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Index to Nursing Literature Activity
(Kahn & Steeves, 1995). 1990
(suffering) (pain)
(Copp, 1990a),
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Petrosino(1986) 가
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Suisa, Sherwood, Wright, & Greer, 1986)
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(McHenry, 1991),
(Copp, 1990b).
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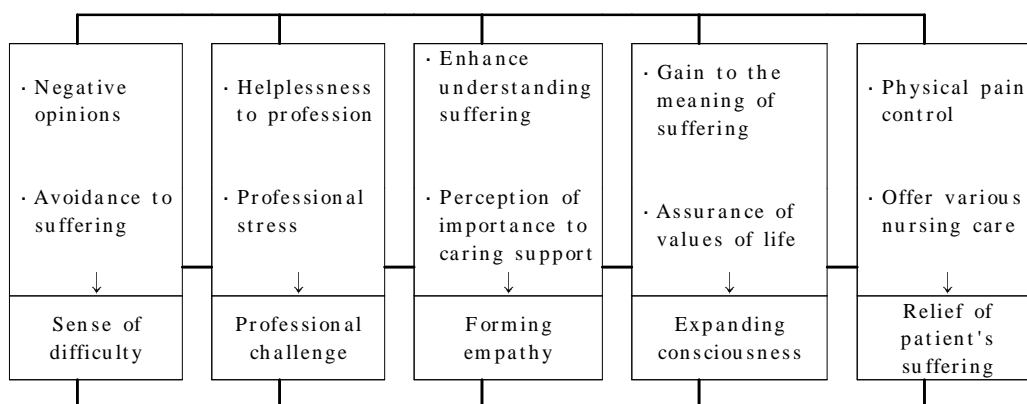
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(Lee, 1982).

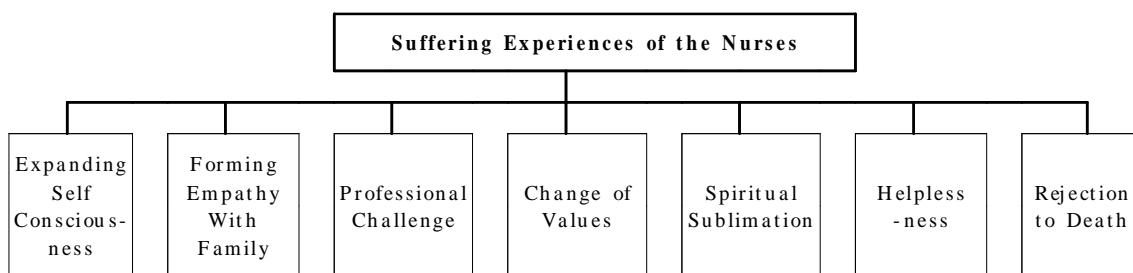
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(Kang, 1997)
(Rogers & Cowles, 1997)
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Loewy(1991)
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(Kang, 1997).
(Cassell, 1982; Kahn &
Steeves, 1995).

<Table 1> Attributes of the concept of suffering and example themes

Attribute	Themes
Individualized	Peculiar to the one suffering (Loewy, 1991) Unique to each individual (Kahn & Steeves, 1995) Varies from person to person (Ferrell, 1990)
Subjective	Difficult to assess/measure (Ferrell, 1990) Subjective (Loewy, 1991) Must be inferred (multiple authors) Multidimensional, complex (Ferrell, 1990) Composite (Loewy, 1991)
Complex	Involves physical, psychological, and interactional aspects (Benedict, 1989) physical pain (Davitz et al., 1976) psychological distress (Davitz et al., 1976) loss of autonomy or control (Williams, 1991) strong religious connotations (Copp, 1990b)
Meaning (Intensely negative)	Involves meaning and personal values (Benedict, 1989) Destruction of person (Cassell, 1982) Losing one's humanity (Copp, 1990a) Meaning given to pain (Sarano, 1970) Changing meaning may ameliorate suffering (Bates et al., 1989)



<Figure 1> Meaning of Suffering experienced by nurse from qualitative research



<Figure 2> Conceptual framework of Suffering experienced by nurses

- 2001 4 20 2001 7 10 .
- 1) Rogers Cowles(1997)
47<Table 1> 220
- Jo Han(2001)
(Figure1)
- <Figure 2>.
- 2)
- 25 ,
165 ,
- 64 1 4 .
- 64 SPSS-WIN8.0
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- Lynn(1986)
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- Chronbach's α
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- Factor analysis
eigen value 1.0
varimax rotation
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(Index of Content Validity
CVI) : CVI) 가 70%
- 58
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- 3)
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- 58 (item analysis) 19%, 5-6 11.4%, 7-8 28.6%, 3-4 9.5%, 9-10
- (factor analysis) 44 5.4%, 10 25.9%
- (Cronbach's alpha) 35.4%, 29.1%, 11.4%,
24.1% 65.4%
- 가 75.9% 가 ,
3. 가 11.8%, 가 10.4%, 1.8%
57.7%, 42.3%
61.4%

<Table 2> Varimax Rotated Component Matrix

Item	F1	F2	F3	F4	F5	F6	F7
	Expanding self conscious -ness	Forming Empathy With Family	Professiona l Challenge	Change of Values	Spiritual Sublima- tion	Helpless-n ess	Rejection to Death
12. After opening my mind, the patients entirely become trustful to me.	.714						
37. Since I opened my mind, I've got free from narrow-mindedness and given to them unconditionally.	.684						
30. I try to use a sense of humor.	.623						
1. I think my nursing care for those patients is not for others but for myself.	.601						
41. I guess I am not different from a patient in suffering though our current figures, positions and situations differ from each other.	.562						
13. I feel as if I am a companion who joins in their suffering.	.554						
29. It seems to communicate a simple concern and truth between patients and me, not curiosity toward patients.	.537						
2. I think human being is essentially lonely and brethren.	.519						
42. Suffering is didactic and worthwhile because nurses who watch patients' suffering are made to be thoughtful.	.474						
28. I think everything goes by turns, hence I now help others and someday I will be given help by others.	.470						
3. When a patient said "see you later"... died and wasn't in his bed, I know the preciousness of the moment.	.467						
14. Hospice has to work because the human being is too precious.	.451						
15. The suffering of the family seems to be aggravated for their financial trouble.		.700					
31. I feel the limit of my ability as a nurse when the patients deny the treatment for the money.		.683					
4. I feel upset of the reality that the members of family fight each other before the patient faced death on account of money.		.674					
38. Dying patients without their families wring my heart.		.661					
43. I think there ought not to be patients who are dying for want of money.		.612					
16. Patients who die earlier than their parents make me sad.		.524					
32. The terminal patient's family who hope the patient's recovery wring my heart.		.522					
5. It is the most difficult to overcome suffering when patients have no one to share their suffering with.		.460					
27. I think family support in dying patient is important.		.415					
17. I am skeptical about why I chose the job of the nurse.			.656				
6. When I see the patient's death, I have skepticism about my current life.			.633				
33. I am disappointed with myself... I pretended to act with composure in order not to cry when I wish to weep.			.614				
18. There are times I don't understand for the reason why I should be here.			.600				
7. I want to avoid sufferings if possible.			.548				
39. I often fall into dilemma.			.547				
44. I have a guilty conscience as to that I didn't provide active care to him after patient's death.			.529				
26. It seems to be untruthful that I approach the patient without spiritual confidence.			.422				
19. Suffering makes me ask questions about meaning of life.				.669			
34. I ask for myself earthly things we are seeking is valuable before death.				.660			
8. I often think of myself how to live in the future.				.655			
25. I think the meaning of suffering is different according to person who suffers.				.514			
40. I'd like to ask really whether those who are good die young.				.413			
20. I get identified that our life does never end in this world when I witness the moment of peaceful death.					.606		
9. Religion is helpful to relieve suffering.					.595		
24. I think that death is noble.					.543		
35. It seems that the person which helps patients at each level of suffering is neither patients nor the nurses, but grace.					.480		
21. I become more dedicated and am sublimed spiritually through suffering.					.415		
10. I feel my limitation even if I try to relieve patient's suffering.						.839	
22. I feel helpless and guilty when I can do nothing for patient's suffering.						.820	
11. I don't like to think of death.							.644
36. I don't want anyone to discuss death							.604
23. A stress from death of patient is greater than any other stressors.							.403
Eigen value	5.73	4.94	3.89	3.57	3.15	2.44	2.22
% of Variance	9.88	8.52	6.71	6.15	5.43	3.87	3.83
Cumulative %	9.88	18.40	25.10	31.25	36.68	40.54	44.38

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, 5 ' , 6 ' ,
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Cronbach alpha .8665
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- Abstract -

Development of A Nurse's Suffering Experience Scale

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Purpose: The purpose of this study was to develop Nurse's Suffering Experience Scale and to test the reliability and validity of the instrument. **Method:** The subjects used to verify the scale's reliability and validity were 220 nurses who were taking care of the end stage cancer patients, while working at university and general hospitals in Daegu and

Kyungbuk province from April 20. to July 10, 2001. The data was analyzed by the SPSS/WIN 8.0 program. Results: A factor analysis was conducted, and items that had a factor loading more than .40, and an eigen value more than 1.0. were selected. The factor analysis classified a total of seven factors statistically, and it's communality was 44%. The explanation of factors based on the conceptual framework and item content are as follows: The first factor was expanding self consciousness, the second factor was forming empathy with family, the third factor was professional challenge, the fourth factor was change of values, the fifth factor was spiritual sublimation, the sixth factor was helplessness, and finally the seventh factor was rejection to death. Cronbach's α coefficient to test reliability of the scale was .8665 for total of 44 items. The Scale for Nurse's Suffering Experience developed in the study was identified as a tool with a high degree of reliability and validity. Therefore this scale can be effectively utilized for the evaluation of the degree of nurse's suffering experience in clinical settings.

Key words : Suffering, Nurse, Cancer patient

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