

# The Nature of Suffering and the Goals of Nursing

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This article has been chosen for a podcast conversation with the authors, presented by the Oncology Nursing Society. Authors Betty R. Ferrell, RN, PhD, FAAN, and Nessa Coyle, NP, PhD, FAAN, share their experiences with suffering in caring for patients with cancer and discuss how nurses can develop techniques for easing patient suffering and the role of nursing education and mentoring in the process. Nurses who care for patients and families regularly also need to protect themselves from compassion fatigue. Ferrell and Coyle discuss the danger of compassion fatigue and some ways nurses can develop resilience. To access the podcast, visit [www.onsforum.org](http://www.onsforum.org).

**Purpose/Objectives:** To describe the nature of suffering and the goals of nursing.

**Data Sources:** Data sources informing this work included descriptions of suffering as derived from the literature; narrative data from patients, family caregivers, and nurses; and personal and professional experiences of the authors.

**Data Synthesis:** Previous descriptions of suffering from seminal sources are insufficient to elucidate suffering from a nursing perspective. This article is parallel to Cassell's description in 1982 of the nature of suffering and the goals of medicine. Nurses play a fundamental role in caring for those who suffer. Suffering is associated with loss, intense emotions, spiritual distress, and inability to express those experiences.

**Conclusions:** The 10 basic tenets of suffering describe its nature and the goals of nursing; they include listening, intimate care of the body, and presence.

**Implications for Nursing:** Oncology nurses witness suffering in their daily work. This article is intended to acknowledge suffering experienced in oncology nursing and to stimulate future research.

In a medical-surgical unit in a small hospital in the mid-western region of the United States, a patient's suffering is reduced by the night shift nurse. The older female patient has lung cancer. She was admitted two days prior with a bowel obstruction, likely the cumulative result of immobility, inadequate food and fluid intake, medication side effects, and progressive disease. Her uncontrollable nausea, vomiting, and pain over the past few days at home now are relieved by a nasogastric (NG) tube, IV fluids, and careful titration of analgesics. Having finally slept a few hours, the woman awakens in the middle of the night. Given the myriad tubes and wires attached to her body, she remains motionless, afraid to move. Still, her wakefulness stirs her exhausted daughter, who is wedged into a cold, hard reclining chair at her bedside.

Mother and daughter exchange mutual queries: "Are you okay?" "Why don't you go home?" the mother suggests.

## Key Points . . .

- Suffering is common across phases of cancer; it is thoroughly individual and intensely personal.
- Nurses respond to suffering primarily through their presence.
- As witnesses to suffering, nurses serve as compassionate voices and advocates for patients and families.
- Nurses help patients regain control in the face of illness and cope with vulnerability and the uncertainty of life.

"This chair is fine," the daughter lies. The patient's husband went home after a few hours at the hospital. After 55 years of marriage, the angst of seeing his wife so miserably ill and the strangeness of the hospital world were enough to propel him home, despite the terrifying and total silence of an empty house. Mother and daughter reaffirm to each other that he is home asleep, but both know he is probably wide awake, sitting in his easy chair in the living room, sipping stale coffee, reading his Bible, and counting on God to come through. After all, God has come through many times before. He has faith. God will come through again.

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