## Patient Suffering

The following summaries of recent peer-reviewed studies and articles identify factors that influence patient suffering and how patient suffering can be reduced. [PG] denotes Press Ganey research.

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<th>Study</th>
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| Body, R., Kaide, E., Kendal, S., & Foex, B. (2015). *Not all suffering is pain: Sources of patients’ suffering in the emergency department call for improvements in communication from practitioners.* Emergency Medicine Journal, 32(1), 15-20. | To describe the burden of suffering in the emergency department (ED) and explore how it may be best addressed from a patient-centered perspective. | ▪ Physical pain and suffering are different entities, which may be under-recognized in emergency medicine.  
▪ Although pain is the most commonly reported source of suffering in ED patients, the majority of the sources of suffering are not related to pain. Patients reported suffering with a number of other physical symptoms (e.g., nausea, vomiting, dizziness, shortness of breath, drowsiness, hunger, thirst) and emotional distress (e.g., anxiety, concern, embarrassment).  
▪ In seeking to ease suffering in the ED, clinicians must focus not only on providing analgesia but on treating Emotional distress, Physical symptoms, providing Information, Care, and Closure (EPIC). |
| Cagle, J. G., Pek, J., Clifford, M., Guralnik, J., & Zimmerman, S. (2015). *Correlates of a good death and the impact of hospice involvement: Findings from the national survey of households affected by cancer.* Supportive Care in Cancer, 23(3), 809-818. | To provide evidence for the positive impact of hospice on reducing suffering at the end of life. | ▪ Physician attention to non-medical factors—including ways to improve communication about end-of-life matters, enhance bedside compassion, manage pain and other distressing symptoms, and attend to non-medical factors like coping and social support—plays a significant role in reducing suffering at end of life.  
▪ Hospice's high-quality pain management and patient/family-centered care model reduces suffering and is strongly associated with quality of death.  
▪ Providers should be vigilant about tailoring end-of-life treatments to patient wishes and making timely referrals to hospice. |
▪ Some patients may not have consistent access to services that reduce suffering such as palliative services in outpatient, home, and long-term facility settings (where most of the course of a terminal illness takes place).  
▪ Patients who have short hospice stays may not be able to realize the full benefits of suffering reduction through symptomatic relief. |
### Study 1


**Objective**

To define Compassionate Connected Care™ (CCC) as a framework to reduce patient suffering by helping caregivers learn to better express empathy and compassion to patients, and to better equip nurse leaders to engage nurses at the bedside.

**Conclusion**

- As organizations seek to reduce suffering, they must support opportunities to improve skills that help caregivers connect with patients.
- The CCC framework provides nurse leaders and managers with a framework to look at patient experience data strategically with a goal of reducing patient suffering.
- Using the four components of optimal performance—clinical excellence, caring behaviors, operational efficiency, and culture—organizations can refine their measurement of patients’ unmet needs and highlight the types of actions that must be taken in order to better meet those needs.
- CCC enables targeted suffering reduction of patients with specific process, physical, and emotional needs based on service line or clinical condition.

### Study 2


**Objective**

To define “post-hospital syndrome” and identify solutions for reducing the suffering caused by the trauma of hospitalization.

**Conclusion**

- The hospital environment causes patient suffering by exposing patients to incessant loud noises, a lack of privacy, awakenings in the middle of the night, and examinations by strangers who fail to identify themselves.
- Post-hospital syndrome occurs when patients discharged from the hospital have had their physiological balance disrupted such that they are susceptible to a broad range of medical problems.
- To become a true healing environment, hospitals should implement suffering-reducing innovations such as promoting personalization, ensuring patients get enough rest, minimizing disruptions, eliminating unnecessary tests, decreasing medication alterations, encouraging activity, and providing a post-discharge safety net.

### Study 3


**Objective**

To examine the benefits of compassion practices on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) overall hospital rating and likelihood of recommending.

**Conclusion**

- Compassionate care that notices, feels, and responds to the suffering of others represents a specific form of patient-centeredness.
- Patient perceptions of care quality are associated with a set of concrete organizational compassion practices.
- When hospitals explicitly reward compassionate acts by staff, and support them during hard times, patients more highly rating the care experience and are more likely to recommend the hospital.
- Practices that provide support for employees and recognize and reward employees when they exhibit compassion reinforce compassion as a critical aspect of the type of caregiving patients deserve.
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<td><strong>[PG]</strong> Press Ganey Associates, Inc. (2014). <em>Measuring patient needs to reduce suffering</em>. Performance Insights.</td>
<td>To describe a new construct that enables providers to measure unmet patient needs to reduce suffering.</td>
<td>▪ Unmet patient needs are a reflection of inherent and avoidable sources of suffering. “Inherent” sources of suffering are those caused by disease and treatment while “avoidable” sources stem from dysfunction in care delivery. ▪ The goal of medicine must be to mitigate inherent suffering to the greatest extent possible and to be cognizant of opportunities to prevent additional, unnecessary suffering. ▪ A critical strategy for creating value is measuring what matters to patients, identifying unmet needs that contribute to suffering, and systematically improving performance to better meet those needs.</td>
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<td>Winch, S., Henderson, A. J., Kay, M., Burridge, L. H., Livesay, G. J., &amp; Sinnott, M. J. (2014). <em>Understanding compassion literacy in nursing through a clinical compassion cafe</em>. Journal of Continuing Education in Nursing, 45(211), 484-486.</td>
<td>To present a method of reconnecting and reaffirming with nurses the importance of compassion toward the suffering patient by using a clinical compassion café.</td>
<td>▪ The practice of compassion is a key factor in the delivery of high-quality nursing care. ▪ Compassion fatigue can impact quality of care as well as measures of quality, such as patient satisfaction. ▪ Clinical compassion cafés provide a supportive environment for clinicians to converse about the stresses of patient care, create plans to care for themselves to maintain their compassion, and renew their commitment to compassionate care for themselves and their patients.</td>
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<td>Hanratty, B., Lowson, E., Holmes, L., Grande, G., Jacoby, A., Payne, S., . . . Whitehead, M. (2012). <em>Breaking bad news sensitively: What is important to patients in their last year of life?</em> BMJ Supportive &amp; Palliative Care, 2(1), 24-28.</td>
<td>To understand patients’ perspectives on how a diagnosis of a life-limiting illness was first communicated to them and how to mitigate suffering by improving the practice of communicating bad news to patients.</td>
<td>▪ The pace and clarity of communication are particularly important to patients when they are receiving bad news from their care provider. ▪ More time to build up to the giving of bad news is required, especially for new patients where a relationship with the care provider has not already been established. ▪ Planning is needed to meet the practical and emotional aspects of breaking bad news, for example suggesting a relative accompany a patient receiving results or having a nurse or counselor available.</td>
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