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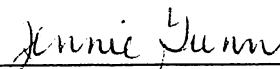
PERCEPTIONS OF NURSING STUDENTS REGARDING PATIENT SUFFERING

by
Molly Marie Shivers

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of
the requirements of the Sally McDonnell Barksdale Honors College.

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ABSTRACT

Perceptions of Nursing Students Regarding Patient Suffering

The purpose of the study was to explore and describe the experience of nursing students in situations involving the suffering of a patient. Through analysis of interviews of senior nursing students, six themes were gathered. The themes discovered were: Student nurses in the face of suffering, desire knowledge and support from faculty; allowing time for student interaction and sharing prior to and post experience is important; Student nurses in most cases have prior experiences with suffering that color the student nurse professional view of suffering; Student nurses stay busy in the face of suffering, feel helpless and without interventions, however, students do what they can; Student nurses may perceive others are suffering, but recognize that suffering is unique to the individual; Student nurses express a need to be different from the hardened attitudes of some nurses and also regret for the way things sometimes are; and Student nurses believe suffering is whatever an individual thinks it is.

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CHAPTER 1

INTRODUCTION

Caring for the suffering is a critical stressor for the nurse (Hopkinson, Hallett, & Luker, 2005). A nurse must examine and come to terms with personal attitudes and fears about suffering in order to provide the highest level of care to the patient (Hurtig, 1990). It is most beneficial for the nurse to begin this journey of self-exploration while dealing, in a positive way, with suffering as a student nurse (Hurtig, 1990; Cochrane, 2008). Through this self-exploration, the student nurse becomes less fearful and more prepared to face suffering in the future. It is important to understand the experience of the student nurse dealing with suffering.

Purpose

The purpose of this study was to explore and describe the experience of nursing students in situations involving the suffering of a patient. The knowledge obtained by this study will be useful to assist nursing faculty in their understanding of the student nurses, and therefore lead to improvement in the student nurse experience. The knowledge will also benefit the future student nurse in personal understanding.

Research Question

The question that guided the research was, "What is the experience of the nursing student facing the suffering of a patient?"

Significance

This study is important because there is a lack of research regarding the way nursing students experience the suffering of a patient. The time during nursing school is a very impressionable time for nursing students; therefore, it would be helpful for nursing instructors to know how students really feel about in certain situations. It is also beneficial for nursing students to gain a greater insight into the experience of others through research results. Suffering is a difficult experience to face, and attitudes acquired as a nursing student will affect practice when a registered nurse. It is important for instructors to know how to create a positive learning experience.

Phenomenological Approach

This qualitative study utilized the phenomenological method of research. Phenomenology is a method that allows experiences of every day living to be analyzed and discovers what those experiences mean. The researcher collects data through interviews with the goal of better understanding experiences as they were lived by each individual (van Manen, 1990). In order to get the best description of a lived experience, the facts of the experience are not as important as the feeling of actually living through the experience. Once the researcher has obtained the lived-experience descriptions, or narratives, they are analyzed in the search for general themes that might lead to meaning in the experience (van Manen, 1990). Van Manen (1990) suggests that there are three ways to analyze for themes: “the wholistic or sententious approach; the selective or highlighting approach; and the detailed or line-by line approach” (p.93).

Operational Definitions

The following definitions, as defined by the researcher, were appropriate for this study to provide an understanding of the key words used in the study:

1. *Suffering* is determined on a personal level and is present as perceived by the student.
2. A *patient* is any person in the care of the nursing student.
3. A *nursing student* is a student enrolled full-time in a Bachelor of Science in Nursing program. For the purpose of this study participants were senior nursing students.

Assumptions

Through personal experience as a nursing student I have formed the following assumptions:

1. Nursing students are influenced by the suffering of a patient.
2. If the nursing student has experienced suffering of a family member or close friend he or she will be influenced differently than other nursing students who have not previously experienced suffering.
3. The definition of suffering will differ among nursing students.

Limitations

Limitations for the study are as follows:

1. All participants in the study attended the same nursing school.
2. All participants were from only one region of our country.
3. Participants were interviewed as senior nursing students. No interviews were completed prior to beginning nursing school. Therefore, change in the perception cannot be evaluated.
4. All participants were between 20-26 years of age.

Summary

As a student nurse, interaction with suffering is inevitable; this can be overwhelming for a nursing student. Suffering is something that must be faced in order to provide the most competent care to patients. Currently, there is very little research concerning the experience that nursing students have with suffering. More insight into these experiences would be beneficial to both nursing students and their instructors. By knowing how the students really feel, the nursing instructor could better meet the specific needs of the students. This would, in turn, create a more positive learning experience for the students themselves.

CHAPTER 2

REVIEW OF THE LITERATURE

Cassell (1999) defined suffering as “a specific state of distress that occurs when the intactness or integrity of the person is threatened or disrupted” (p. 531). Chapman & Gavrin (1999) explained suffering as “enduring something unpleasant and inconvenient, sustaining loss or damage, or experiencing a disability” (p. 2233). Raholm (2008) stated “for a patient, human life itself may be experienced as suffering” (p. 64). She also pointed out that in Latin, the words ‘suffer’ and ‘patient’ are very alike in that the bases of both words mean ‘to suffer’ (Raholm, 2008). Therefore, one might conclude that to be a patient is to suffer. Many times, the ideas of ‘pain’ and ‘suffering’ are used interchangeably (Chapman & Gavrin, 1999). However, suffering is a broader term than simple physical pain according to Edwards (2003).

Edwards (2003) identified four points of criteria for suffering. The first criteria is that suffering must involve a phenomenological element. This may include pain but not necessarily. Second, pain is neither a necessary nor a sufficient condition of suffering. Third, suffering must have a significant duration. This is in clear contrast to pain. Fourth, for a state to count as suffering, it must have a fairly central place in the mental life of the subject (p. 65).

Cassell (1999) asserted that “suffering is an affliction of the person, not the body” (p. 531), and it is more common in times when death threatens. He stated that “fear of the future contributes to suffering” (p. 531), however, “what causes suffering in one person

may not do so in another” (p. 532). Also, in regard to suffering, he maintained that “the severity is measured in the patient’s terms” as it “can vary in its intensity and duration” (p. 532).

Many times, suffering is most readily recognized in the dying patient (Eifried, 2003). When the nursing student faces the suffering or death of a patient there are three main areas that affect the perception of the event: previous experience with suffering and death, the relationship of the nursing student with his or her preceptor and the environment for learning the preceptor has created, and the in-class preparation for such events.

McDonnell-Baum (1998) thought after her experience with death as a nursing student she was better prepared for the future. She stated, “...I feel this incident has been of considerable benefit to me and is one where I have learned a great deal about my own beliefs and feelings towards caring for the dying patient. Through reflection, I have come to realize that I cannot avoid experiencing the emotions I felt. However, by reflecting on them and attempting to understand them, I can learn to understand and comprehend my feelings and reactions and function effectively as a health professional” (p. 34). Eifried (2003) expressed that nursing students recognize suffering based on past experiences with suffering. It has also been found that nursing students show an improvement in their attitudes toward caring for dying patients after learning in the classroom, and after clinical experience (Mallory & Allen, 2006). In a study by Hopkinson, Hallett, and Luker (2005), new nurses were found to have developed ways to deal with death through their previous experiences such as preparation, distraction, humor, and a balanced involvement. Other studies have shown that students who have not only had previous

experience with death, but have had a positive previous experience were more likely to have positive attitudes about death and suffering (Mallory & Allen, 2006).

Vallant and Neville (2006) conducted a study of the relationship between nursing students and their preceptors. They found when the relationship between the two was positive, the student was better able to learn. The study identified specific characteristics of nurse preceptors that encouraged student nurse learning. These included role modeling skills, patience, respect, consistency, genuineness, understanding, sympathy, current knowledge and experience, effective management skills, a willingness to teach, being approachable, and having memory of being a student themselves. Eifried (2003) explained students reported feeling “abandoned in the clinical setting. The things students identified that would help them were having instructors who say it is OK to cry, make students feel important, foster closeness and accessibility to the clinical group as a support group, allow time in the clinical setting to talk about experiences and feelings surrounding the suffering experience, and are present to them, and knowing how to prepare patients with terminal illnesses for death” (p. 66).

Sharif and Masoumi (2005) found that students thought the role of their instructor in assisting them to become the best professional nurses was very important. Duke (1997) recounted an experience she had with a nursing student troubled over the death of a patient. The student was struggling, because she had never seen anyone die and had just spoken with the patient about his grandchildren and discharge. Duke stated “taking time out to offer support and comfort is worth the effort...I told her my story and how I, too, shared my feelings with a faculty member who told me it was okay to cry. She offered me support and made me realize that feeling anger and sadness over the loss of my

patient was normal and part of the grieving process. She taught me that, although I suffered a loss, I also gained an experience that would help me grow as a nurse” (para. 14).

Another nursing professor commented on her stance while teaching students to deal with suffering and death: “I try to provide a ‘safe’ environment for learning that encourages mutual respect, exchange of information, and personal growth” (Faculty, 2003, p. 174). Research indicated that student attitudes toward death would be improved if the student experienced death and dying in a supportive atmosphere (Mallory & Allen, 2006). If nursing students are encouraged to engage in self-reflection, they can then assimilate new learning experiences into their current frame of mind. Nursing can create an environment conducive to such reflection. Mallory and Allen (2006) found that nursing students viewed their clinical experience of caring for a dying person as positive when they reflected on their experience and combined it with their own feelings and beliefs about grief, loss, and death.

The majority of nurses must encounter suffering and death at some point in their career. Nevertheless, many nursing schools do not teach about death and end-of-life issues as a separate subject nor do they allot a class specifically for this teaching (Thompson, 2005). Studies have shown that students who have a clear picture of how they will practice nursing remain in the nursing profession (Magnussen & Amundson, 2003). Part of this “clear picture” can be formed in death education courses. Multiple studies have suggested that after participating in death education classes, nurses’ attitudes toward death and care of the dying were improved (Mallory & Allen, 2006). These studies revealed a clear decrease in negative attitudes about death and a decrease in

avoidance of death and dying. However, after conducting his research, Hurtig (1990) found “neither the death education treatments nor personal experience independently produced a significant variation in death confrontation or death integration scores” (p. 31). Walsh and Hogan (2003) found after taking a course on death and dying, students had readjusted their ideas about appropriate nursing actions in dealing with a dying patient and their comfort levels were raised in these situations. Prior to the course, students felt that the best course of action when caring for a dying patient was “leaving the family and patient alone to provide privacy” (p. 87). However, after the course the students were more comfortable and thought there was great importance to being present at the bedside of a dying individual and be available to their family.

Thompson (2005) conducted a study on the level of comfort when dealing with a dying patient of a group of fourteen nursing students before and after completing a course on end-of-life issues. The students were asked to rate, both before and after the course, their degree of comfort in three areas: degree of comfort when dealing with a dying patient and his or her family members, ability to locate resources needed to care for a dying patient, and ability to handle their own emotions when caring for a dying patient and his or her family members. The students were given a scale of 0 to 10, where 0 indicated total discomfort and 10 indicated complete comfort. On average, the comfort scores were 4.8 prior to completion of the course and 7.5 upon completion. There was a 2.7 point increase in all areas. Thompson found (that) the course had the least effect on students with more experience in areas where suffering and dying was encountered on a daily basis. These results led Thompson to conclude “a separate course in end-of-life care is appropriate for nursing students” (p. 440).

Nursing professors can be prepared to instruct courses on end-of-life issues through the End-of-Life Nursing Education Consortium (ELNEC) train-the-trainer educational programs (Faculty, 2003). This program includes modules on: nursing care at the end of life, pain management, symptom management, ethical and legal issues, cultural considerations, communication, grief, loss and bereavement, achieving quality care at the end of life, and preparation and care for the time of death (ELNEC, 2001).

Summary

A review of the literature revealed that many studies investigated the experience, both qualitatively and quantitatively, of the nursing student with death (Faculty, 2003; Hurtig, 1990; Mallory & Allen, 2006; Thompson, 2005; Walsh & Hogan, 2003). The review of literature also revealed many studies of suffering, and while an exact definition is unclear, it is generally agreed that suffering is a negative experience that is extremely individualized (Cassell, 1999; Chapman & Gavrin, 1999; Edwards, 2003; Rahold, 2008). Only one retrieved study described the experience of the nursing student with suffering (Eifried, 2003).

CHAPTER 3

METHODOLOGY

The purpose of this study was to explore and describe the nursing student's perception of suffering. The research question was, "What is the experience of the nursing student facing the suffering of a patient?" This chapter presents the research design, setting, instruments, participants, the interview procedure, and protection of human subjects.

Research Design

The phenomenological method of research was used in this qualitative study of experiences with suffering as they are lived by student nurses. According to van Manen (1990) phenomenological research is conducted by:

- (1) turning to a phenomenon which seriously interests us and commits us to the world;
- (2) investigating experience as we live it rather than as we conceptualize it;
- (3) reflecting on the essential themes which characterize the phenomenon;
- (4) describing the phenomenon through the art of writing and rewriting (p. 30-31).

Setting

Data was collected through interviews conducted in the University of Mississippi Medical Center School of Nursing in Jackson, Mississippi. They were conducted in a private room to ensure the privacy of the participants. The researcher, mentor, and participant were present for the interviews.

Instruments

As in all qualitative studies, the instrument used for data collection in this study was the researcher. An informational letter (Appendix A) was given explaining the study was given to each participant. Data was collected through interviews in which the each participant described experiences as they were lived by the participant. The data was then analyzed according to van Manen's (1990) method and a phenomenological analysis was completed on the experience of being a nursing student and dealing with suffering.

Participants

There were ten participants in the study. Participants were gathered from a convenience sample of baccalaureate nursing students at the University of Mississippi Medical Center School of Nursing. The students had completed four semesters of a five-semester nursing program. There were no enrollment restrictions based on race or ethnic origin, and all seniors were invited to participate. Participants met the following inclusion criteria for the study: (1) were between the ages of 20 and 26, (2) were traditional baccalaureate nursing students, (3) were enrolled full time in the University of Mississippi Medical Center School of Nursing, (4) had completed four of five semesters of nursing school, and (5) had English as their native language.

Interview Procedure

Prior to the interview, the participant was given an informational letter that included a general overview of the research study. Interview questions for the study included: (1) What is your experience in dealing with someone who is suffering prior to nursing school? (2) What is your experience in dealing with suffering in nursing school? (3) What is your definition of suffering? (4) What is your role in the care of patients

experiencing suffering? (5) What would you like for your faculty member to know about your understanding of suffering? All other questions arose from the interview to clarify or seek more information. The interviews were tape recorded, transcribed, and then analyzed as a whole, by paragraph, and line by line to search for common themes.

Protection of Human Subjects

The students were asked to join the study by an email of the informational letter. They were also given a hard copy of the same informational letter prior to beginning the interview process. The interviews were audio recorded and then transcribed with no identifying information on them. Upon completion of the study, the audiotapes and typed narratives will be kept under lock and key at the University of Mississippi Medical Center School of Nursing for seven years, then destroyed at the end of that period. There was no risk to any participant involved in this study; no names were recorded. Approval of this study was granted by the Institutional Review Board of the University of Mississippi Medical Center.

Analysis

Post transcription, the interviews were analyzed as a whole, by paragraph, and line-by-line by the research team. Patterns were identified in each individual interview, and then developed into themes. Findings were negotiated by the research team until consensus was found (van Manen, 1990).

Methodological Rigor

Methodological rigor is needed to ensure that research performed is, in fact, good research (Maggs-Rapport, 2001). According to Burns (1989), "methodological excellence has four dimensions: rigor in documentation; procedural rigor; ethical rigor; and

auditability” (pg. 48). Rigor in documentation was met by the inclusion of all elements of the research process. Procedural rigor was met by the correct collection of data. Ethical rigor was ensured by consent and protection of subjects. Auditability is present because a second researcher could repeat this study and obtain similar results.

Lincoln & Guba (1985) also suggested criteria to ensure methodological rigor. Credibility, dependability, transferability, and confirmability show this research to have methodological rigor. The research was carried out according to the research plan, as approved by the IRB.

Credibility and Dependability

Data gathered in a research study must be the true information given by the participants in the study. This information should be uncolored and unbiased by the researcher and his or her personal experiences or opinions. Credibility in this study was established by using members of the research team to analyze and confirm the data collected by the primary researcher (Byrne, 2001). The study results are believable and the research can be repeated according to the research plan.

Transferability

As this is a qualitative study, transferability cannot be specified. There was description given of the setting and sample of the study. Also, the interview data gathered were reported in the findings (Byrne, 2001). The findings in this study were specific to a single nursing school and area of the country. It is believed that the findings would apply to other nursing students but further research would be required.

Confirmability

Data and themes developed in this study were firmly based on the experiences of the participants. Confirmability was established in this study through faithfulness to the analysis process. Using this methodology, this study could be replicated.

Summary

This qualitative phenomenological study was designed to explore and describe the lived experience of nursing students dealing with suffering. The researcher collected data through interviews of participants. The data was then analyzed in parts and as a whole for thematic elements. Rigor was ensured according to Burns (1989) and Lincoln and Guba (1985).

CHAPTER 4

FINDINGS

The purpose of this study was to explore and describe the experience of the nursing student as he or she cares for a patient they perceive as suffering. Participants were interviewed until saturation was reached. Ten participants were interviewed to gain an understanding of their experience with suffering. Of the ten participants, nine were female, one was male, and all were white. In this chapter, the themes derived from the participants' experiences are described. Exemplars for these themes are shown in the italicized quotes of the participants. Six themes were identified.

The six themes that were identified through data analysis were:

Student nurses:

1. Desire knowledge and support from faculty; allowing time for student interaction and sharing prior to and post experience.
2. In most cases have prior experiences with suffering that color the student nurse professional view of suffering.
3. Stay busy in the face of suffering, feel helpless and without interventions, however, do what they can.
4. May perceive others are suffering, but recognize that suffering is unique to the individual.
5. Express a need to be different from the hardened attitudes of some nurses and also regret for the way things sometimes are.

6. Believe suffering is whatever an individual thinks it is.

Themes

1. Student nurses in the face of suffering, desire knowledge and support from faculty; allowing time for student interaction and sharing prior to and post experience

The participants, senior nursing students in a baccalaureate nursing program, described their experiences in dealing with suffering while in nursing school. They recalled a general knowledge deficit when it came to dealing with suffering patients. Because of this, the participants felt uncomfortable with the suffering. They recognized a need for more information and support from their nursing faculty. Many times, participants specifically mentioned the desire to hear the personal experiences of the faculty. One participant wanted help in knowing what to say to a suffering patient.

...give us some situations with patients and appropriate things to say because sometimes when you get into a situation and its something hard you really don't know what to say to people and you just have to try your best so maybe something more like that. Cause it's something to see it on paper, and it's something else to have to think of it whenever you're having a conversation with someone (participant 1).

When faced with a patient who was suffering, one participant not only wanted support from the faculty, but also constructive criticism.

I guess, like, I guess the extra support or maybe they could give you tips on how they had like dealt with it before or what they had said, you know, different... they can tell us something that we can read from the book, you know, whatever, but it's like if they tell us about a patient that they had seen and they had talked to and whatever, to me, that helps the most from our faculty (participant 3).

The participants wanted more personal time with their instructors in a one-on-one situation. They wanted to be able to share with their instructors exactly what was going on with them personally. When caring for a patient who was suffering, the participants expressed a desire for a close relationship with their instructor, where there is an atmosphere of trust and feelings can be discussed. When caring for a patient, one participant wanted assistance in learning how to personally cope with the experience. *... they can provide you with feedback on how to, you know, better manage, you know, your feelings as well because suffering is something that the patient deals with and then interacting with that patient as much as you do every day, you know, you're going to have, you're going to have, you know, have some feelings towards them and their suffering. And so it's not only the patient that the clinical instructor needs to be worried about but the student as well and how they're coping with taking care of such a suffering patient (participant 2).*

One participant discussed the need for faculty to allow nursing students time before and after the experience with suffering to process the experience and examine themselves. The participant wanted the faculty to join in the process and to use it to provide guidance.

I think sometimes it (suffering) goes untalked about. Um, it's not something that we're necessarily prepared for and even if it does happen its not like we sit down and talk about it afterwards. I think it's, if you go from pre nursing where you don't see anything like that to seeing a lot of it I think it's something that psychologically for the nursing students needs to be discussed. Cause you see some ugly things out there and you don't necessarily, maybe aren't at the maturity level or even just prepared to handle them. So I

think it needs to be touched on pre and then you're going to see it in clinical it's almost inevitable, and then kinda have a post conference afterwards where you just kinda discuss it and, you know, let, at least let us kinda get our feelings out and talk it over and learn the right way to handle it, if there is such a thing as a right way (participant 7).

One participant stated the desire to be better prepared by the faculty in the classroom to face suffering.

I feel like maybe our faculty should address like the importance of you know um taking care of patients who are suffering or who are terminal and um maybe giving us some kind of class to like prepare us for that emotionally, cause I don't feel like I learned anything in nursing school about like, look you're going to be dealing with some really sad stuff. Like, I don't feel like I was prepared for that at all. Like, all that I learned about was you need to be empathetic and not sympathetic (participant 9).

2. Student nurses in most cases have prior experiences with suffering that color the student nurse professional view of suffering.

The participants experienced suffering in many different forms. Many times the most vivid experiences with suffering were those that affected the participant personally, such as the suffering of a close friend or family member. Sometimes the participants recognized the influence that the previous experiences have had on their role as nurse, and how they view situations while enacting that role. One participant felt a personal connection with their patient and the patient's family because of a similar experience the participant had been involved in with their own family.

I did my externship in the neuro ICU and I guess nothing's really hit me until then like cause that was bad enough when its not my family I guess its kinda different like you can

come at it from a different perspective. But, um, we did have a patient this summer that came in and he had had a stroke...and he actually like died, and he was staying with his daughters, and so it was like their family was kinda like mine...that was just really sad cause that like kinda hit home, like I can't imagine how she would feel you know, like I couldn't imagine how I would feel, like if it was my dad you know? So that was kinda hard for me. I don't know I guess cause it more related so...(participant 3)

Another participant thought that their previous experience with suffering changed them and set them apart from other nursing students.

Prior to nursing school, my experience with suffering, um, my mom. Uh I watched her suffer a lot. She has MS and lupus and so I came into nursing school a little bit different than a lot of people I know. Um, I understood the need for pain medicine, um, and also empathy for people with pain whereas I think a lot of people get the wrong idea when people need pain medicine (participant 5).

Other times, the effect of previous experiences emerged in the interview process. These experiences seem to have affected the nursing practice of the participants. However, the participant did not state recognition of a direct impact. When asked about specific experiences with suffering prior to nursing school, one participant discussed an experience with their grandmother's death in the ICU.

We were lucky there was like a really sweet nurse there and like she like stayed in there with us the whole time...(participant 3)

This concept of being there for patients was revisited when the same participant mentioned what they felt their role was in dealing with suffering as a nurse or nursing student.

I think it's like to be there whether you need to, like, be that family member, cause I mean we have people too that like, they don't ever have visitors like, and that's sad to me. And that's where, I don't know, with those I feel like I need to spend more time in there talking to them or whatever, like you kinda need to be whatever they need you to be. Whether it be support or information, like how maybe they could fix things or make things better (participant 3).

Another participant shared a personal experience with suffering in which their grandfather passed away.

...our family was always up there, you know, he was never by himself. But it made me feel sorry for like other people whose family, you know, doesn't care, or they may not have family, or they may live too far away, and just being alone and suffering. I just thought it was awful (participant 9).

This concept of being alone and suffering found its way back into the participant's mind when asked what could be done about suffering in the role as a nurse or nursing student. The participant wanted to find someone to be with the patient.

...call their family and say, hey if you have the time are you coming to visit, or call their preacher or you know... I guess you do have to draw the line, but I think it's ok for the nurse to act like that, to you know, contact their preacher, contact their family...(participant 9)

3. Student nurses stay busy in the face of suffering, feel helpless and without interventions, however, do what they can.

The participants felt generally helpless in the face of suffering. Many times they knew what they could do, but they realized that was not enough to change the suffering

of the patient. When they ran out of interventions for the patients, the participants comforted themselves with the thought that they 'did what they could.' At times, the participants felt helpless in dealing with suffering because they did not know what they could do.

It makes you feel like you want to do something to help and like, you feel like it should be you when it's the kids, um, but, sometimes you don't know exactly what you can do (participant 6).

One participant expressed a feeling of frustration when they could not relieve suffering.

...there's nothing you can, I mean, you can only do so much to relieve the suffering and it may not 100%, you know, alleviate the suffering but, or the pain, but you know you are limited to what you can do for them and you know once you've done all your measures and it still hasn't alleviated all the suffering it kinda makes you feel frustrated, you know? Like you wish there was more you could do for them but there's not. You know you've done all the measures you could (participant 4).

One participant explained that not being able to alleviate suffering was a harsh reality that the student nurse must face.

As a, you know, nursing student or nurse, I mean there's only so much you can do about it, you know? You can only do what you can do. And I hate to say that you get used to it, you don't really get used to it but you kinda learn how to deal with it in the sense that to me, I just have to look at it as you know you're doing what you can to help the person and that's all you can do (participant 10).

Witnessing suffering caused one participant to fear for their own future.

Very um, not in control and scared of not being able to control your destiny, not being able to do anything. Um, seeing someone suffering, you're not in that position and you don't really know how it feels and you don't know how to react and how to help (participant 7).

One participant described the two main things they could do for the suffering as presence and pain control.

And it just makes me really sad and it makes me feel like there needs to be something else we can do but I don't really know what else you can do about it other than just be there for them and make sure their pain is controlled (participant 9).

4. Student nurses may perceive others are suffering, but recognize that suffering is unique to the individual.

The participants recognized suffering in patients that did not, or maybe could not, recognize suffering in themselves. Some participants questioned their perception of suffering in people without a voice and those that are not aware of an alternative circumstance. They thought it could not be known for sure who was suffering and who was not, because the so-called 'sufferer', in the mind of the participant, might not view themselves in that same light. Suffering was recognized by one participant in babies in the NICU, unable to verbalize their suffering.

... premature infants are just in a great deal of pain and even though they can't speak it... you know when their oxygen, when they're having to be bagged all the time, and we're having to put, start five IVs a day because they keep coming out you know they are experiencing suffering even though they can't verbally tell you... (participant 1)

One participant perceived suffering, but thought the suffering people were unaware of their suffering.

...I went on a mission trip to Mexico. I saw the people there and that was, they were suffering...they don't have clean water, they don't have any kind of living conditions. I mean everything is just like really bad over here and so that was another form of suffering, seeing like little children who, you know, I knew you know their life is just going to be really really rough...But yet they were so happy, you know? So its like are they really suffering? I don't think they know they are. Understand what I'm saying? Like I know they're going to suffer but I don't think they know (participant 2).

Another student recognized that just because he or she thought a person suffering did not mean they actually were.

...maybe it seems like suffering to me for these mental patients, you know, because I know how bad off they are but maybe they're as happy as they can be not knowing where they are or if they're Jesus or not (participant 6).

5. Student nurses express a need to be different from the hardened attitudes of some nurses and also regret for the way things sometimes are.

The participants thought, in many cases, that nurses no longer cared for their patients. As student nurses, the participants felt drawn to be better. They wanted to give the best care possible to their patients. Nurses complaining about patients in pain, and being slow with pain medicine stuck out in the minds of two participants. One participant wanted the nurse to put him or herself in the shoes of the patient.

I did my externship on an orthopedic floor where people had, you know, hip surgeries, knee surgeries and things like that and its, it kinda made me mad how the nurses would

get angry when people wanted pain medicine after they had had, you know, a hip surgery or a knee surgery and its like ugh she wants some percocet and, um, they would complain and everything and I just thought that was, you know, because if they would have had that done they would have wanted pain medicine (participant 5).

Another participant pointed out the selfish nature of some nurses who put their personal comfort above the comfort of patients in their care.

Well, I feel like sometimes, and maybe its because you know I'm not technically a nurse yet, I feel like some nurses see these people who are really suffering and they just don't care. Like, well I'll go give them their pain medicine when I feel like it...(participant 9)

Some participants felt a pull to conform and be like the nurses who were showing a lack of care to their patients. Nevertheless, they stood their ground and stuck by their principles of caring. One participant was ridiculed by nurses for doing the right thing.

...we get in the hospital and we see all these terrible nurses that shouldn't be nurses at all, you know, that we don't have to be like them. And its so easy to, its so easy to just transform and be like them cause its easier and they laugh at you when you aren't, that happened to me (participant 5).

When one participant felt an inclination to not give the best care to a patient, he or she pushed away the urge and chose to care.

...I want to do ICU and that's where I'm working, and it makes me sad to come in and see all these people just in pain and just constantly like, I need morphine, I need this, and sometimes you want to tell them, is this drug seeking behavior, but then you're like, you know, they've had a massive hemorrhage in their brain, like I would want morphine too (participant 9) .

6. Student nurses believe suffering is whatever an individual thinks it is.

The participants gave many definitions of suffering. They recognized suffering in a variety of situations, including: physical pain, death, fear, suicide attempts, loss of control, being alone, injuries or diseases, uncertainty, and loss of hope.

...I think suffering is being in pain whether it's physical or emotional or just something that puts a strain on you (participant 1).

I think suffering is not being able to control something. Not having the power to better yourself or get out of a certain situation with a negative outcome. Um, so you know where you stand, you know what's at the end or maybe not know what's at the end but having no control of getting out of the situation. So...I think it can be applied to medicine, but also obviously like socioeconomical situations, and relationships, so um I don't necessarily think it's just a physical entity (participant 7).

I guess going through something and feeling hopeless and helpless about a situation and knowing you can't do anything about it and not being able to find the light at the end of the tunnel. For those who can find the light, they aren't necessarily suffering, they can see their way out of it. They have, um, a goal they are going to reach. People who are suffering don't seem to have that goal in mind (participant 8).

...he suffered not only from the pain but not being able to live his life the way he was accustomed... (participant 1)

The participants saw suffering as occurring physically, mentally, emotionally, spiritually, socially and financially.

...to me suffering is more of, like, an emotional content than it is medical...it can be caused by physical pain obviously but you know I think suffering is something that

someone experiences on an emotional level. Like when I think of suffering, I think emotional thing, I don't think you know medical or biological. I mean cause obviously they can be suffering from a medical problem, but I think it's the emotional tap in that makes them suffer (participant 2).

I guess my definition of suffering would be an individualized sensation of ill feelings, um, it can be definitely emotional, physical, spiritual, very individualized, um, turmoil (participant 5).

I guess anything that would be like uncomfortable but not I don't know how to like word it something that's like hurtful whether it be emotionally or like actual physical (participant 3).

When I think of the word suffering though I think of um someone who may have um I mean an emotional or physical pain that's unrelieved by you know any other measures pharmacologically or non pharmacologically... (participant 4)

I guess just being in a state of pain, that, like, can't be controlled. You, there's nothing you can do about it to make it go away... I think its like physical and emotional and, you know, spiritual too ... (participant 9)

...to me suffering can mean so many things. But I feel like suffering is an emotional component that can be compounded by, um, physical problems. But it can exist on its own, just you know by different circumstances (participant 2).

...anything that's either mental or physically so uncomfortable, or so unbearable that you can't, you just want it to change for whatever reason, whether that be death or something you just want it to be over. Worse than anything, that becomes your highest priority, having that situation or feeling end (participant 10).

Often, the participants recognized suffering in the person bearing witness to the suffering, whether it was the family or the participants themselves. Even so, the participants recognized that while they may view a situation as suffering, the 'sufferer' might not see it that way. This leads to the conclusion that suffering is extremely personal and individualized.

...you see patients in chronic pain, you see patients' family members suffering as well... (participant 10)

...they don't have clean water they don't have any kind of living conditions I mean everything is just like really bad over here and so that was another form of suffering seeing like little children who you know I knew you know their life is just going to be really really rough... But yet they were so happy you know so its like are they really suffering (participant 2)?

... maybe it seems like suffering to me for these mental patients, you know, because I know how bad off they are but maybe they're as happy as they can be not knowing where they are or if they're Jesus or not (participant 6).

...you see patients' family members suffering as well, especially like pediatric rotations. That's, was really hard for me to watch the parents more so than the kids cause the kids are sometimes too young to seem to have a whole grasp on things, but you could see it in the parents' eyes how sad they were... (participant 10)

Summary

In summary, six themes were revealed through an analysis of the transcribed participant interviews. The themes discovered were: Student nurses in the face of suffering, desire knowledge and support from faculty: allowing time for student

interaction and sharing prior to and post experience is important; Student nurses in most cases have prior experiences with suffering that color the student nurse professional view of suffering; Student nurses stay busy in the face of suffering, feel helpless and without interventions, however, students do what they can; Student nurses may perceive others are suffering, but recognize that suffering is unique to the individual; Student nurses express a need to be different from the hardened attitudes of some nurses and also regret for the way things sometimes are; and Student nurses believe suffering is whatever an individual thinks it is. In the following chapter, the themes are discussed and implications for practice, education, and research are made.

CHAPTER 5

DISCUSSION OF FINDINGS

The purpose of this study was to explore and describe the experience of nursing students involving the suffering of a patient. Six themes were identified through the analysis of participant interviews. The themes were described in Chapter 4. In this chapter, the findings of this study are compared to the findings of previous research. Implications for practice, education, and research are suggested.

The participants in this study were very open and honest in their discussion of experiences. They recognized suffering existed in their daily work as nursing students. They also acknowledged a sense of discomfort and helplessness when faced with suffering. There was a general desire for more preparation and support from nursing faculty.

***Molly...substitute this for your paragraph....

The themes discovered were: Student nurses in the face of suffering, desire knowledge and support from faculty; allowing time for student interaction and sharing prior to and post experience is important; Student nurses in most cases have prior experiences with suffering that color the student nurse professional view of suffering; Student nurses stay busy in the face of suffering, feel helpless and without interventions, however, students do what they can; Student nurses may perceive others are suffering, but recognize that suffering is unique to the individual; Student nurses express a need to

be different from the hardened attitudes of some nurses and also regret for the way things sometimes are; and Student nurses believe suffering is whatever an individual thinks it is.

This research study found that nursing students define suffering in many ways, recognizing that suffering is a highly individualized experience. Many studies were conducted to determine what suffering actually is (Cassell, 1999; Chapman & Gavrin, 1999; Edwards, 2003; Raholm, 2008). While these studies arrived at many different definitions of suffering, they all reported the uniqueness of suffering to each individual.

This study found that the nursing students felt discomfort when dealing with suffering patients due feeling unprepared. Other studies attempted to measure the comfort level of student nurses. Thompson (2005) performed a study rating the comfort level of nursing students before and after a course on death and dying. There was a significant increase in comfort level in students after completing the course. This highlights the discomfort that was felt prior to the preparation in that area. The participants in this study had not experienced a complete course on death and dying. Students might have felt more prepared had they had such a class.

In a previous study conducted to gain understanding of the experience of nursing students with suffering, Eifried (2003) discovered similar results as this study. In both studies, nursing students recounted experiences with suffering in their personal life, discomfort in dealing with suffering patients, and feeling the need to 'be there' for their patients. In the current study, the students went further and also stated actions, that if taken by the faculty, could raise the comfort level of the students by making them more prepared to deal with suffering.

Limitations to Transferability

This study was conducted to describe the nursing student experience with patient suffering for the benefit of both students and nursing faculty. All nursing students that met the inclusion criteria were invited to participate in the research study. Saturation was reached in ten interviews. Nine participants in the study were female; one participant was male. All participants were white. It was recognized that this is a southern state, and all participants were white and mostly female.

Implications

In this section, implications will be made related to practice, education, and research.

Practice

The experiences described in this study are of value to other nursing students and faculty. The findings of this study may give nursing students reassurance that they are not alone in their discomfort with suffering. It also shares suggestions from nursing students for how a student's comfort level with suffering could be increased. Knowledge of the themes formed in this study might educate students entering nursing school in the ways they can actively prepare themselves to face suffering. People considering nursing school might use this study to gain a greater understanding of the nursing student experience.

Education

All themes identified in this research study are useful to nurse educators and nursing students in that they provide insight into the student nurse experience. However, one theme in particular related specifically to nursing faculty. The student nurse needs

support and knowledge from the faculty when dealing with suffering. They want time to have personal relationships with faculty where they feel comfortable discussing difficult situations and confusing emotions. The students desire a moment before contact with suffering to prepare themselves, and a moment after to process the experience. By heeding the words of the participants in this study, nursing faculty could better equip their students to face suffering in the future.

Research

Repeating this study in other regions of the country would add to the understanding of student nurse experiences with suffering. Also, this study should be expanded to include more ethnic backgrounds and gender diversity, further broadening the understanding of student nurse experience that currently exists. It also might be useful to begin research before the student has entered nursing school to ensure an untainted account of prior experiences. The study could be extended through nursing school and into the first year as a new nurse. This may provide a more complete and accurate picture of the student nurse experience with suffering.

Summary

The purpose of this study was to explore and describe the experience of nursing students involving the suffering of a patient. Participants in the study were willing to be interviewed and willingly shared their personal experiences as student nurses dealing with suffering. Six themes were identified through analysis of the interviews. The nursing students recognized suffering in many circumstances and felt a general desire to be more prepared to face it. The students mentioned specific actions that could be taken by the nursing faculty to help them become more prepared. Through the insight gained in

this study, nursing students could become better able to face suffering in the clinical setting, and nursing faculty could become better able to facilitate the experience.

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APPENDIX

APPENDIX A

University of Mississippi School of Nursing
Jackson, Mississippi Campus
Molly Shivers, BSN Student

Dear Participant:

I am a nursing student on the Oxford campus of the School of Nursing at the University of Mississippi Medical Center. I am conducting a research study to explore the experience of being a nursing student while taking care of patients who are suffering. For many, nursing school is the first time that suffering must be faced, for other students, suffering has been experienced personally. This study will explore the experience of being a nursing student as he or she encounters patients who are suffering. As a student nurse, your experience is valuable to this research. The knowledge gathered by this study will be useful to assist nursing instructors in their understanding of the student nurses, and therefore lead to improvement in the student nurse experience.

If you agree to participate in this study, I will interview you. The interview will be audio taped and typed up, but no identifying information will be included. Once the study is complete the audio tapes and transcripts will be destroyed.

Your participation in this study is voluntary. If you are interested in being in this study or would like to learn more about it, please contact me at 662-832-0267.

Thank you for your participation.

Sincerely,

Molly Shivers, BSN Student
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