

2015

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Citation: Pilot Scholars Version (Modified MLA Style)

Braband, Barbara; Gaudino, Rebecca; and Rogers, Anissa T., "Exploring Students' Perceptions and Understanding of Life-Altering Suffering: An Interview Project" (2015). *Nursing Faculty Publications and Presentations*. Paper 11.
http://pilotscholars.up.edu/nrs_facpubs/11

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Exploring Students' Perceptions and Understanding of Life-Altering Suffering: An Interview Project

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Abstract

Learning how to respond to others' suffering is a significant challenge for undergraduate students in caregiving professions. An interprofessional-directed interview project related to suffering was implemented. Students (N = 247) completed a post project survey. Descriptive statistics indicated that students rated their interview-based learning experiences highly. Narrative theme analyses generated 4 main themes: a) developing self-awareness, b) expanding views of suffering, c) grasping spiritual aspects of suffering, and d) learning compassionate and supportive presence. From these preliminary findings has emerged a potential pedagogical model of suffering to prepare students to compassionately support those who suffer.

Keywords: suffering, interview project, pedagogy, compassionate presence, self-awareness, shared vulnerability

In many caregiving situations, nursing students wrestle with the complexity and dramatic scope of the suffering of their patients. As novice practitioners, these students have experiences with those who suffer that often cause them to feel overwhelmed and discouraged, as well as powerless to acknowledge and relieve that suffering in others and themselves. Despite frequent encounters with suffering in their daily work, experienced nurses often diminish the impact of suffering on patients and, in so doing, unintentionally send messages to students that attending to more easily measured care outcomes, such as safety and quality outcomes, is more important than interventions aimed at relieving suffering. Addressing suffering, however, demands the personal investment of professional caregivers, a commitment to communicate, an awareness of emotion, and a decision to be courageous, all of which help nurses to recognize suffering and demonstrate sensitivity to the person who suffers.

Literature Review

Despite its compelling impact on many people, suffering often remains a hidden and complex phenomenon outside the focus of care by professional caregivers. Cassell (1991) defined suffering as the "distress brought about by the actual or perceived impending threat to the integrity or continued existence of the whole person" (p. 24). Distress is an individualized, subjective, and complex holistic experience characterized primarily as having an intensely "negative" meaning by persons who face suffering or threats of suffering (Rodgers & Cowles, 1997). White, Wilkins, Cooper, and Barbato (2004) acknowledged the extent of the holistic components of suffering but distinguished between two types of suffering: physical and the other. They defined "the other" as emotional,

psychological, existential, metaphysical, and spiritual suffering.

Significant challenges exist for nursing students as they attempt to navigate others' journeys through suffering. Students struggle with a lack of awareness of others' suffering and a lack of confidence that they can effectively and compassionately respond to this suffering. Examples of significant barriers to students' success in encountering suffering include their limited prior encounters with suffering, their undeveloped coping skills in acknowledging and processing the vulnerability they share with those who suffer, a significant lack of effective and compassionate caregiver role models, and limited faculty guidance in clinical settings where students first encounter those experiencing life-altering suffering (Deal, 2011; Eifried, 2003; Rudolffson & Berggren, 2012; Thorup, Rundqvist, Roberts, & Delmar, 2011). When encountering the suffering of others, nursing students often struggle especially with their own responses to this suffering. Students, as well as experienced caregivers, often endure feelings of isolation, powerlessness, and hopelessness in relationship with those who suffer when they are unable to alleviate the other's suffering. These feelings may tempt professional caregivers to address more superficial needs, to focus on tangible caregiving tasks, or to practice avoidance behaviors in emotionally draining encounters (Eifried, 2003; Pask, 2001; Rudolffson & Berggren, 2012). Students who have had limited exposure to suffering may ask very difficult questions about their initial encounters with suffering, and they need time and support to discover the reality that some of those questions have no answers (Eifried, 2003). Further, Rowe (2012) suggested that the caregiver's encounter with distress "creates pain or uncertainty in the healer about one's identity, wholeness, or integrity as a healing person" (p. 21). Unfortunately, students may be reluctant to reveal their experiences of pain and to expose their own "woundedness," particularly if they fear

appearing inadequate in the presence of their faculty (Eifried, 2003).

Nonetheless, researchers have emphasized the importance of nursing students recognizing their own suffering as well as understanding that as caregivers they share this experience of distress with their patients. Rudolffson and Berggren (2012) illustrated how this shared vulnerability, both the sufferer's and professional caregiver's, is a key issue that students struggle to grasp as they explore deeper issues at the heart of people's experiences of suffering. A metasynthesis study by Thorup et al. (2011) recognized this vulnerability as "something hidden and very sensitive," that when confronted, evokes the vulnerability of care providers (p. 430). Eifried (2003) asserted that it is essential for students to recognize and voice the impact of suffering in their own lives, to communicate "that which is witnessed" (p. 59) through a "sharing and supportive circle" (p. 62). In fact, a failure to recognize the vulnerability of suffering in both caregiver and patient can result in a student's failure to feel or demonstrate compassion (Rudolffson & Berggren, 2012) and may put patients in danger if the student overlooks the patient's need for help (Thorup et al., 2011).

A pedagogy of suffering is needed that equips students with the understanding and skills they need to be compassionate and caring nurses. Ferrell and Coyle (2008a) reported that "educational preparation has been void of philosophy, role modeling, or reward for behaviors such as compassion and presence" (p. 243). Boswell, Cannon, and Miller (2013), studying students' perceptions of holistic care, recognized the need for educational programs, in academic or clinical settings, to incorporate additional education on spirituality and holistic care for students at all levels of proficiency, including undergraduate and graduate students.

Addressing students' clinical experiences, Rudolffson and Berggren (2012) emphasized the critical role professional caregivers play when they model for students compassionate support for a suffering patient rather than distancing themselves from that patient. These professionals can intentionally create a culture in which students can learn how to care for others. Students also need effective faculty-guided experiences that offer compassionate support during student interactions with persons who suffer (Eifried, 2003; Thorup et al., 2011). Eifried (2003) observed that students who spoke of their own pain during encounters with suffering brought a fresh perspective to their work and "in their woundedness they respond[ed] haltingly to suffering but savor[ed] opportunities to reach

out and make a difference" (p. 63). Other researchers recognized this potential for students who were touched by patients' suffering and who felt confirmed in their sense of being called to the profession as well as more responsible for their patients (Rudolfson & Berggren, 2012). Burnell (2010) reflected that the best demonstration of compassion is derived from professional caregivers' own experiences, "their own wounds—as a source of understanding and a connection to the wounds of others" (p. 308).

From these experiences of shared vulnerability can come powerful acts of presence and compassion, but students need training in acknowledging these wounds in the self and the other. As part of this pedagogy of suffering, Cody (2007) reported that faculty members themselves can better facilitate students' learning of the art of presence in bearing witness to their own and others' suffering, demonstrating to students the value of human connectedness and dignity. These professionals intentionally create a culture where students can learn how to care for others.

Background and Study Aims

To help address the lack of knowledge regarding nursing students' experiences with and perceptions of suffering and to better understand effective approaches to supporting students' encounters with suffering, three faculty members from the nursing, theology, and social work departments at a small private, urban northwestern university implemented an interview project in a required nursing program course focused on persons with life-altering suffering. The course is taught by an interdisciplinary team of faculty members and introduces students to the ways many people of faith reflect on and seek meaning in their own experiences of suffering. Despite the varied format of the didactic components of the course, it was clear after the course's first semester that students needed a way to meet the suffering of others more intimately and meaningfully.

The purpose of this descriptive, mixed methods study was to evaluate the interview project as a new part of the course designed to help students better understand how suffering impacts others, how they themselves react to suffering, and how they can effectively respond to others' suffering. Two specific aims for this study were a) to describe students' level of awareness of and sensitivity to others' suffering because of this interview project, and b) to examine benefits of this project to students' learning and effectiveness in work with patients.

Methods

Interview Project

The interview project required students to interview a self-selected family member, friend, or acquaintance who had experienced life-altering

suffering. For this project, it was essential that students did not interview patients or former patients. Rather, students were asked to step outside their therapeutic roles in clinical settings so they could move beyond prescribed professional behaviors that might interfere with their encountering a deeply felt experience of suffering.

Students conducted three interviews with the same person over the course of one semester, each focusing on different aspects of the suffering experience. Interviews were guided by scripted, open-ended questions allowing students to explore the depth and breadth of their interviewee's life-altering suffering. The first interview focused on the person's story of suffering; the second covered more holistic elements of suffering related to the body, mind, and spirit; the third interview concentrated on the person's emergence from suffering and his or her sense of meaning and hope in suffering. To ensure the safety and confidentiality of interviewees, students were given instructions on procedures around informed consent, confidentiality of interviewees, interviewing skills to handle sensitive questions, and what to do if interviewees (or students) needed additional support during the interview process.

At the conclusion of each of the three interviews, students responded to a series of either four or five self-reflection questions that helped them explore their reactions to the interview experience. At the end of the semester, each student gave a 5-minute oral summary of what he or she had learned through the project, focusing on characteristics or themes of suffering. Course facilitators and professionals from the community, such as nurses, chaplains, and physicians, guided this process, which offered students the opportunity to listen to, learn from, and support one another.

Sample

The purposive convenience sample consisted of 247 undergraduate students enrolled in the course during two separate semesters (fall and spring 2012). The average age of the students was 24.6 years and the majority (86%) was female.

Instrument

Following the institution's IRB approval, students in the course completed a non-standardized mixed methods questionnaire at the end of the semester that included demographic questions on age and gender as well as eight quantitative questions inquiring about their experiences learning about suffering through conducting the interviews (e.g., "the suffering project helped me gain a more thorough understanding of the impact of suffering in another individual's life" and "my participation in the project helped me gain a more practical understanding of the influence of suffering

on me as a future professional"). Students rated these items on a 5-point Likert-type scale where 5 = *strongly agree* and 1 = *strongly disagree*. Further, the questionnaire included five open-ended qualitative questions asking students to expand on their experiences through narrative comments (e.g., "overall benefits for my learning related to the suffering project included" and "describe information you learned related to the person's spiritual needs and experience due to suffering"). Face validity for the survey questions was achieved following the faculty team's review.

Data Analysis

The team generated *t* tests to determine whether significant differences existed on demographic and questionnaire items between the groups of students in the two semesters of the course. No significant differences were found on any of the items between the two groups; thus, the groups were combined to form an aggregate sample for further statistical analyses.

Descriptive analyses on the demographic and quantitative questionnaire items were conducted on the total sample using EZ analyze (Poynton, 2010), and qualitative analyses were conducted on the open-ended items. Following summation of the open-ended qualitative question responses with additional support from a student research assistant, the researchers implemented a constant comparative analysis method through data reduction and theme construction to organize the data into meaningful thematic categories. Trustworthiness was achieved through theme verification at periodic intervals in the process by the three primary researchers, resulting in identification of four central themes. Credibility and confirmability were achieved through comparison of these themes with rich exemplars of the participants' quoted responses, and triangulation of data between the two semesters.

Results

Quantitative Results

Results from the descriptive analyses of the eight quantitative items indicated that overall, students rated their experiences and learning highly, supporting the value of the interview project, as reflected by mean scores (4.1 to 4.75). (See Table 1). Highest mean scores were identified for two questions: "The suffering project helped me gain a more thorough understanding of the impact of suffering in another individual's life" ($M = 4.39$; $SD = 0.70$), and "the completion of the suffering project was beneficial for students personally" ($M = 4.32$; $SD = 0.83$). The lowest mean score was identified for the question: "the oral presentations of the project helped students gain more comfort with talking about suffering with their peers and faculty/group mentors" ($M = 3.54$; $SD = 0.47$).

Table 1.
Interview Project Aggregated Survey Results (N=247)

Survey Question Topic	Understanding impact of suffering in another individual's life	Awareness of suffering's holistic influence	Role of hope for persons who suffer	Practical understanding of suffering as a future professional	Completion of project was beneficial for me personally	Supported my communication skill development	Oral presentation helped me talk about suffering with others	Recommend use of project in future courses
Mean Score	4.39	4.31	4.19	4.24	4.32	4.24	3.55	4.27
S.D.	0.71	0.56	0.78	0.47	0.83	0.48	0.47	0.49

Qualitative Results

Narrative analyses of open-ended questions also indicated students' positive support for the interview project. Following theme analyses, four main themes related to students' learning outcomes about suffering emerged:

- a) developing self-awareness, b) expanding views of suffering, c) grasping spiritual aspects of suffering, and d) learning compassionate and supportive presence (see Table 2).

Theme 1: Developing self-awareness

The first theme that appeared in students' comments involved self-awareness. Two subthemes also emerged. The first was *stepping out of the comfort zone*. Students noted that they became aware of how difficult it was for the people they interviewed to articulate the experience of suffering so that they as students and listeners could more easily understand it. Some students also recognized their own unease and sometimes pain at encountering the suffering of people for whom they cared, sometimes deeply. One student related being uncomfortable because the story and the experience shared were "personal." One student wrote that the project "encouraged me to step out of my comfort zone," while another commented that the project

was "extremely difficult but very rewarding." A third found the project "enlightening and humbling."

A few students reacted negatively to the project. One found the oral presentations too difficult emotionally. A second student wrote of feeling depressed after an interview, while a third asserted that "no one should be forced to talk about difficult times in their lives." Several wrote of the discomfort of "not knowing what to do or say" and of not having "enough preparation or experience to analyze the suffering." A number of students commented on the gift of "a therapeutic 'safe space'" that the oral presentations gave them—a place where they could share their stories and emotional responses and feel confirmed and affirmed. Altogether, many students realized that they were stepping into new territory that challenged them.

A second subtheme concerned students' *growing awareness of their own assumptions and experiences about suffering*. Several learned that they went into the interviews with assumptions about the other person's experience of suffering. One wrote that the interviews helped to remove these assumptions. Another commented on the importance of not "making judgments" about others. Several found the project valuable because it encouraged them to

look at themselves. One student stated that the project offered "a way for me to reflect on my own suffering" and to improve "reflection on my own practice." Still another student commented on becoming aware of how important it is "not to become numb to the suffering of others." In listening to the suffering of others, students were called to look at themselves—their own preconceptions, emotional responses, and experiences of suffering.

Theme 2: Expanding views of suffering

A second theme reflected the emergence of expanding views of suffering. Students gained a fuller sense of the essence of life-altering suffering through the varied ways it is embedded in the life of persons they interviewed. The complexity and reality of suffering became more apparent to the students, who realized the *universality of suffering* (the first subtheme), perceiving how "suffering can impact an entire family." One student recognized how suffering is inescapable and therefore unifies humanity: "Knowing that suffering is universal is somewhat reassuring...no one is alone."

The second subtheme, the *individuality of suffering*, was acknowledged by a majority of the students. Their comments, "Everyone is

Table 2.
Themes for the Pedagogy of Suffering

Developing Self-Awareness	Expanding Views of Suffering	Grasping Spiritual Aspects of Suffering	Learning Compassionate and Supportive Presence
Description: Keeping track of one's own responses so that the self gets out of the way and can see and hear others' suffering	Description: Developing a fuller sense of what suffering entails: the different ways it evidences itself, the many ways individuals respond to it, and its fundamental humanness	Description: Starting to comprehend the role of meaning in suffering, in particular spiritual and/or religious meaning	Description: Learning how to offer the self to the suffering other in a meaningful and genuine manner that uncovers suffering's hidden nature
Stepping out of the comfort zone	Universality of suffering	Spirituality or religion as sources of meaning and hope	Acknowledging the value of compassionate relationship and presence
Growing awareness of own assumptions and experiences about suffering	Individuality of suffering	Spirituality or religion as hindrance and even as sources of suffering	Learning how to encourage the voice of another
	Life-altering impact of suffering	Different ways of finding meaning	Building confidence to support those who suffer

different," and "Every person's response to suffering is different and valid," and tap into the individual quality of suffering. Students noted many variables that contribute to this individuality such as cultural background, varied belief systems including meanings for suffering, life experiences, and the effect of coincidental timing with other life events. Student narratives explained, "People who experience the same event can be at different grieving stages and thus need different things," and "There are many ways in which an event may influence a variety of aspects in one's life." Students also noted various types of suffering, extending beyond physical pain, illness, or death. Finally, students shared their insights on their learning needs in response to these individual differences, for example commenting about "learning how to support someone who has beliefs that are not the same as my own," and the need to "honor a person's experience."

Students' overall grasp of the *life-altering impact of suffering* comprised the third subtheme for students' expanding views of suffering. One student admitted being able to "better understand what happens in a time of crisis," and another had a "better understanding of the necessity of grief." One commented: "I gained a deeper understanding of how much suffering can really impact an individual's life" and reflected many students' perceptions of the toll of suffering on others. Others recognized some outcomes of suffering. The comment "learning that aspects of suffering can be good" contrasted with the statement "life experiences will impact a person's resilience or lack thereof." Students valued the interview project because it helped them to comprehend the gravity of suffering. Their statements included these: "People want to be asked about their suffering," "[it] was a very enlightening and humbling experience," and it was "useful to hear others' experiences and how they interpreted it."

Theme 3: Grasping spiritual aspects of suffering

Students indicated a beginning understanding of the role of meaning in suffering, in particular spiritual and religious meaning. Three subthemes emerged; the first was the significance of *spirituality or religion as sources of meaning and hope*. Several students pointed out that spirituality and religion are not necessarily the same but that both can provide meaning. One student commented that the person suffering may be "looking for an explanation from God as to why this is happening." Another student commented on people's need "to frame their suffering if they are to transform it and move forward with their lives." Several noted the importance of rituals in giving hope. On the other hand, other students recognized *spirituality or*

religion as hindrances and even as sources of suffering, the second subtheme. One student observed that "Spiritual suffering can overshadow physical pain and suffering." Several others pointed out that, in their interviews, they saw that spirituality and religion do not always support a person in suffering. A third subtheme highlighted how people who suffer have *different ways of finding meaning*. One student remarked that some people rely on spirituality while others "reject it," and the listener's task is "to be open and support them." A second student learned better "how to support someone who has beliefs that are not the same as my own."

Theme 4: Learning compassionate and supportive presence

A final theme revealed the meaningful significance of compassionate and supportive presence in relationships with those who suffer. Students gained skills in how to offer themselves to another by establishing a deeper connection with a person who has suffered and diminishing this person's isolation by upholding the dignity of the interviewee's personhood and situation. *Acknowledging the value of compassionate relationship and presence*, the first subtheme, focused on diminishing the sense of isolation for suffering persons through the formation of deeper relationships. Students commented on the outcome of isolation: "Isolation from others makes suffering worse, but suffering isolates people from others." Students cherished the depth of these relationships and reported it as a mutual outcome: "The project gave me an excuse to build a deeper relationship with the other person" and it was "...an amazingly wonderful experience that both myself and [the] interviewee benefited from." One student offered, "It made me connect with the individual on a different level."

Practicing compassionate presence fostered students' growth in this area, as one student commented: "Being present and providing undivided attention helped me become a more compassionate human being." Additional comments included: "[I] learned that it's OK to just sit and be present with someone who is suffering;" "growth in empathic capacity;" the project "made my interviewee feel like I 'heard' them for the first time;" and "presence and support build a therapeutic relationship." A summative statement illustrated many students' understanding of the need for both presence and compassion: "Most people who suffer want/need the same things: listening...and [the] enforced presence of people who genuinely care."

A second subtheme involved *learning how to encourage the voice of another*. Student comments suggested that after the interview project, they better understood how others' experiences of suffering are often hidden and

unspoken. Despite the difficulty some people had articulating their experience of suffering, students recognized that they helped their interviewees "voice" their suffering, as one student observed. Students reported that "Suffering isn't always apparent," and they learned about the importance of asking good questions about suffering, regardless of outward appearances, a practice that supported interviewees and gave them permission to speak out. Other students noted how using good follow-up questions encouraged further exploration of the interviewees' answers, stimulated further conversation, and helped interviewees feel safe to talk. Other students stated, "People want to be asked about their suffering," which doesn't imply they want to be "fixed." Students also realized the value of silence and the unhelpfulness of clichéd remarks.

A final subtheme, *building confidence to support those who suffer*, illustrated students' growth through their intimate encounters with those who suffer and the applicability of this growth to their own clinical practice. Overall, students gained confidence to approach the "taboo subject of suffering," learned "how to conduct difficult conversations," articulated different concepts related to suffering, and dealt with the discomfort that often accompanies having such conversations. Insights and indicators of growth included the following: "People need support through the suffering process, not just after the event;" "Not having an answer can sometimes be the best answer;" and "Not everything in life is concrete; learn how to overcome the unknown."

Discussion

Results support the aims of the study, illuminating students' awareness of and sensitivity to others' suffering, and providing guidance on how similar projects can benefit students' learning about themselves and others when working with those who suffer. Further, the four themes generated from the results contribute to a potential pedagogical framework to guide the teaching of students about suffering. This framework, depicted in Figure 1, the pedagogy of suffering, includes the following components: knowing the self, seeing the suffering other, understanding human connectedness, and responding to the suffering other.

Knowing the Self

Students' written comments underscore the theme of *becoming self-aware* and suggest that the interview project invited them to learn more about themselves in looking at their own responses to another's suffering (Figure 1). Studies support the importance of self-awareness as, in the words of one researcher, "a basic cornerstone for the development of the

professional self" (Urdang, 2010, p. 523) and supported by others (Ganzer & Zauderer, 2013; Jack & Smith, 2007; Ofiaz, Meric, Yuksel, & Ozcan, 2011; Unal, 2012). In exploring how nursing students come to recognize the humanity of a suffering human being, Rudolfsson and Berggren (2012) wrote of the door to understanding that opens when students realize that, in being human, they share the vulnerability of their patients. This open door is the result, in part, of growing self-awareness. However, students are often idealistic in their efforts to help and ease suffering, not reflecting on how their own issues related to suffering might hinder their work (Urdang, 2010). Dass and Gorman (1985) referred to the professional self that observes and comes to know itself as the "dispassionate witness" that can "see how we jump the gun in the presence of pain . . . how our reactions might be perpetuating denial or fear or tension in the situation, the very qualities we'd like to help alleviate" (pp. 67-68). Self-awareness on the part of students is crucial to building professional competence and maturity, preventing burnout and boundary violations with patients, and helping to ensure that students are ready to listen to and encourage clients to share their narratives.

The interview project results suggest growing self-awareness in many of these students for example, with regards to their own emotions. Research supports the importance of teaching nursing students how to engage their feelings, many of which involve discomfort, fear, and pain in the presence of suffering (Freshwater & Stickley, 2004; Jack, 2012; Smith, 1992). The interview project also helped students become aware of their own assumptions about another's suffering, another important part of self-awareness (Rudolfsson & Berggren, 2012; Thorup et al., 2011; Williams, Gerardi, Gill, Soucy, & Taliatferro, 2009). Epp (2008) reported that encountering a patient may challenge a nurse's ways of thinking and believing, and self-awareness can help a professional caregiver to identify and revise preconceptions, an inner process leading to more effective patient care (Ganzer & Zauderer, 2013; Williams et al., 2009). Finally, self-awareness involves the caregiver's own experiences of suffering. Remembering these experiences is part of making another's experience of suffering real. Thorup et al. (2011) reported the experience of nursing as "bringing the nurse's own painful life experience to bear on their professional work" (p. 430). In writing of self-awareness as a whole, the researchers spoke of the professional caregiver who comes to know himself or herself in order to "put away self" (p. 428) and to be open to the truths of the patient and his or her suffering. Students' comments about the interview process suggest that "knowing the self" is, indeed, a crucial and

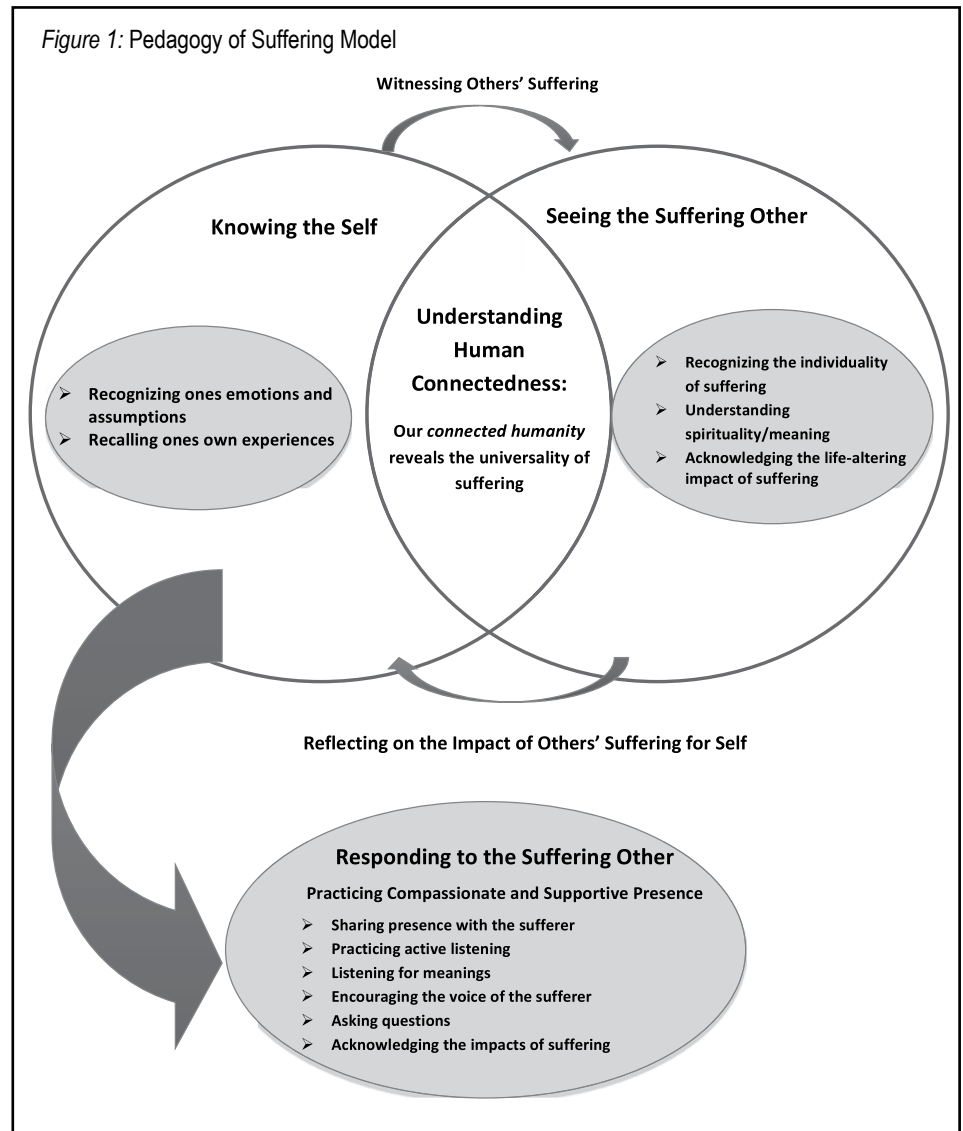
foundational part of developing a professional self who is prepared to care for those who suffer.

Seeing the Suffering Other

Knowledge of the self develops in relationship with seeing the suffering other, as the image of the open door between professional caregiver and patient suggests (Rudolfsson & Berggren, 2012) (Figure 1). In exploring their responses to and experiences of suffering, students are more fully prepared to listen to, receive, and engage with the other—in other words, to see the suffering other. Seeing the other also teaches students more about themselves. Following the interview project and in reporting on their expanding views of suffering (Theme 2), students stated that they could see the many individual faces of suffering. They recognized how the influences of culture, life stages, types of suffering, and grief processes contribute to the individuality and the toll of suffering. Ferrell and Coyle (2008a) reflected on the individual nature of suffering as

an "intensely personal experience" accompanied by many intense emotions, loss of control, spiritual distress, and a feeling of separation from the world (p. 246). Other researchers have acknowledged the holistic components of suffering including the physical, emotional, existential, metaphysical, and spiritual (White et al., 2004). Through exposure to varied and individualized suffering experiences, students began to grasp the realities of suffering, its overwhelming toll, and the critical role they could play in honoring a person's story of suffering.

One highly individual face of suffering students noted involved spiritual suffering (Theme 3). This kind of suffering, while it can be a profound part of suffering, represents for many professional caregivers the least understood of a patient's four dimensions: the biological, psychological, social, and spiritual (Biro, 2012; Boswell et al., 2013; Chan, 2010). Although caregiving professions aim to offer holistic care, professional caregivers struggle with whether



and how to incorporate spiritual care into their caregiving (Biro, 2012; Boswell et al., 2013; Carrington, 2013; Ellor, 2013; Ferrell & Coyle, 2008; Meehan, 2012; Reimer-Kirkham, Pesut, Sawatzky, Cochrane, & Redmond, 2012; Senreich, 2013; Stewart, 2014). Part of the challenge is the difficulty of defining the term *spirituality* in an encompassing way that is not exclusive or disrespectful and yet is still clear enough to be useful to caregivers (Carrington, 2013; Pesut, 2008; Senreich, 2013). A common denominator among all of the proposed definitions involves how one finds meaning in life experiences, a good starting point for students.

In listening for meaning, students became aware of the range of meanings they may encounter (e.g., some related to religious frameworks, some not), as well as of the existential suffering the search for meaning can cause. They were also aware of themselves as caregivers with their own beliefs who must, nonetheless, be present for those with differing beliefs. Students seemed to recognize the importance and the challenge of developing a professional self that is spiritually sensitive, open, and respectful (Boswell et al., 2013; Cone & Giske, 2012; Ferrell & Coyle, 2008b; Stewart, 2014). Altogether, students in the interview project recognized the importance of "seeing the suffering other," in all the particularity and depth of that suffering, and, at the same time, what students witnessed led them back to reflections on their own responses and experiences.

Understanding Human Connectedness

Emerging from this interrelationship between "knowing the self" and "seeing the suffering other" (Figure 1) is a sense of shared vulnerability or of the universality of suffering (Subtheme of Theme 2). This shared vulnerability between professional caregiver and suffering other is vital for the caregiver's ability to feel and demonstrate compassion (Rudolfsson & Berggren, 2012). Students comprehended some universal traits of suffering, for example, its interdependent impact on families, its toll on humanity, and suffering persons' common desires. Arman and Rehnsfeldt (2007) observed that "...seeing the patient's suffering implies a transcendent movement from the individual to the universal, as well as the opposite: Being able to see means being open to one's own universal understanding of life" (p. 379). From this universal understanding of our connectedness as humans flows an ethical mandate for the professional caregiver who sees a patient's vulnerability and suffering. Arman and Rehnsfeldt (2007) described this mandate as "an ethical continuum [that insists on] preserving human dignity, being in contact with the spiritual dimension, and comforting, communion or finding meaning in suffering" (p. 379). Thorup et al.

(2011) proposed the courage to be present with the suffering patient and with one's own feelings of distress as an important decision on the part of the professional caregiver who recognizes shared vulnerability. Nurses reported "the necessity of daring to step into the patient's suffering, if invited" (p. 431). This daring seems to be founded on the clear sense that "we"—professional caregiver and patient—in many ways walk the path of suffering together.

Responding to the Suffering Other

The discovery of human connectedness and the development of an ethical stance toward the suffering other (Birnbaum, 2008; Rudolfsson & Berggren, 2012; Thorup et al., 2011) inform the response to the suffering other (Figure 1). The relief of suffering through compassionate and supportive presence and relationship (Theme 4) lies at the core of a confident nurse's care for those who suffer. Ferrell and Coyle (2008a) described the role of nurses "as witnesses to suffering . . . as compassionate voices [that] recognize the human response to illness in the confusing and frequently depersonalized healthcare environment" (p. 246). In the interview project, students clearly became more aware of how difficult it can be for people to relate their experiences of suffering to others and to manage the range of feelings (both on the part of the listener and the speaker) that may emerge when revisiting these experiences. Results related to the theme of *learning compassionate and supportive presence and relationships* indicate that, despite these challenges, students dared to step into the experience of suffering and to practice compassionate and supportive responses. They reported learning more about how to use silence and active listening skills and how to handle difficult questions and conversations. Results also suggest that this project helped students learn how to encourage others to find their voice and articulate experiences and feelings of suffering. Students also became more comfortable sitting with others who were suffering and joining them as a supportive presence in their exploration of suffering.

One consequence of recognizing a shared vulnerability can be the professional caregiver's greater sense of what suffering might entail. Researchers have emphasized the importance of students recognizing the potential for suffering among their patients as well as the impacts of suffering (e.g., Eifried, 2003; Rudolfsson & Berggren, 2012; Thorup et al., 2011). If students fail to acknowledge this potential and to ask important questions, they will miss opportunities to feel or demonstrate the empathy and compassion that is essential in helping relationships. Indeed, research suggests that while students and professional caregivers do

have regular contact with patients who are suffering, they often will avoid meaningful interactions with these patients if they feel unprepared to deal with suffering. Many students express interest in learning these skills but feel their educational opportunities to do so are limited (Mutto, Cantoni, Rabhansi, & Villar, 2012; Wallace et al., 2009).

The interview project helped students develop a core recognition of what suffering involves in themselves and others that prepares them for future encounters. Together, the human connection, supported by presence in relationship, offers the emotional and spiritual support to sustain those who suffer, and students need a pedagogy that helps them to develop these complex skills for those who suffer before they transition to nursing practice.

Recommendations

The implementation and evaluation of the interview project has made the need to attend to the pedagogy of suffering clearer and more urgent. The pedagogy of suffering model (Figure 1) proposed here depicts the critical need for professional caregivers to *know* their own emotions, assumptions, and experiences with suffering as they encounter the varied experiences and meanings of others' suffering. From the give-and-take of this encounter with the suffering other, caregivers can better understand their human connectedness with those who suffer and are better prepared to practice compassionate and supportive presence and relationship with others.

As educators of students in nursing and allied helping professions, we are responsible for providing valuable learning experiences in which those students can engage and where they can reflect upon difficult subject matter. Structured opportunities in a safe and supportive nonclinical environment can enhance students' initial encounters with persons who suffer. The classroom is a place where educators can construct this environment to encourage development of skills and self-awareness (Urdang, 2010). The responsibility is on the educator to develop opportunities that strike a balance between allowing students to be vulnerable as they explore their own strengths and weaknesses in handling difficult situations and providing situations in which students can develop and practice skills.

Specific activities that support the pedagogy of suffering include facilitating students to a) interact with someone who suffers; b) hear complete stories of suffering outside the clinical setting; c) intentionally reflect on spirituality and their own responses to witnessed suffering (emotions, conflicts and assumptions); and d) share their experiences with faculty role models in circles of supportive students to learn

the importance of sharing and modeling courage and honor. Educational opportunities in clinical settings should also be integrated into curricula to enhance learning applications with patients. Clinical nurse leaders and other clinicians can also play a strong role in integrating and modeling best practices for care of persons who suffer. The goal is to expose students to these experiences before they enter the workforce and are faced with real situations in which patients and families need understanding and support with life-altering suffering.

Limitations

Further research related to the pedagogy of suffering is warranted. The interview project implementation and evaluation were limited to one site with a homogeneous student sample. The questionnaire was self-developed by the faculty, and no reliability or validity was established for the instrument prior to use. This study did not collect demographic or other information on the interviewees. Future studies could explore whether students' responses to suffering differ by interviewee demographics and characteristics such as age, ethnicity, and type of loss or suffering. Further study with a larger sample size and across multiple sites should be implemented to achieve stronger generalizability of the results and to see how this project can best prepare students for professional encounters with those who suffer.

Conclusion

This pilot study provided a descriptive evaluation of the implementation of an interview project to support students' growth in their awareness and understanding of how suffering impacts others and themselves. With further study, a pedagogical framework for teaching suffering can be enhanced to better prepare professional caregivers to offer effective support and compassionate care and presence to those who face life-altering suffering.

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The authors express appreciation to a student research assistant, Kathy Vilarino, for her assistance with data analysis.

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