Laughing at Myself: Beginning Nursing Students’ Insight for a Professional Career

Jeanne Venhaus Stein, DNP, MSN, RN, CNS, and Francelyn Reeder, PhD, RN

PURPOSE. This study examined the phenomenon and meaning of laughing at oneself as described by the lived experiences of student nurses.

BACKGROUND. Studies in older populations revealed that maturity and experience, not necessarily age, made a difference in the ability to laugh at oneself, but little research has been conducted on nursing students and the ability to laugh at oneself.

A descriptive, exploratory, qualitative design and phenomenological method was used. Face-to-face interviews with nine female nursing students were recorded and transcribed. Meaning statements were identified in the language of the participants and synthesized by the researcher.

RESULTS. Findings suggest that beginning nursing students bring the experience of laughing at oneself into the nursing profession and it provides them with valuable insights into the challenges facing them in a nursing career.

IMPLICATIONS. Major themes were that the ability to laugh at oneself helps nursing students to maintain a balanced perspective and to not take themselves too seriously. A potential for laughing at oneself helps in keeping a balance between tragedy and comedy in life. Other implications for nursing job satisfaction and job retention are discussed.

Search terms: Laughing, balance, perspective

Introduction

Nurses have a high rate of burnout, drug abuse, and obesity. Perhaps nurses take themselves too seriously and should learn to recognize how laughter can be healing and can contribute to their health and well-being. Could learning to laugh at oneself prevent such problems? Could such laughter help nurses to care for themselves as well as others?

Nurses have a high rate of burnout, drug abuse, and obesity. Perhaps nurses take themselves too seriously and should learn to recognize how laughter can be healing and can contribute to their health and well-being.

The purpose of this study is to investigate the meaning of beginning nursing students’ experiences of laughing at oneself, the difference it makes in life, whether expressed or not, and what future benefits can be envisioned from living this experience in a career in nursing.
There is no research on whether beginning nursing students bring the experience of laughing at oneself into the nursing school program, or how they might apply this experience as they learn the challenging art and science of nursing.

Do beginning nurses have the ability to shift their perspective? Beginning nursing students can learn to shift perspective (change their outlook) to preserve one’s integrity.

Phenomena that can foster caring for self, health, and healing can hold promise for nurses’ professional orientation. The findings from this study can contribute meaning and understanding for nurse educators, nurses, and most of all, beginning nursing students.

Literature Review

Few studies have been done on laughing at oneself within the nursing profession. Prior observations of older individuals who could laugh at themselves indicated they seemed more self-assured and more at ease with themselves than those who were not able to do so (Malinski, 1991). These are positive qualities that appear to be helpful for nursing students and ultimately professional nurses.

History of Humor and Laughter

Humor and laughter are broad and multifaceted concepts (Martin 1998). Laughter is a universal phenomenon that crosses over into all cultures and age groups; people react with interest and fascination when talking about humor. Researchers have tried to explain it using anthropological, sociological, and physiological theories. Sultanoff (1998) distinguished between common terms for humor: wit is the cognitive/mental response to humor, mirth is the emotional response (laughing on the inside), and lastly, laughter is the physiological response to humor. Laughter can readily be seen as an outward sign of humor, whereas wit and mirth are less visible. Still, the concept remains elusive (Stein, 2002).

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Theories of humor date back to Aristotle (McGhee & Goldstein, 1983); some scholars trace the birth of humor to classical Greek theory (Ruch, 1998, cited in Martin, 2000). Originally, the word humor referred to types of bodily fluid that were thought to influence all bodily and psychic functions. Eventually, the word humor came to refer primarily to a person’s mood. Dr. Hunter “Patch” Adams (1998) expressed that humor and laughter have been strongly promoted as health-giving throughout medical history from Hippocrates to Sir William Oster. He equated humor and laughter with love and believed that it is vital in healing (Stein, 2003a).

Humor did not always have a positive connotation. For example, laughing at the less fortunate or the physically and mentally impaired was socially acceptable until the end of the 17th century. Following the humanistic movement of the 18th century, however, these forms of humor became viewed as negative and socially unacceptable.

In the 20th century, Freud (1928) viewed humor as one of the healthiest psychological defense mechanisms, as distinct from joking. He defined the latter as being unacceptable, showing aggressiveness and sexual impulsiveness. In addition, Freud expressed the belief that humor allows detachment in the face of adversity and misfortune. Many psychological theorists (e.g., Allport, 1961; Maslow 1954; Vailant, 1993) echoed Freud’s themes, viewing a healthy form of humor as adaptive and a component of positive psychology. Since the 1970s, research has convinced an
increasing number of individuals that humor is worth studying; it remains an intriguing but elusive concept. More recently, the word humor has become a broad umbrella term for all laughter-related phenomena. It now refers to all forms of laughter, including jokes, television sitcoms, cartoons, comedy films, funny personal happenings, and much more. Humor is sometimes referred to as amusement and being able to laugh at oneself (Stein, 2002). Humor also refers to being witty, funny, or laughable.

The Benefits of Laughter

The benefits of laughter and health are just beginning to be explored. Stein (2003b) reviewed the literature related to complementary therapies, including laughter. Frankl (1969), while imprisoned in a Nazi concentration camp, discovered that laughter was the key to keeping him healthy and alive. He found meaning in his life through being able to laugh, even under the most terrifying circumstances. Not even the enemy could take this existential experience away, which provided him with inner strength.

Prior to the 1970s, most scientific investigation of humor investigated laughter as a physiological response. For example, William Fry Jr., M.D. (Fry, 1963), likened laughter to internal jogging based on 40 years of research on the physiology of laughter. His results showed that laughter disturbed the usual predictable pattern of respiration, augmented the minute volume of oxygen, and created a forceful exhalation that could activate beneficial secretions.

Norman Cousins (1979) popularized the concept of laughing as part of healing when he was diagnosed with degenerative ankylosing spondylitis. Cousins discovered that 10 min of laughter gave him hours of pain-free sleep. In his book, Head First: The Biology of Hope, Cousins (1989) reported the effects of humor and laughter on the human body, which can elicit biological and chemical changes in the body such as positive effects on blood pressure, oxygenation of the blood, facilitation of digestion, and even suppression of stress-related hormones. He explained how the ability to laugh can dispense faith, hope, joy, and confidence.

Research by Berk et al. (1988) supported the hypothesis that laughter keeps our immune system strong, which in turn keeps us healthy. They found that laughter stimulates the production of endorphins which decrease or prevent pain, lowers the heart rate, lowers blood pressure, decreases heart disease, and decreases stress hormones, which decreases stress. Dr. Steven Sultanoff (1998) defined humor as a response to an unexpected surprise, or as having the capacity to perceive, appreciate, or express what is funny, amusing, or incongruent. How and why humor is healthful is still not understood, but Sultanoff (1998) stated that thinking positively helps to break negative mindsets, reduce stress, and promote health and wellness.

More recently, Reiss (2004) found that studies on imaging show that some people use humor as an effective coping or stress-reduction mechanism, while others do not. He identified an area of the brain called

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the nucleus accumbens, or the NAcc, and another area, the amygdala in the NAcc, which is known to be involved in rewarding feelings. This was the first study where a reward system of the brain has been linked to humor and laughter.

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Humor and Laughter in Nursing

Florence Nightingale was the first nurse to document the need for laughter in nursing care of the self and others as a fundamental principle in the training of nurses (Griffin & Griffin, 1969). Vera Robinson (1977, 1978, 1983), the fairy godmother of humor, has examined the importance of humor and laughter in nursing practice. She found that a nurse needs to understand humor, use it as a coping mechanism, and be able to laugh at oneself.

Laughing at oneself is a new area of inquiry that lends itself to fostering human caring processes. Laughter can provide the caring connection with self, others, and the community. According to Rogers (1990), an important characteristic of unitary human beings is that they can move from the world of physical facts to an understanding of the patterns of human beings and their environments. In addition to this, Rogers (1990) supports the use of humor and laughter as noninvasive modalities for nursing. Barrett’s (1990) *Power as Knowing Participation* also helps people understand the world with openness to new discoveries and new creative ways of thinking and being. Nurses can help themselves and others to participate knowingly in changing their human-field patterns (their energy field in the environment). Change, along with upbeat thinking, feeling, and being different, can bring human betterment for nurses and others. They can learn to rise above or transcend any situation. With a positive attitude, hope, laughter, and humor can prevail.

Watson’s (1988) transpersonal caring theory speaks to caring as the essence of nursing, with the two universal givens of loving and caring of self first. Laughter can be an important ingredient for self-care and healing. Watson acknowledges the practice of human caring as directed toward subjective inner healing processes and the life world of the experiencing individual. As a caring science, nursing must be dynamic and open to new ways of knowing. Patty Wooten, long-time nurse humorist and clown, expressed that our sense of humor and laughter is both our perspective on life and a way of perceiving the world. She proclaimed that we must share in laughter with others in order to experience the joy that humor can bring (Stein, 2003a).

Several nursing researchers have studied the experiences of laughter with subjects who were 65 years of age and older. In the *Importance of Knowing What to Care About: A Phenomenological Inquiry Using Laughing at Oneself as a Clue*, Reeder (1990) found evidence from reviewing some subjects’ narratives that suggest laughing at oneself could be learned at an early age. She cited the implications of being able to laugh at oneself for natural caring modalities, nursing practice of enhancing the use of self in healing, and the realization of the human potential. Malinski (1991) found that laughing at oneself seemed to be a transcendent form of laughter: lifting people beyond themselves. Both Malinski (1991) and Parse (1992) found that laughing is closely connected with health. Further, Parse’s study suggested there are shared common elements between
the experience of laughter and the experience of health, recommending further research to explore this link for nursing practice. More understanding of “human living” is a worthy aim of nursing research, especially when the main goal is “quality of life,” Parse affirmed. Although laughing at oneself was not the focus of her study, Beck (1997) concluded in her research that nursing students can be socialized by nursing educators to view humor and laughter as valuable resources to prevent burnout and increase morale. Finally, over the past 10 years, Stein has attempted to study beginning nursing students’ experiences of humor and laughter in their lives through piloting her own humor assessment tool (Stein, 1994). She has found, using her quantitative tool, that most nursing students report that they could use a “humor boost.”

Methodology

Many humor and laughter studies have analyzed quantitative measures of physiological responses (McGhee & Goldstein, 1983). Stein (2002), however, found a small number of qualitative phenomenological studies (Arja, Astedt-Kurki, Leskinen, & Ylitervo, 1998; Beck 1997; Nahas 1998) that examined humor and laughter with nursing students in education (Stein, 2002). Accordingly, this study employed a qualitative design and method informed by Husserlian phenomenology (Reeder, 1990). Such a multi-perspective approach to phenomena makes available “various modes of appearances” that can be described, meaningfully interpreted, and, ultimately, understood (Magilvy, 2003; Reeder, 1990).

The purpose of this study is discovery of meaning of the experience of laughing at oneself for beginning nursing students. The phenomenological method specifically explored participants’ descriptions of laughing at oneself from transcriptions of recorded interviews to explicate the meaning of the lived experience for beginning nursing students. The phenomena were explored by the researcher drawing on the literature reviewed above and her own experience in the field.

Participants

The population consisted of beginning nursing students enrolled in the BSN degree programs at the University of Colorado Denver Health Sciences Center. This population was chosen so that the question could be explored of the experiences of student nurses in general and beginning nursing students in particular of bringing the ability to laugh at oneself into nursing. Approval for the study was obtained from the Colorado Multiple Institution Review Board, (COMIRB).

A convenience sample of subjects was obtained with the help of the Program Director and faculty through a recruitment letter distributed in a classroom of approximately 40 BSN students at the University of Colorado Denver Health Sciences Center. Thirteen beginning nursing students volunteered by signing-up for a recorded interview with the researcher. The volunteers included 12 females and one male, ranging in age from 23 years to 51 years. All were English-speaking students. Two volunteers did not respond to requests to schedule an interview. Two other volunteers were not able to complete interviews on the scheduled dates. Nine female participants did complete interviews on two different dates. Although this sample is small, using qualitative methodology, saturation can occur after 9 to 11 subject interviews (Magilvy 2003).

All participants signed a COMIRB standard consent form which reflected information on protection of human rights. A copy was given to each participant. Appointments were made by phone and by e-mail and the interviews were conducted at a mutually agreed upon date and time at a location of the student’s choosing within the University of Colorado Denver Health Sciences Center. Most interviews lasted between 20 and 25 minutes. Interviews ended when participants reported having nothing further to say about laughing at oneself.
Data Collection

Data were collected through single phenomenological interviews with nine beginning nursing students. The interviews were tape recorded.

Two introductory questions (1 and 2) were asked of each participant. There was open dialogue in response to these two questions that started each interview. Additional questions were asked as follow-ups to the responses to the first two questions from multiple perspectives; questions 3 through 11 provide a sample of these follow-ups.

1. Are you able to laugh at yourself?
2. What is the meaning of your lived experience of laughing at oneself?
3. Does laughing at oneself have importance for you?
4. Tell me about the earliest experience of laughing with your family?
5. At this time, how does it feel to laugh at oneself? Are you afraid to laugh at yourself?
6. Tell me some of the adjectives that you would use to describe this experience?
7. How does laughing at yourself differ from laughing at others?
8. Can you envision living the future without the ability to laugh at yourself?
9. Is it important to continue to laugh at oneself?
10. How can you envision using laughing at oneself with others?
11. In your experience, does laughing at oneself prevent you from having personal problems?

Data Analysis

One methodological limitation of this research was the small number of participants, although appropriate for phenomenological study. The descriptions provided by the nine participants were analyzed through the processes of understanding, intuiting, interpreting, describing, and expressing the phenomenon. When all the recordings had been transcribed, the researcher spent time in a quiet environment with the fewest distractions while reading and rereading the approximately 80 pages of transcriptions. All the data was assessed and reassessed objectively and non-judgmentally, using the “Four Column Analysis Grid” (Reeder, 2002). The four columns described student experiences, student insights, researcher experiences of what was observed, and researcher insights. The data was searched for common themes and patterns following the analysis-synthesis process. A coinvestigator provided content validation at this stage of the research process. The beginning nursing students all expressed their pleasure in participating in the study and said they were thankful their meanings and insights would be shared so others could benefit from them.

Findings

All nine participants responded positively (verbally and nonverbally) to the first question, revealing that they were currently able to laugh at themselves. The subjects reported that laughing at oneself does have importance for them. Some of their responses were: “I’d be lost without it”; “I’d rather lose my eyesight.” Other comments included: “Definitely, this is a big part of my life,” “I almost think that you have to, to be successful.”
Beginning nursing students, however, decisively differentiated between laughing at oneself and laughing at others. Generally, it was okay to laugh at oneself, but it would be mean, cruel, and demeaning to laugh at others, especially when the others are not laughing.

The nine study subjects all stated that they had positive feelings, at this time in their lives, regarding laughing at themselves. All respondents shared that they were not afraid to laugh at themselves. They went on to name approximately 30 adjectives that they would use to describe the experience of laughing at oneself, such as: “I see purity; purity, a positive outlook and not being cynical”; “It is calming, regenerating”; “It is a balance”; “Forgiving.”

The students’ replies to the second question, about the meaning of the lived experience of laughing at oneself, and the additional follow-up questions, revealed several common themes. Examples of each theme are provided below.

**Confidence and Maturity, Not Age (9 out of 9 Participants)**

People vary in terms of the age at which they acquire the ability to laugh at oneself. For example, recalling the earliest experience of laughing with one’s family, the responses given by the participants were definitely mixed. Five subjects recalled such experiences beginning at ages from six to nine. One example of such experiences was:

I was 6 when my mother and sisters convinced me that ‘barnacle’ was a dirty word. I figured out the roots and laughed and realized that the whole thing was done in humor.

Three of the subjects could not recall a childhood experience of laughing with their families. They remembered being in their early twenties before being confident and being consistently able to take themselves lightly. Lastly, one subject did not remember being able to laugh at herself at all when she was young. She thought other people laughed at her.

I was always the brunt of jokes. I was the overweight child. I was a little more sensitive given my weight. We moved every year. That was another stressor to add to the thing. I don’t know if there was a lot of laughter in our family.

**Dealing With Adversity (9 out of 9 Participants)**

All nine study participants recalled an eventful happening in their lives, such as divorce, a family illness, or developmental stress, which was a tough situation. Participants responded with jokes about things that were happening in life, getting through a tough time, making a joke about oneself, blending humor with learning. They learned to change their perspective and learned to laugh at themselves.

The fact that I can look back and laugh, if I don’t have that ability, there is work to be done. I think that is part of being able to be introspective and to laugh at oneself. You are cognizant of how you feel and behave, there is awareness of your inner feelings. I don’t think it means ignoring other problems or worries. If I have anxious tendencies, laughter allows you to step back and look at things with a different perspective.

Another example closely linked laughing with crying, similar to the two faces of Greek drama—tragedy and comedy:

Oh, here is a really serious situation. We lived in the mountains. My mom was having a heart attack. She was in excruciating pain. She was vomiting. My sister was going to try to take her to the doctor’s office. It was a blizzard outside. We needed to put chains on the car. So my mom was crawling on the ground to put chains on the car. It was a horrible situation. Yet, we just laughed about it. What an absurd situation that was. Tears were running down our faces as we were laughing.
Makes You More Human (5 out of 9 Participants)

Participants used words such as never pretending to be one of those perfect people, feeling better about their mistakes, being honest, being yourself, being open, distancing yourself from you, forgiving yourself for things, openness and non-defensiveness in living, being accessible and approachable to other people, disregarding what anyone else thinks, seeing oneself like others see you, and influencing people around you.

I joke about myself being a recovering perfectionist. That has never served me well, trying to be perfect. I can see laughing at myself is a way to diffuse stress immediately.

The best way for me to connect with people and make myself available is to imagine that I, too, am human. I think laughing is important in becoming healthy and in overcoming sickness. What better way to invite laughter than to show people that you can laugh at yourself.

The truth is that it makes a lot of things go better.

Student nurses also used words such as diffuses uncomfortable situations, finds joy in everyday things, quells anxiety, kind of relaxes me a bit, a form of relaxation, more fun, balance, levity.

I often find myself laughing at myself just because it helps. Life is stressful right now, very stressful. I work part-time. Levity helps.

Implications for the Future

These students could not envision the future without the ability to laugh at oneself. They made spontaneous statements such as:

I certainly see that I will use laughing at myself. If I can’t laugh and bring laughter to others that will be a problem. That’s how I feel I connect with people.

I would be afraid if I knew that was going to be my future (without the ability to laugh at myself). That to me sounds scary. That would be frightening.

The importance of continuing to laugh at oneself in the future was further evidenced with such statements as:

I see it as a good way to connect with people. Me, being able to laugh at myself can make me more approachable, more caring to people that I am interacting with. It is caring for myself, having that integrity, that facilitates communication. It tells people that I don’t have my guard up.

Implications for Nursing Practice
(9 out of 9 Participants)

In response to the final interview question regarding preventing personal problems, participants affirmed that laughing at oneself is good for one’s mental health, is good medicine, prevents depression, anger, loss of focus and lower productivity, it releases stress, lubricates social situations, helps with relationships, prevents negativism, allows one to become more aware; it is a self-use tool; it is the perspective to handle things better.

A lot of nurses burn out with difficult colleagues; the best way to get through is to look at yourself and
treat yourself as a whole person. Laughter can bring things together.

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All nine nursing student subjects were concerned about their serious student colleagues and the possibility of having to work with a nurse colleague who could not easily laugh at oneself. They felt it would be a challenge to be around people who do not or cannot laugh at oneself. All nine students could envision using laughing at oneself to connect and bond. The students felt it would be good for health and well-being to be lighter and to show this to people around them.

**Discussion**

The findings from this study supported Martha Roger’s theory that humor and laughter can be non-invasive healing modalities that facilitate harmony and self-actualization. There was also support for Jean Watson’s model that humor and laughter can serve as subjective inner healers that promote self-care, and that caring for the caretaker leads to healing.

The beginning nursing students participating in this study expressed that they do bring the experience of laughing at oneself into the nursing profession. Overarching themes that were derived from the participants’ responses regarding the personal meaning of the experience of laughing at oneself included using it to deal with adversity, not taking oneself so seriously, being more human, and continuing to use it in the future. Laughing at oneself was of great importance to all the participants and they were not afraid to laugh at themselves.

Not every nursing student learned to laugh at herself during childhood. Some of the participants learned in their early twenties and felt that this ability to laugh at oneself was still evolving. Although all the students revealed that it felt good at this time, one important question was, “Could it be learned earlier?”

A line of distinction was made with laughing at oneself and laughing at others. Laughing at others was a negative event, whereas laughing at oneself was considered a positive event.

The nursing students articulated that they could not envision living in the future in their personal and professional life without the ability to laugh at oneself. Each participant gave unprompted responses about how they could envision using it with themselves and
others. A line of distinction was made with laughing at oneself and laughing at others. Laughing at others was a negative event, whereas laughing at oneself was considered a positive event.

Each participant defined the experience of laughing at oneself with descriptors such as a balance, inclusive cohesion, forgiving, transforming, therapeutic, relaxing, rehabilitating, regenerating, and truth-telling. The participants spoke of their awareness of possibly being around serious nurses and other people in their future. Although perceived as challenging, they thought they would have to work out a plan to deal with this.

Nurse educators should become aware of the importance of laughing at oneself. Learning how to shift one’s perspective when under stress so as to prevent conflict, burnout, and depression in the work environment was imperative to the participants. Perhaps learning to laugh at oneself could be part of nursing education and be taught from the start of the program.

**Recommendations, Implications for Practice, and Research**

Expanding the understanding of beginning student nurses’ experiences of laughing at oneself is a worthy goal of nursing research. Much work needs to be done to help student nurses learn about themselves, including who they are and what they bring to the profession of nursing.

Knowledge of beginning nursing students’ experiences of laughing at oneself holds implications for health, mental health, and wellness, not only for student nurses, but for all nurses now and in the future. The findings of this study provide important information for health promotion, wellness enrichment programs, and prevention of burnout, drug abuse, obesity, and depression. Becoming aware of the value of laughing at oneself for healing, self-care, and realizing human potential can help nursing students as well as nurses to change their human-field patterns.

Although the literature on laughing and nursing is limited, sharing this literature could be helpful to beginning nursing students. Laughing and crying are two profound human experiences. Adopting a theory of humor that incorporates the Greek paradox—tragedy and comedy—could help nursing students in clinical practice. Awareness of being able to laugh and shift perspective could be learned and cultivated. Nurse educators and nurse administrators can be instrumental in aiding this endeavor to promote quality of life as well as professional achievement. Recommendations by the nursing students include telling stories about what is happening during their day to de-stress, model laughing at oneself to facilitate communication with others, and setting appropriate boundaries in a welcoming and supportive environment with colleagues and others.

The results of this preliminary study provide several avenues for future research. A longitudinal study of nursing students that followed them through each year of learning could identify differences in initial ability and changes in the experience of laughing at oneself over the course of the nursing program. Demographic characteristics of nursing students could be included to control for variations in age, culture, race/ethnicity, and gender. Also, it would be valuable to understand the experiences of nontraditional nursing students, who either begin a nursing program later in life or with a degree in another field. Lastly, it would be of great value to examine the learning experiences and health of nursing students who have never learned to laugh at themselves and to compare with those who learned to do so earlier in life or later in their professional career.

**Conclusions**

Today, there is a great need to retain nurses and to enhance the nursing profession. The ability to laugh at oneself is a necessary (although not sufficient) skill that can aid in retaining nurses.

Through the use of laughter, beginning nursing students can attain the ability to analyze what is said and remain as themselves in the most difficult of situations. The experience of laughing at oneself for the beginning
nursing student can contribute to the development of the construction of personal meaning of the nursing experience.

Based on the descriptions provided by the participants in this study, beginning nursing students strongly agree that they bring the experience of laughing at oneself to the profession and they see it as an asset to their career. All nine subjects found that learning to laugh at oneself and shifting their perspective was important in the past, is important now, and can be useful in sustaining their personal and professional lives, especially in promoting their own health and self-care as well as the care of others. There was an expressed concern about being influenced by colleagues who take themselves too seriously and cannot laugh at themselves. It was suggested by participants that there should be classes to help nursing students shift their perspective and not to take themselves so seriously.

One participant stated, “I wish that I would have developed that ability to laugh at myself sooner. Maybe it is something that comes with age, with experience, but how much happier I would have been had I been able to laugh at myself.”

Consequences of not laughing at oneself cited by participants were massive emotional and physical problems that materialized in disease. The nursing students went on to say that it was important to become more aware of how you feel and behave. Laughing at oneself, they responded, allows you to take a step back and look at things with a different perspective. It does not keep bad things from happening. It helps to handle things better.

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References


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