

Suffering nursing



**ASSIGN
BUSTER**

Despite many advances in modern medicine, many illnesses continue to have no cure (Calman, Cherny, Doyle & Hanks, 2004; Chiu & Mok, 2004).

Chronic, progressive, and incurable illnesses are a major cause of disability, distress, suffering, and ultimately death in today's society (Adunsky & Aminoff, 2005; Calman et. al, 2004; Chiu & Mok, 2004; Rydahl-Hansen, 2005). The nurse-patient relationship is viewed as central to the practice of nursing; additionally, the nurses' role is considered vital in the care of a patient who is suffering (Arman & Rehnsfedlt, 2006; Cowles & Rodgers, 1997). Spiritual care is believed to be one such component of a nurse's role as this, in many situations, can instil the patients' life with purpose, meaning and hope (Arman & Rehnsfedlt, 2006; Rydahl-Hansen, 2005).

It can be therefore said that the concept of suffering has a direct relationship to individuals who experience chronic illness, disability or dying (Cann & Chochinov, 2005). Through information as outlined above, it is evident that suffering can be alleviated through the relationship with the patient's nurse and their caring relationship (Cann & Chochinov, 2005). Moreover, the case study which focussed on Harry gives insight into the holistic role of a nurse when caring for a patient who is suffering physically, emotionally, psychologically and spiritually. References Abbatiello, G. , Breitbart, W.

, Clarke, B. , Goulet, J. , Kless-Siegel, S. , Kornblith, A. , O'Mahony, S.

, & Payne, R. (2005). Desire for hastened death, cancer pain and depression: report of a longitudinal observational study. *Journal of Pain Symptom Management*.

29(5), 446-57. Adunsky, A. , & Aminoff, B. Z. 2005).

Dying dementia patients: Too much suffering, too little palliation. *American Journal of Hospice and Palliative Medicine*, 22, 344-348. Arman, M. , & Rehnsfedt, A.

(2006). The presence of love in ethical caring. *Nursing Forum*, 41(1), 4-12.

Arman, M. , & Rehnsfedt, A. (2007).

The ‘ little extra’ that alleviates suffering. *Nursing Ethics*, 14(3), 372-386.

Bitros, B. S. (2007). Advocating for management of cancer pain.

The Journal of the American Osteopathic Association, 107(7), 4-8. Calman, K. , Cherny, N. I. Doyle, D.

, & Hanks, G. (2004). *Oxford Textbook of Palliative Medicine*. Oxford: Oxford University Press. Cann, B.

J. , & Chochinov, H. M. (2005). Interventions to enhance the spiritual aspects of dying. *Journal of Palliative Medicine*, 8(1), 103-115.

Cassell, E. J. (1982). The nature of suffering and the goals of medicine. *New England Journal of Medicine*, 306(11), 639-645. Chiu, P.

C. , & Mok, E. (2004). Nurse-patient relationships in palliative care. *Journal of Advanced Nursing*, 48(5), 475-483. Chochinov, H.

M. 2006). Dying, dignity, and new horizons in palliative end-of-life care. *CA: A Cancer Journal for Clinicians*, 56, 84-103. Cowles, K.

V. , & Rodgers, B. L. (1997). A conceptual foundation for human suffering in nursing care and research. *Journal of Advanced Nursing*, 25, 1048-1053.

Coyle, N. , & Ferrell, B. R. (2008). The nature of suffering and the goals of nursing. *Oncology Nursing Forum*, 3(2), 241-247.

Haisfield-Wolfe, M. E. (2000). The dying experience: Understanding patients' suffering and caregivers' responses. *Clinical Journal of Oncology Nursing*, 4(1), 45-46.

Lert, F. , & Mino, J. C. (2005). Beyond the biomedical model: palliative care and its holistic model. *HEC Forum*.

17(3), 227-236. Lunn, J. S. (2003). Spiritual care in a multi-religious context.

Journal of Pain and Palliative care Pharmacotherapy, 17, 153-166.

Nightingale, F. (1860). *Notes on Nursing*. New York: D. Appleton and Company.

Rydahl-Hansen, S. (2005). Hospitalized patients experienced suffering in life with incurable cancer. *Scandinavian Journal of Caring Science*, 19, 213-222.