Cogitare Enfermagem

ORIGINAL ARTICLE

Meaning of nurses regarding the care of older adults during the dying process

HIGHLIGHTS

1. Death is not only physical but also a transcendent event.
2. Caring has an emotional impact on nurses.
3. Care during the dying process encompasses comfort and spirituality.
4. Preparing nurses for death is important.

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ABSTRACT

Objective: To understand the meaning that nurses attribute to the care of older adults with terminal illness during the dying process. **Method:** A qualitative phenomenological study conducted between August 2023 and July 2024 at a secondary-level hospital in the Bajío region of Mexico. Ten nurses with experience in caring for hospitalized older adults with terminal illness participated. Data were collected through audio-recorded interviews. Phenomenological analysis was performed through reading, identification of meaning units, transformation, and integration of the phenomenon's structure. **Results:** Six themes emerged: Constructing death from the physical to the transcendent; Providing comfort and convenience; Helping achieve a "good death"; Satisfaction with caring; Experiencing sadness and frustration because of death; and Experiencing spirituality with the older adult. **Final considerations:** Care is understood as an act aimed at providing comfort, dignity, and spiritual support to older adults, while being experienced under a profound emotional and personal impact.

DESCRIPTORS: Nursing Care; Aged; Hospice and Palliative Care Nursing; Attitude to Death; Qualitative Research.

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INTRODUCTION

Population aging is one of the major challenges facing contemporary healthcare systems. According to the 2021 National Survey on Health and Aging in Mexico[1], there has also been a steady increase in functional dependence and the demand for long-term care.

Older adults may develop terminal illnesses of both oncological and non-oncological origin, with a high likelihood of death in the short term, making palliative care necessary[2]. The hospitalization of older adults with terminal illnesses involves multiple situations requiring specialized end-of-life care[3]. Evidence has shown that attitudes toward caring for older adults with terminal illness tend to be more negative when nurses have greater fear of death, as this is influenced by the level of preparation they have on the subject at that time[4].

Nurses play a fundamental role in providing care during the dying process, placing special emphasis on the goal of palliative care, which consists of addressing a person's physical, psychological, emotional, and spiritual needs[5].

Nursing care during the dying process requires a humanized approach that addresses the patient's and/or family's frailty and suffering with compassion while respecting the life and dignity of older adults. However, recent studies have shown that nursing professionals have limited knowledge of palliative care during the dying process[6,7]. Nursing professionals play a fundamental role in caring for individuals during this process by providing comfort, symptom management, and family support. Among other factors, the quality of care provided to hospitalized older adults depends on specialized training in palliative care and on a person-centered approach[8-11].

Evidence has shown that caring for older adults during the dying process is complex and becomes a profoundly emotional experience for nurses. Studies report that feelings such as sadness, helplessness, stress, and frustration are influenced by professional experience, nurses' preparation, and training in palliative care[12-15].

Specifically regarding older adults, studies show that care during the dying process involves promoting a balance among the biological, psychological, social, and spiritual dimensions of care. These studies emphasize the importance of humanized care, presence, active listening, and spiritual support to promote a "good death" and alleviate physical and existential suffering[16].

Care during the dying process is constructed from meanings related to previous caregiving experiences during this stage, the interaction between the nurse and the older adult, and the individual's own construction of the meaning of death. These elements converge to shape the meaning of the care provided to older adults before and after death, and this meaning can be understood from a phenomenological perspective[17]. In light of this, this study aimed to understand the meaning that nurses attribute to the care of older adults with terminal illness during the dying process.

METHOD

This is a qualitative study based on a descriptive phenomenological approach applied to the human sciences[18]. To strengthen methodological rigor and transparency in reporting the study, the Consolidated Criteria for Reporting Qualitative Research were followed[19].

The study was conducted between August 2023 and July 2024 at a general hospital in the state of Guanajuato, Mexico, a public secondary-level healthcare institution. The

study was carried out in inpatient units that provide care for older adults with terminal illnesses, both oncological and non-oncological. A purposive sampling was used, with the following selection criteria: nursing professionals employed at the hospital, aged 22 years or older, providing direct patient care, and having experience caring for an older adult with terminal illness.

Data were collected through audio-recorded phenomenological interviews[20] conducted in private settings within the institution at times agreed upon with each participant. The interviews, conducted by researchers with expertise in phenomenology, lasted approximately 20–30 minutes and were guided by a trigger question about the meaning of caring for older adults with terminal illness during the dying process.

The analysis was carried out following the stages of the phenomenological method[18]: initial reading to gain an overall understanding (verbatim transcription and reading of each interview to obtain an overall view of its meaning); adoption of the phenomenological attitude (bracketing preconceptions and rereading the interviews); identification of meaning units (selection of meaningful statements to construct the general structure of the phenomenon); transformation of everyday expressions into meanings (interpretation of the intentionality underlying caregiving experiences); and return to the whole and development of the general structure (integration of the transformed meaning units into a general structure and identification of themes describing the meaning of care).

The study complied with the Regulations of the General Health Law on Research Involving Human Beings and the Declaration of Helsinki. To ensure privacy, confidentiality, and respect, each nurse was assigned a participation code (Nurse 1–Nurse 10). Written informed consent was obtained from all participants. The study was approved by the Health Research Committee of Hospital General León (protocol HGL-CIS-2024/040) and by the Health Research Ethics Committee (protocol PIHGL-CEIS-018-2024). The criteria for rigor in qualitative research were met, including rigor, sincerity, credibility, meaningful contribution, and meaningful coherence[21].

RESULTS

Participants were predominantly women, ranging in age from 23 to 51 years, as shown in Table 1.

Table 1. Participant characteristics. Celaya, Guanajuato, Mexico, 2024

(continue)

Participant	Age (years)	Sex	Length of employment at the institution	Educational level	Religion
Nurse 1	34	Female	5 to 10 years	Specialty	Catholic
Nurse 2	46	Female	> 10 years	Specialty	Cristiana
Nurse 3	29	Female	1 to 5 years	Bachelor's degree	Catholic
Nurse 4	51	Female	> 10 years	Bachelor's degree	Catholic
Nurse 5	23	Female	1 to 5 years	Bachelor's degree	Catholic
Nurse 6	23	Female	1 to 5 years	Vocational training	Catholic
Nurse 7	26	Female	5 to 10 years	Bachelor's degree	Catholic
Nurse 8	51	Female	> 10 years	Vocational training	Catholic

Table 1. Participant characteristics. Celaya, Guanajuato, Mexico, 2024

(conclusion)

Participant	Age (years)	Sex	Length of employment at the institution	Educational level	Religion
Nurse 9	23	Male	1 to 5 years	Vocational training	Catholic
Nurse 10	48	Female	> 10 years	Bachelor's degree	Catholic

Legend: n=10.

Source: The authors (2024).

Six themes emerged and are described below:

Theme 1 - Constructing death from the physical to the transcendent

The nurses constructed the meaning of death from a physical perspective to a spiritual one, in which it takes on a connotation associated with transcendence. They emphasized the transition to another life and, at the same time, the peace that follows death:

Death is a transition to another world. (Nurse 1)

Death is passing into eternal life, passing on to a better life. (Nurse 2)

Death is the culmination of life, transcending and departing, coming to an end in this earthly world as physical matter. (Nurse 4)

Theme 2 - Providing comfort and convenience

Care during the dying process emphasizes providing comfort and convenience at all times:

I realized that for terminally ill patients, we need to provide quality of life, not just polypharmacy or a heap of medications, but looking beyond their physical pain and focusing on their comfort. (Nurse 3)

So, we can provide them with comfort and all the emotional support, which is primarily what they need, as well as acceptance of what lies ahead. (Nurse 6)

Theme 3 - Helping achieve a "good death"

The nurses referred to a dignified death or a "good death" as an essential aspect of caring for older adults during their final days of life:

Another aspect of nursing involves attending to the patient, providing care, and striving to ensure the best possible experience during their final stage, ultimately leading to a dignified death. (Nurse 10)

Theme 4 - Satisfaction with caring

Satisfaction was one of the most rewarding feelings and one of the emotions that predominated in caregiving. This satisfaction arose from giving their very best to older adults and leaving them in a better condition than before, or at least as well as possible:

For me, I think that was very satisfying, because I actually stayed with her right up until the moment she passed away, through her final days. (Nurse 3)

The satisfaction of being able to help, of being present. (Nurse 4)

Theme 5 - Experiencing sadness and frustration because of death

Feelings of sadness and frustration in response to death remained predominant:

It is often frustrating, considering the time I spent with them. (Nurse 4)

So, it is very sad to see an older adults abandoned in a hospital during their final days, suffering without anyone there to support them, other than us, the nursing staff. (Nurse 9)

Theme 6 - Experiencing spirituality with the older adult

Spirituality is often highly significant at every stage of life, and for nursing professionals it is also very important to provide spiritual support:

Ah, the spiritual aspect is very important, because when they reach the point where... well, where their life is coming to an end, when they are in the terminal phase, I've actually heard them call out to a God, even if they might not know who He is. None of us really do, right? But they call out to a God, even if the person didn't believe before, at that moment, they do. (Nurse 2)

It's also about giving them space for their spiritual needs, if they want, say, to have a spiritual encounter, offer a prayer, or do something that brings healing to their life. (Nurse 3)

DISCUSION

Death is a complex process, and the meaning of nursing care during the dying process extends beyond the physical dimension. From this perspective, the dying process acquires a meaning that transcends physical loss, representing a transition from the earthly to the spiritual. Beyond the loss of the body, it signifies the human being's passage to another world upon leaving earthly existence. One study recognizes death as a natural phenomenon intrinsic to the human experience, defining it as the complete cessation of vital functions and viewing it as the end of the human being's earthly and historical existence[22]. It is a universal experience, as every living being is destined to cease to exist at some point.

Its meaning depends on the perspective from which it is analyzed, whether physiological, social, psychological, spiritual, or anthropological. Within the context of care, it can be said to encompass everything from the physiological to the metaphysical[23]. A study conducted with nurses found that many of them strongly believe in the importance of preserving their patients' lives, even in cases of terminal illness[22]. The study also highlighted that many nurses believe in the possibility of a better place after death, suggesting hope in something beyond earthly existence[23]. Death is therefore viewed as a passage to eternity, reflecting a spiritual understanding of this process.

In this context, the predominant feelings experienced by nursing professionals were sadness and frustration in response to death. This is consistent with studies emphasizing that nurses providing end-of-life care commonly experience sadness,

helplessness, uncertainty, guilt, and/or frustration associated with efforts to preserve life, as well as stress[12,13]. Another study reports that the terminal stage and the dying process impose a considerable emotional burden on nurses[23]. This highlights the importance of recognizing that sadness and frustration remain present throughout the dying process because the individual continues to be regarded as a human being until the very last moment.

Care consists of providing comfort and convenience to older adults with terminal illness, being present, listening actively, involving family members in care, and offering the best possible care during their final days so they may transcend. Care is the essence of nursing, together with safeguarding life and preserving human dignity. One study highlights the importance of comfort and convenience at the end of life[24]. In addition, factors that promote high-quality care include a patient-centered approach and an environment that addresses individual needs[25]. This involves meeting basic care needs by providing a stable and comfortable environment while ensuring physical, psychological, and spiritual relief.

It is also essential to promote comfort, minimize pain, ensure tranquility, and avoid unnecessary medical interventions that prolong life without justification. Giménez points out that environmental conditions are not always ideal[26]. Nevertheless, care can still foster an atmosphere of peace and reconciliation with what lies ahead. Thus, meaning is attributed to "helping patients die well", as highlighted by another theme of the present study: accompanying older adults and creating the best possible conditions so that this process can be experienced with tranquility, peace, and dignity. One study demonstrated that a good death, or "dying well", involves precisely this type of support, accompanying the individual, meeting personal needs, and maintaining person-centered care[27].

These findings are also consistent with the Peaceful End-of-Life Theory, which states that a "good death" involves the absence of pain, the promotion of well-being and comfort, and dignified and respectful treatment of the individual. Furthermore, people in the dying process should remain at peace, free from worries, fears, and anxiety[28].

Spirituality also emerges as an important component of the meaning of care and is embedded in the understanding of death from this perspective. It becomes a comprehensive part of nursing care, recognizing the importance of experiencing spirituality together with the older adult, expressed through religiosity and spiritual practices that may profoundly influence the experience of death by shaping how individuals understand the dying process. Spirituality nourishes nursing care in encounters with finitude by providing support, comfort, and hope. Although nursing professionals feel prepared to provide physical care, during the terminal stage they prioritize spiritual care as a humanitarian "duty" of nursing.

Within this care, amid frustration and sadness, and between caring for the body and caring for the spirit, caregiving also becomes an opportunity that is expressed through satisfaction with the care provided. Nevertheless, the impact of death persists despite its being normalized as part of nurses' everyday professional lives. Studies show that accompanying patients and perceiving that one has contributed to their well-being generate a sense of professional meaning.

Satisfaction with caregiving emerges as a meaningful dimension of nurses' experiences: recognizing that they are able to accompany older adults with dignity until the end of life. This satisfaction represents an experience of professional purpose and transcendence. One study emphasizes that nursing work, which provides compassionate care and meets the communicative, physical, spiritual, and emotional needs of people with terminal illness, is highly rewarding and deeply satisfying[29].

Caring for older adults in the terminal stage is a complex and emotionally demanding process for nurses. Therefore, it is essential that they receive appropriate training to address not only the physical dimensions of care but also the emotional and spiritual dimensions, enabling them to provide more compassionate and effective care while safeguarding their own emotional well-being.

Accordingly, the meaning of care is constructed around the promotion of a dignified death, in which faith and spirituality are valued as ways of connecting with one's beliefs and coping with what comes after physical loss. Care also encompasses comfort, convenience, companionship, and hope that transcend the ordinary understanding of death. Nevertheless, caring during the dying process continues to be a challenge that generates sadness, frustration, and personal impact. Therefore, training in palliative care and the dying process alone is insufficient; nurses also require ongoing support to cope with death-related events and their emotional consequences.

One limitation of the study was the difficulty in securing an appropriate space to conduct the interviews. This limitation was gradually overcome as additional participants were interviewed.

FINAL CONSIDERATIONS

The meaning of caring for hospitalized older adults during the dying process reveals the lived experience of personal and professional emotional frustration. Death will always be a difficult issue for nurses to confront, as they have been trained to preserve life. Death continues to be perceived as a physical event of loss with a profound personal impact; however, it is also understood from a transcendent perspective, a view that undoubtedly fosters humanized care throughout the dying process.

On the other hand, emotions such as helplessness, sadness, and frustration never disappear. However, they coexist with a sense of satisfaction derived from providing compassionate and effective support, as well as comfort and relief from pain. Spirituality also emerges as a dimension of care that should be experienced together with patients. Caring during the dying process places emotional, personal, and professional demands on nurses, requiring an integrative and healing perspective that enables them to accompany patients until their final breath. Therefore, professional education and ongoing support are essential to help nurses experience death from a more humane perspective.

Concerning the study's social contributions, the findings highlight the need to strengthen nursing education in the emotional, spiritual, and palliative care dimensions. Likewise, supportive interventions for nurses can be developed with a focus on the dying process, aging, and humanized end-of-life care.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Carrillo Calvario AV, Guerrero Castañeda RF.** Drafting the work or revising it critically for important intellectual content - **Carrillo Calvario AV, Guerrero Castañeda RF, Aguilar Machain P, González Soto CE, Silva Moreno AA.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Carrillo Calvario AV, Guerrero Castañeda RF, Silva Moreno AA.** All authors approved the final version of the text.

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