A PHOTO OF A FUNNY DANCING CAT.
OR FOX. OR OX.**

**IF YOU HAVE ONE, IF NOT,
HOW ABOUT SNOOPY CARTOONS
THAT MAKE YOU LAUGH?**

TIP #3: HAVE A "MERRY MEETING" POLICY.

BUT DON'T CALL IT THAT.

PLEASE DON'T CALL IT THAT.

**ASK YOUR TEAM/COWORKERS TO TELL A
FUNNY STORY TO BEGIN THE MEETING.**

**IF NO ONE HAS A FUNNY STORY, TELL A
KNOCK KNOCK JOKE**



**WHO
IS
THERE?**

**PEOPLE WILL START LOOKING FOR FUNNY STORIES
IN ORDER TO AVOID HEARING KNOCK KNOCK
JOKES.**

TIP #4

USE THE DELETE -BLOCK-

**IGNORE BUTTONS ON SOCIAL
MEDIA JUDICIOUSLY TO TURN
DOOMSCROLLING* INTO**



**CHUCKLE CURATION?
GIGGLE GATHERING?
MIRTHFUL MEDIA?
AMUSEFEED?
GRIN STREAM?**

**OKAY. CLEARLY YOU
NEED TO NAME THIS.
BUT YOU GET THE IDEA.**

*** ISN'T DOOMSCROLLING ESSENTIALLY
CYBERBULLYING YOURSELF?**

**TIP #4
PART B**

DON'T WATCH THE NEWS* BEFORE 8 AM



***OR LISTEN TO NPR, OR DOOMSCROLL.
DEPENDING ON YOUR AGE AND
POLITICAL AFFILIATION**

**THIS IS NOT ABOUT BEING UNAWARE OF WHAT'S GOING ON IN THE WORLD
THERE'S NO HURRY- EVERYTHING WILL STILL BE JUST
AS TERRIBLE AFTER YOU'VE HAD YOUR COFFEE!**

TIP #5

INTENTIONALLY ADD HUMOR TO YOUR DAILY ROUTINE

Wednesday

10 AM: death

11 AM: Meeting about death

NOON death

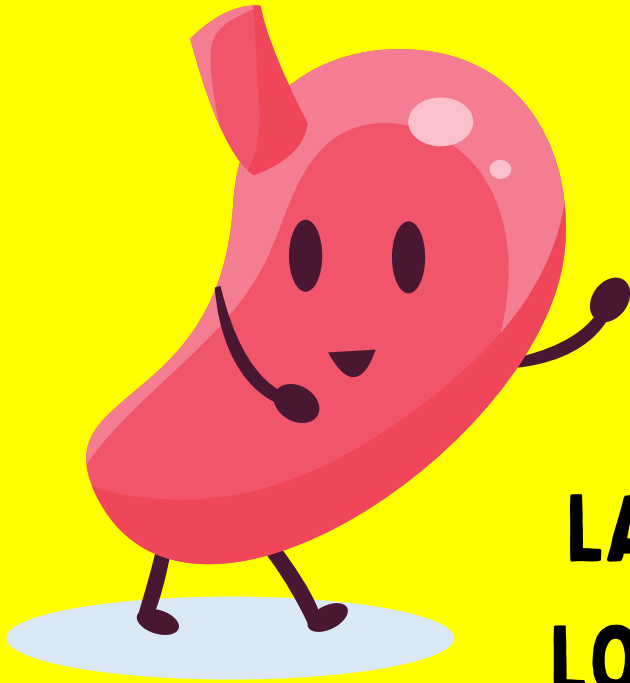
1 PM: Mediate emotionally wrenching conversation

2 PM **WATCH FUNNY YOUTUBEVIDEOS**

3 PM: death

4 PM: death

TIP #6



**LOWER
YOUR
LAUGHTER
THRESHOLD**

**LAUGH
LOUDER
LONGER**

**MORE HEARTILY
WITH MORE OF YOUR
ABDOMEN**

**(OR ANY OTHER BODY AREAS
YOU'RE OKAY WITH BEING INVOLVED)**

**TIP #7 THINK ABOUT YOUR LAUGH
TIMELINE. WHEN IN YOUR LIFE
DID YOU LAUGH MOST?**

**IS THERE ANYTHING*
THAT MADE YOU LAUGH DURING THAT
TIME YOU COULD BRING
INTO YOUR LIFE NOW?**

***OR ANYONE. BUT NOT CRUMMY EXES.
LEAVE THOSE IN THE PAST.**

**TIP #8 REMEMBER SOME KIND OF PLAY YOU
LOVED AS A KID?
COULD YOU DO THAT NOW?
OR A MODIFIED VERSION FOR
YOUR POST HIP REPLACEMENT BODY?**



TIP #9 CELEBRATE EACH VICTORY*
WITH GRAND, LIGHTHEARTED
ENTHUSIASM



***YUP, EVEN THE TINIEST ONES.**
ESPECIALLY THE TINY ONES

TIP #10: PASS AROUND THIS FORM DURING A MEETING...

**YOU KNOW YOU'RE A
(WRITE NAME
OF YOUR JOB TITLE)**

IF YOU.....

REMIND YOURSELF*
EVERY DAY:



***OR ASK A COWORKER TO REMIND YOU. A
TRUSTED NON-JERKY COWORKER**

****WHILE NOT FORGETTING THE COROLLARY: IT'S
ALSO OKAY TO CRY AT THE SAD PARTS**

A DAY IN THE LIFE OF A HOSPICE NURSE MAD LIB

(#1) WAS A VERY (#2) NURSE, BECAUSE THEY HAD BEEN PRACTICING FOR (#3)(#4) AND THEY ALWAYS MADE SURE TO LISTEN (#5) TO THEIR PATIENT. THIS MORNING, LIKE THE (#6) MORNINGS BEFORE NURSE (SAME AS #1) HAD A (#7) OMELET MADE WITH (#8) AND (#9) AND OF COURSE (#10) CUPS. OF COFFEE. WHEN THEY GOT INTO THEIR CAR, A(#11) (#12) THEY LOOKED AT THEIR SCHEDULE AND REALIZED THEY HAD (#13) PATIENTS IN JUST (#14)(#15). OH (#16) (#1) SAID (#17). AT THE FIRST VISIT, THEY HAD TO (#18) FROM THE PATIENT'S (#19)(#20) AND AT THE NEXT HOUSE THEY WERE SURPRISED BECAUSE THE PATIENT WANTED HELP TO (#21) JUST ONE MORE TIME. "I DON'T CARE IF IT'S DANGEROUS, I'D RATHER DIE FROM THAT THAN (#22) CANCER. THAT LEFT (#1) FEELING (#23)! THE DAY ENDED LIKE EVERY DAY WITH (#24)(#25) WORTH OF CHARTING. AS (#1) SLIPPED INTO BED (#1) SAID "I'M SO TIRED I'D BE (#26) TO SLEEP FOR (#27) HOURS!

-NOUNS ARE PEOPLE, PLACES AND THINGS

-VERBS ARE ACTION WORDS

-ADJECTIVES DESCRIBE THINGS

-ADVERBS DESCRIBE VERBS ADJECTIVES AND OTHER ADVERBS (THINK SOMETHING THAT ENDS IN -LY)

#1 NAME OF NURSE _____

#2 ADJECTIVE _____

#3 NUMBER _____

#4 UNIT OF TIME _____

#5 ADVERB _____

#6 NUMBER _____

#7 ADJECTIVE _____

#8 NAME OF FOOD _____

#9 NAME OF FOOD _____

#10 NUMBER _____

#11 YEAR _____

#12 TYPE OF CAR _____

#13 NUMBER _____

#14 NUMBER _____

#15 UNIT OF TIME _____

#16 EXCLAMATION _____

#17 ADVERB _____

#18 VERB _____

#19 COLOR _____

#20 ANIMAL _____

#21 VERB _____

#22 PART OF BODY _____

#23 FEELING _____

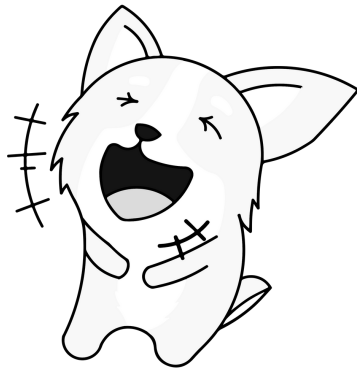
#24 NUMBER _____

#25 UNIT OF TIME _____

#26 FEELING _____

#27 NUMBER _____

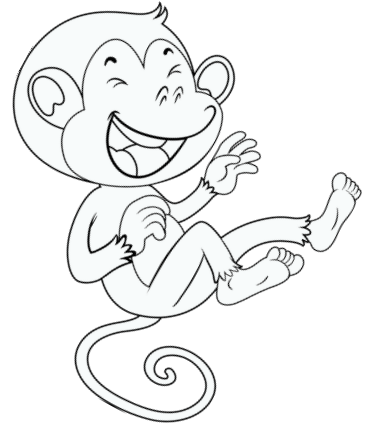
IT'S OKAY



TO LAUGH



AT
THE



FUNNY

P
A
R
T
S





NOTES

ADAMLE K, LUDWICK R (2005) HUMOR IN HOSPICE CARE: WHO, WHERE, AND HOW MUCH? AM J HOSP PALL MED 22(4):287–290

ASTEDT-KURKI, P., & ISOLA, A. (2001). HUMOUR BETWEEN NURSE AND PATIENT, AND AMONG STAFF: ANALYSIS OF NURSES' DIARIES. JOURNAL OF ADVANCED NURSING, 35(3), 452–458.

**BEACH, W. A., & DOZIER, D. M. (2015). FEARS, UNCERTAINTIES, AND HOPES: PATIENT-INITIATED ACTIONS AND DOCTORS' RESPONSES DURING ONCOLOGY INTERVIEWS. JOURNAL OF HEALTH COMMUNICATION, 20, 1243–1254.
DOI:10.1080/10810730.2015.1018644**

BUITING, H. M., DE BREE, R., BROM, L., MACK, J. W., & VAN DEN BREKEL, M. W. M. (2020). HUMOUR AND LAUGHING IN PATIENTS WITH PROLONGED INCURABLE CANCER: AN ETHNOGRAPHIC STUDY IN A COMPREHENSIVE CANCER CENTRE. QUALITY OF LIFE RESEARCH : AN INTERNATIONAL JOURNAL OF QUALITY OF LIFE ASPECTS OF TREATMENT, CARE AND REHABILITATION, 29(9), 2425–2434. [HTTPS://DOI.ORG/10.1007/S11136-020-02490-W](https://doi.org/10.1007/s11136-020-02490-w)

CHAPPLE A, ZIEBLAND S (2004) THE ROLE OF HUMOUR FOR MEN WITH TESTICULAR CANCER. QUAL HEALTH RES 14(8):1123–1139

CLAXTON-OLDFIELD, S., & BHATT, A. (2016). IS THERE A PLACE FOR HUMOR IN HOSPICE PALLIATIVE CARE? VOLUNTEERS SAY "YES"! AMERICAN JOURNAL OF HOSPICE AND PALLIATIVE MEDICINE^[R]. [HTTPS://DOI.ORG/10.1177/1049909116632214](https://doi.org/10.1177/1049909116632214)

DAMIANAKIS, T., & MARZIALI, E. (2011). COMMUNITY-DWELLING OLDER ADULTS' CONTEXTUAL EXPERIENCING OF HUMOUR. AGEING AND SOCIETY, 31(1), 110–124.

DELGADO-GUAY, M., RODRIGUEZ-NUNEZ, A., DE LA CRUZ, V., FRISBEE-HUME, S., WILLIAMS, J., WU, J., ET AL. (2016). ADVANCED CANCER PATIENTS' PRIORITIES REGARDING WISHES AT THE END OF LIFE: A RANDOMIZED CONTROLLED STUDY. J. CLIN. ONCOL. 33, 4273–4281. DOI: 10.1007/S00520-016-3260-9

DUNBAR RI, BARON R, FRANGOU A, PEARCE E, VAN LEEUWEN EJ, STOW J, ET AL. SOCIAL LAUGHTER IS CORRELATED WITH AN ELEVATED PAIN THRESHOLD. PROC BIOL SCI. 2012; 279:1161–1167. [HTTPS://DOI.ORG/10.1098/RSPB.2011.1373](https://doi.org/10.1098/RSPB.2011.1373) PMID: 21920973

GRAMLING, D., & GRAMLING, R. (2012). LAUGHING AT THE DARK: TACTICAL HUMOR FOR AUTONOMOUS DECISION MAKING IN SERIOUS ILLNESS. JOURNAL OF PALLIATIVE MEDICINE, 15(11), 1170–1172. [HTTPS://DOI.ORG/10.1089/JPM.2012.0279](https://doi.org/10.1089/JPM.2012.0279)

HAYDON, G., & RIET, P.V (2014). A NARRATIVE INQUIRY: HOW DO NURSES RESPOND TO PATIENTS' USE OF HUMOUR?. CONTEMPORARY NURSE, 46(2), 197–205. [HTTPS://DOI.ORG/10.5172/CONU.2014.46.2.197](https://doi.org/10.5172/CONU.2014.46.2.197)

LINGE-DAHL, L. M., HEINTZ, S., RUCH, W., & RADBRUCH, L. (2018). HUMOR ASSESSMENT AND INTERVENTIONS IN PALLIATIVE CARE: A SYSTEMATIC REVIEW. FRONTIERS IN PSYCHOLOGY, 9(890), 1–12. [HTTPS://DOI.ORG/10.3389/FPSYG.2018.00890](https://doi.org/10.3389/FPSYG.2018.00890)

TANAY MA, WISEMAN T, ROBERTS J, REAM E. A TIME TO WEEP AND A TIME TO LAUGH: HUMOUR IN THE NURSE-PATIENT RELATIONSHIP IN AN ADULT CANCER SETTING. SUPPORT CARE CANCER 2014;22:1295–301.

**WILLIAMS, R. (2009). 'HAVING A LAUGH': MASCULINITY, HEALTH AND HUMOUR. NURSING INQUIRY, 16(1), 74–81.
DOI:10.1111/J.1440-1800.2009.00437.X**

**THOUGHTS?
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WHAT CAN I DO TO
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