

The nature of suffering is highly individualized and defined by a person's meaning of a situation that "threaten[s] the intactness of the person as a complex social and psychologic entity" (Cassell, 1982). Oncology nurses witness and shoulder a profound amount of suffering in the routine delivery of care. The experience of suffering during COVID-19 has been exacerbated by many of the issues previously discussed in these infographics. Suffering, for individuals with cancer and oncology nurses, can be relieved by addressing the eight domains of care strategically, regularly, and with a commitment to primary palliative nursing.

Oncology nurses confronting the suffering of individuals with cancer and colleagues, as well as their own suffering, may find it helpful to reflect on the goals of their nursing practice and service. Certain tenets identified by Ferrell & Coyle (2008 pp. 108-9) may assist with guiding the integrity of nursing practice during the COVID-19 era and beyond in attending to the experience of suffering.

- 1 Suffering can be understood as a loss of control, leading to insecurity. People who are suffering often feel helpless and trapped, without escape from current circumstances. This is particularly true with COVID-19 since patients and nurses are living and working in COVID-19 without respite.
  - Oncology nurses must assess for suffering in patients with cancer including social isolation and fear of contracting COVID-19.
- 2 Suffering is often associated with loss (e.g., loss of socialization due to necessity of social distancing, loss of a physical interaction, loss of routine due to immunocompromise, loss of future, loss of physical abilities due to reduced care delivery). Whether the loss is outwardly apparent or only in the experience of the person who is suffering, it can contribute to feelings of diminishment and brokenness.
  - Oncology nurses must assess patients with cancer for these losses and the additional losses and psychosocial suffering secondary to COVID-19.
- 3 Suffering is intensely personal and has increased for patients with cancer in the COVID 19 pandemic who are worried about their cancer, their cancer treatment, and the potential for their increased of exposure and developing COVID-19.
  - Oncology nurses must individualize assessment to patients and family needs and discuss suffering with cancer care and COVID-19.
- 4 Intense emotions may accompany suffering (e.g., sadness, fear, abandonment, etc.)
  - Oncology nurses must assess for these intense symptoms, normalize and validate patients' experiences, use therapeutic communication techniques, including active listening, and bring in appropriate interdisciplinary team members.
- 5 Recognition of one's mortality and fear of death may be closely related to suffering. Some individuals may desire death when faced with the alternative of serious illness. Considering one's potential demise by cancer and COVID 19 may be overwhelming.
  - Oncology nurses must make time to attend to the suffering and existential anxiety that has become pronounced by COVID-19, providing patients and families with tools for resilience and coping.
- 6 The question "Why?" often pervades the experience of suffering. Often, meaning and answers that are unknowable are often sought. They may be magnified for individuals who are already suffering from cancer and must also be faced with questions of the how and why of COVID-19.
  - Oncology nurses must provide compassionate listening to oncology patients and bring in appropriate interdisciplinary team members. The importance of empathically bearing witness to the patient and family experience cannot be understated.
- 7 Persons who suffer may already feel separated from the world, may express deep loneliness and yearn for connection, while others may be distressed by their dependence on others. In the COVID-19 era, this isolation and distance may be magnified by the need for staff wearing personal protective equipment, social distancing and reduced staff in the room.
  - Oncology nurses must promote interpersonal connection in spite of COVID-19 through expert communication using presence, listening, verbal, and non-verbal communication.
- 8 Hopelessness and spiritual distress are common. Self-evaluation and the relationship to a higher power in the face of one's mortality may be a part of suffering. Chaplaincy may be necessary for patients in the hospital more than ever.
  - Oncology nurses must assess for hopelessness and spiritual distress, provide spiritual care support, and consult with specialist spiritual caregivers as needed.
- 9 Suffering and pain are not synonymous but are closely related. Physical pain is often connected to psychological, social, and/or spiritual pain. Persistent pain in the absence of meaning becomes suffering.
  - Oncology nurses must use the nursing process to assess for total pain and collaborate with interdisciplinary partners to address it.
- 10 When a person feels they do not have a voice, suffering occurs. The sufferer may be unable to give words to their experience or they may be confronting unheard "screams" from within.
  - Oncology nurses must assure the patient has a voice in the design, implementation, and evaluation of their care.

*Thank you for the sacred and profound work of oncology nursing during this pandemic! We honor and salute you.*