



TOWARD A CONCEPTUAL UNDERSTANDING OF SUFFERING IN NURSING CARE

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Abstract:

An intellectual basis for human suffering in research and nursing care. A conceptual framework for human suffering in nursing care and research. Health care and nursing both deal with suffering, which is an important yet elusive phenomenon. There is a dearth of significant literature on suffering, despite its significance and prevalence. Undoubtedly, a portion of the challenge in broadening this body of knowledge stems from the absence of a strong conceptual underpinning for investigating this phenomenon. While efforts have been made to bring about the necessary conceptual clarity, they have usually not been grounded in systematic study. The concept analysis approach was employed in this work to define the notion of suffering inductively and to make numerous contextual features of the concept clear. An incident or a perceived threat is given an extremely negative connotation in suffering, which is characterized as a unique, subjective, and multifaceted experience. There are provided implications of these findings for nursing practice and research, along with other contextual features of the notion. These findings contribute to the conceptual underpinning required to improve awareness and comprehension of the suffering that humans endure.

Keywords: Suffering, Nursing care, Concept analysis, Negative meaning, Individualized, Subjective.

Introduction:

Nursing and health care in general, as well as human existence in general, are significantly impacted by suffering (Copp 1990b, Cassell 1991a,b, Loewy 1991, Williams 1991). It is the source of some of the more difficult ethical conundrums and has been the subject of a great deal of writing by philosophers, theologians, and medical professionals (Camus 1958, Copp 1990a,c, Freud 1961, Frankl 1963, Oberst 1978, Reich 1989, Stock 1987, Weatherhead 1936). While



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suffering is faced in many different circumstances, one particularly striking irony of nursing is that providing care frequently entails a significant amount of responsibility for the infliction or continuation of human misery.

The fact that the Latin origins of the terms "suffer" and "patient," which both mean "to bear," emphasizes how commonplace pain is in the nursing profession. Therefore, to be a "patient" is, at least etymologically speaking, to suffer. From an experienced provider's perspective, nurses and other medical professionals are probably in agreement as well.

Surprisingly little substantial literature exists on the topic of suffering, despite its significance in health care settings. The Cumulative Index to Nursing and Allied Health work lists "suffering" as a main heading, but for work published before 1990, the most recent volumes direct the reader to "pain/psychosocial factors" (CINAHL Systems 1993). It appears that medical professionals avoid discussing suffering more frequently, shrouding it in the same "conspiracy of silence" that surrounds the similarly tough topics of death and dying. For instance, because suffering is linked to "pain," it is typically conveyed in an indirect manner (Copp 1990a, Thorpe 1990); suffering is rarely discussed face-to-face. As a result, there is a deficiency of research to help nurses identify and manage suffering as well as a conceptual framework that is sufficient to investigate suffering as a human experience.

Clarity of thought is necessary

Numerous writers have already addressed this issue and attempted to bring about the necessary conceptual clarity (Battenfield 1984, Cassell 1982, Kahn & Steeves 1986). In order to operationalize the concept of suffering, Battenfield (1984) set out to define it and create a progressive schema of pain. Frankl's (1963) theory that the ultimate suffering is "to find meaning in life" was eventually embraced by her. (Page 37, Battenfield, 1984) utilizing this role as a springboard for more work. Despite this effort's benefits, there wasn't much support offered to support Frankl's perspective. Restricting investigation to a single philosophical perspective carries the risk of premature closure, especially considering the scant examination of suffering.

In a similar vein, Kahn & Steeves' (1986) study aimed to provide a helpful definition of pain as a foundation for additional theoretical exploration. The writers offered a superb critical analysis of the literature before outlining their own theoretical interpretation of suffering. The definition offered offers a convincing theoretical foundation for additional research on suffering, which has been somewhat expanded via later studies. Nevertheless, there is a risk comparable to that connected with Battenfield's (1984) conclusions because this early theoretical work was not founded on empirical or systematic questioning. Research employing methodical and rigorous processes can provide further insight into previous theoretical discussions of; nonetheless, the risk associated with the conclusions of Battenfield's (1984) study is similar to that of the initial

theoretical work because it was not grounded in empirical or methodical research. Systematic, methodical inquiry can add to the body of knowledge regarding earlier theoretical discussions of the concept of suffering and serve as a strong foundation for future research as well as nursing practice.

Refining the Concept of Suffering in Nursing Care:

A concept analysis method was employed in this study to strengthen the basis that already existed regarding suffering. The 'evolutionary view' that Rodgers espoused was the specific analytical methodology that has been previously discussed (Cowles & Rodgers 1991, Rodgers 1989a,b, 1993, Westra & Rodgers 1991). While the process is similar to other concept analysis approaches (Chinn & Jacobs 1983, 1987, Chinn & Kramer 1991, Walker & Avant 1983, 1988), there are important distinctions, primarily in the method's philosophical foundation, rigor, and emphasis on induction rather than the analyst's creation of concept cases. This point of view stresses the dynamic and contextual nature of concepts philosophically. According to various intra-professional and wider social circumstances, concepts are regarded as changing over time (Rodgers 1989a, 1993, Toulmin 1972). The view of concepts and the corresponding method of analysis contains certain strategies for the conduct of a credible study with reliable results, therefore methodological rigor is also given a lot of attention (Lincoln & Guba 1985, Rodgers 1993).

Lastly, unlike other approaches to the study of concepts, this methodology does not require the analyst to generate several cases at the beginning of the analysis process. Rather, an inductive investigation of the concept's application yields the traits that make up the notion. The findings provide a significant heuristic basis for additional research on suffering and notion creation.

Unearthing the Meaning of Suffering in Medical Literature

A Medline computer search was initially used to find the literature for this investigation. Since this database does not have a major heading for suffering, the user is always directed to the thesaurus term "pain." It goes without saying that there are an absurd amount of items listed under the title "pain," and the great majority of them don't really add much to our understanding of what it means to be "suffering." As a result, a title and abstract search for the term "suffering" was used to identify literature.

This yielded a population of just 242 publications for the years 1987–1994, the majority of which were disease-specific. For example, most of the articles talked about people who were 'suffering from' a wide range of diseases, such as blindness, acne, flagellate infestation, and even 'clicking temperomandibular joints'. Upon reviewing these references, I discovered that the writers of these pieces effectively meant to say "diagnosed with" when they used the term

"suffering from." These articles were removed from the sample because the way they used the term "suffering" did not align with the idea that was the main focus of the investigation.

47 articles were still in the database after removing these articles from the sample. Along with additional works found by a manual search of the literature and a descendency strategy (tracing citations found in the reference lists of the articles that were retrieved), forty-four of these 47 were located and reviewed for this analysis. The final sample comprised 56 items, mostly journal articles that represented the fields of bioethics, medicine, and nursing. To gather data, each item (book or article) in the sample had to be read in order to determine the overall style of the author. After that, exact quotes were captured on data collection sheets arranged to categorize information according to the particular types of information sought in this research: qualities, antecedents, consequences, references, surrogate phrases, and associated ideas (Rogers 1993).

The qualities make up the concept's main traits; the antecedents and consequences, on the other hand, show what comes before and after a concept occurrence, respectively, and offer helpful background information. The philosophical idea that a concept can be stated in a variety of ways is connected to surrogate words, and paying attention to related ideas aids in placing the concept under study within a repertoire of concepts that are somewhat similar to the notion of interest (Rogers 1989a & b, 1993). After recording the data, it was examined for recurring themes and patterns that addressed each of these facets of the suffering idea.

OUTCOMES

In keeping with the methodology used, the main conclusion is a definition of the notion stated in terms of its qualities or attributes. Overall, this research made it possible to define pain as a strongly "negative meaning" (as characteristics in quotations) that a person assigns to a circumstance or perceived threat. pain is described as a "individualized," "subjective," and "complex" experience. This interpretation entails the actual or imagined loss of one's humanity, individuality, and integrity. Table 1 lists the characteristics of suffering as well as illustrations of supporting themes.

Authors often describe suffering as an experience that 'varies from person to person' and depends on personal perspective or interpretation, which led to the emergence of the term 'individualized'. Even though suffering is "uni- versal" in nature (Engelbrecht 1989), the experience of suffering is extremely personalized. This concept of "individualized" pain is congruent with the subjective nature of suffering, which was a particularly prominent feature of this thought as given in the literature. Even though there may be a few limited, obvious physical indicators, such sobbing or grimacing, suffering was frequently regarded as being difficult, if not impossible, to evaluate or quantify. Numerous writers have addressed the existential aspect of suffering, and the focus on meaning reinforces the idea that suffering is a subjective experience

and that it is frequently necessary to infer another person's experience of suffering. distinct and intricate The concept of suffering is complex due in part to its individual and subjective nature. Suffering has a certain mystery and abstractness that makes it seem especially complex because it is difficult to see or quantify. The fact that pain comprises components related to the body, mind, emotions, society, and spirituality adds to its complexity. bodily and affective signs of suffering include sobbing and grimacing, bodily pain, mental anguish shown through expressions, fear or guilt, isolation from others, and doubts about one's own mortality and religious beliefs.

According to this consensus, the concept's final and possibly most illuminating feature is that suffering implies giving a circumstance a meaning, and predictably, this meaning is highly negative. The writers of the literature under review claim that suffering has a very deep meaning that involves a significant sense of losing one's integrity, autonomy, or control over one's circumstances or existence. People who are suffering can be seen as being on the verge of losing everything that is deemed to be human and dignified, including their basic "humanity." The extreme severity of suffering is indicative of antecedents

When discussing the causes of suffering, the term is usually applied to circumstances in which there is a sense of severe loss or a threat of loss, particularly when the loss or threat relates to one's identity or self (Cassell 1982, Kahn & Steeves 1986). Physical disease, disability, and disfigurement were most frequently mentioned as coming before pain (Bradbury & Catanzaro 1989, McHenry 1991). Suffering was commonly viewed as having a common predecessor in pain (Cp 1990b). In the past, some social issues were acknowledged as coming before pain; these issues included homelessness, poverty, displacement, and a general disassociation from society (Cassell 1982, Rubin 1976).

It is especially instructive to see the restricted discussion of the qualities of the individual that must exist for suffering to arise while concentrating on the causes of suffering. A person needs specific linked capacities in order to experience suffering, according to some writers, because meaning and individual perception are such significant aspects of suffering. The aforementioned criteria encompassed consciousness, an individual possessing knowledge and awareness of both the past and the future, a feeling of purpose or goals in life (Cassell 1991b, Steeves & Kahn 1987, Steeves et al. 1990), and a broader cognitive and affective recognition of one's own uniqueness as a person.

An individual could not perceive the suffering-causing meaning element or the real threat of humanity disappearing without these capacities. Interestingly, the consensus in the existing literature on suffering made it clear that a general awareness—especially an awareness of one's "humanness"—was antecedent to suffering, despite the arguments in the nursing and other health professions regarding the ability of people with impaired or underdeveloped levels of

consciousness to experience suffering. Cognitive awareness, a knowing individual with a sense of the past and future, a sense of one's "aims or purposes" in life (Cassell 1991b, Steeves & Kahn 1987, Steeves et al. 1990), and, generally speaking, cognitive and emotional knowledge of one's own completeness as a person.

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Personal and Interpersonal Consequences

Suffering has equally intriguing results or effects, such as altered perceptions of reality and a shift in values. Consequences are typically described in terms of negative aspects. When coping strategies and resources are overextended, the suffering individual may experience withdrawal, dysfunction, and a markedly reduced quality of life (Bradbury & Catanzaro 1989). Adverse outcomes can also befall other individuals connected to the afflicted person, such as emotions of powerlessness and conflict (Bresnahan 1987, Williams 1991), especially in cases when surrogate terminology and accompanying ideas are absent. According to the, a crucial component of concept analysis is The methodology employed in Rodgers 1989a, 1993 is identity-based. defining synonymous phrases and notions associated with the idea intriguing. Among the more important findings regarding In this context, the term "suffering" refers to the ambiguous usage of the substitute term "pain" to convey concepts related to suffering. As previously mentioned, the major heading 1 of "pain" in many indexes will direct someone looking for literature on suffering. Articles on suffering are usually buried under this one heading, along with a ton of other articles that expressly deal with physical pain. Though there is probably a relationship between pain and suffering, it is evident from the definition of suffering that this study produced that the two are not the same.

The phrases "stress," "disstress," "depression," and "anxiety," which all allude to suffering, were equally illuminating (Bates et al. 1989). The main reason that any of these concepts diminish the value of the concept of suffering is because they are unable to adequately express the immense intensity that is connected to suffering. They also offer more proof of the propensity to avoid openly addressing suffering in favor of 'talking around' it. Another substitute term that is occasionally used in the literature is "anguish" (Copp 1990a). At least initially, the idea of anguish seems to resemble that of suffering. Further research into these and similar ideas would be beneficial in order to develop a toolkit for defining a range of intricate human experiences.

Conclusion:

Lastly, there are important ramifications for nursing practice and knowledge in general with regard to paying attention to suffering. The analysis's identification of pain is strikingly consistent with the viewpoints and principles that nursing often espouses. The hallmarks of nursing practice, for instance, are well documented in the literature. These include the individualization of care, the importance of the nurse-patient relationship, interpersonal skills, existential "presencing," and empathy, to name a few. A few authors in the literature on suffering have pointed out that the best way to communicate with people who are suffering is through compassion (Cassell 1991b, Copp 1990c, Gadow 1991, Loewy 1991, Reich 1989). As a result, there is a strong correlation between recognized nursing capabilities and situations involving human suffering, which makes this a particularly pertinent area for nursing care and knowledge creation.

This study aims to disrupt the "conspiracy of silence" by conducting a systematic review and analysis of the concept as it is currently used in professional literature. It also encourages the communication and inquiry that are necessary to comprehend and address human suffering more directly.

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