Heuristic care in nurses facing death: A phenomenological study using the Parse method

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Abstract
Objective: To interpret the heuristic experience of care in nurses after witnessing the death of their patients. Methodology: Qualitative study, exploratory, hermeneutic phenomenology. Informant selection was carried out through chain referral. Audio-recorded interviews were transcribed verbatim, followed by artisanal interpretation. Results: Fifteen subthemes were identified and classified into three units of meaning: self-care (coping and personal gratification), caring for others as for oneself (empathizing, putting oneself in the other's shoes), and professional care (individualization of care). Conclusion: The experience of caring for individuals who are dying enables the evolution of the meanings of care expressed through aesthetic forms manifested by nurses.

Keywords: Care. Death. Heuristic. Nursing Theory

Introduction

The intense coexistence with death in the socio-healthcare environment can alter the emotional level of the nurse frequently facing it leads to two opposing and evasive attitudes: indifference and apprehension. While the institutionalization of dying becomes an accomplice, when it comes to confronting it, it becomes a taboo.

The development of a controversial phenomenon involving not only the outcome of a person's life, but also purely technical and scientific activities, is undeniable. The task of caregiving involves going beyond the knowledge acquired during student stays; this is just the tip of the iceberg, as the practice of techniques and the application of methodological knowledge entails other individualized types of cultural, social, and belief-based knowledge. These variations are what elevate the nurse beyond the traditional concept of standardized care focused on bodies, leading to a transformative care (whether consciously or unconsciously) of the experiences and experiences of the people who are caregivers, as it is precisely the combination of the methodical and the scientific with the artistic work that builds the profile of the nurse with an ethical, professional implication.

Death, being a subjective reality that entails painful experiences, can be generalized in certain traits, as a product of coping with dying. However, there also exists, outside of the general, everything that is unpredictable, variable, and unique in each death. The objective, measurable aspects can be termed as the "effect," encompassing phenomena such as fear, anxiety, and anger, for which scales even exist. On the other hand, we also have the "affect," wherein everything subjective and unpredictable resides, exemplifying the factors that individualize and give identity to the being, such as politics, social aspects, religion, values, ideologies, etc. Coping with suffering and the ongoing presence of death responds to the human need to find the meaning of life.

For Heidegger, death is "nothingness as our most extreme possibility." It cannot be imagined; to imagine it would mean to make it present instead of always imminent, known rather than inherently beyond our reach. Hence arises the concern to emphasize the phenomenon of dying, its impact on the nurse's behavior and care. It emerges from the urgent need to make visible one of the most complicated processes they face, for which there is no competent preparation, to the extent that it is capable of transforming the perception of life itself, and consequently, care, whose changes are determined by its values and beliefs, which depend on the individuality of the being.

Care is part of the profession's work, cultivated and embraced as an object of reflection and practice. It reinvents itself, based on heuristics, which is defined as the ability of humans to create or invent something in order to provide strategies that aid in problem-solving.

The use of hermeneutic phenomenology is employed because it focuses on individuals' experiences regarding a phenomenon and how to interpret them, with the purpose of
discovering the meaning of human existence in a manner different from positivist tradition. In this case, it pertains to death in patients and the interpretation attributed by each nurse to the personal connotation of their experiences. While the process of death explains life, the reverse is not true, and thus death remains a problematic reality.\(^8\)

Nursing is distinguished by the establishment of a new paradigm and set of knowledge that integrates biological processes with the social, spiritual, affective, and communicative aspects of individuals, groups, and human societies. This is an achievement that needs to be enhanced and disseminated, elevating it to public, scientific, and political status.\(^9\)

Nurse Rosemarie Rizzo Parse’s method, with her Humanbecoming theory, focuses on honoring human freedom and dignity. In this regard, the individual is being open to knowledge, creating their own perceptions from which they make decisions and develop decision-making abilities. The human-environment interrelation is mediated by processes related to customs, interpersonal relationships, values, contact with different contexts (family, work, social), and phenomena that are structured from life experience (fear, joy, hope, peace, security, expectations of change, satisfaction). Therefore, the human being and the environment are inseparable, serving as a reference guide for the interpretation of results.\(^10\)

Parse proposes three key concepts in co-transcendence with the potential changes that arise in care from the dying process of others. Power is the expression of strength, the energy to act and live. The expression of power is an inherent process in all change, of what is and what is not yet, all at once. The person expresses power through paradoxes that reflect the struggle between what they have and the uncertainty of the new. Possibilities emerge thus through tension and conflict. Tension is the struggle that occurs in paradoxes, and conflict offers people the opportunity to examine others’ perspectives in the situation being experienced and to make choices to move beyond with the new.\(^11\)

This research aims to provide meaning to the set of experiences of the nurse in order to contribute knowledge to the discipline related to the universal experiences of human beings. Nursing is a profession that over time has been constructing and unraveling its history. Its relationship with society is guided by concepts, prejudices, and stereotypes that were established in its historical trajectory and that still influence today the conception of its meaning as a health profession composed of people who care for people.\(^9\) The objective of the research was to interpret the heuristic experience of care in nurses after experiencing the dying of their patients.

**Methodology**

Qualitative and exploratory study, using the method developed by nurse theorist Rossemarie Rizzo Parse called Parse-sciencing, consistent with the Humanbecoming nursing theory.\(^12\) This method corresponds to the moments and stages of the phenomenological trajectory.\(^13\)

It was considered that the selected nurses had artistic sensitivity, an inclination towards some form of art (painting, drawing, music, writing, etc.), had at least experienced the death of a patient, regardless of gender and work experience, were over 18 years old, and participated voluntarily with the freedom to withdraw from the study at any time.

The phenomenological interview was conducted, where the informant was prompted to recall instances when they had to face the death of some of their patients, starting with the question “Do you think your way of caring for them changed after seeing them die?” The first nurse was selected by the researchers based on the inclusion criteria to achieve the initial approach and then contact others through a referral chain.\(^14\) The interviews took place in the cubicles of the north library of the Universidad Autónoma de Aguascalientes. There were two approaches: in the first one, the informed consent was presented, and upon agreeing to participate in the study, they were asked to create an artistic piece reflecting their response to the previously read phenomenological interview, with time and space provided for its development. In the second approach, the artistic piece was interpreted. The interviews were audio-recorded and later transcribed verbatim, with the information analyzed manually.

It is emphasized the importance of mentioning that the study not only focused on describing the experiences but also encompassed the interpretation of their meaning provided by the individual with a single question,\(^15\) allowing them to elaborate without time constraints, in an environment perceived as safe by the informant. This provided an opportunity to develop a nursing narrative free from biases and without expectations from the informants or the influence of the researchers.

The interpretations were conducted based on the Humanbecoming Theory by nurse Rizzo Parse, which focuses its science and art on the experience of universal phenomena.\(^12\) From this perspective, humans are co-authors and indivisible experts, unpredictable and constantly changing in their lives, with these phenomena dictating the quality of life and health of the individual by dignifying each of them. The study was carried out under the ethical and legal considerations of the General Health Law regarding research. Methodological quality was ensured by considering the criteria of Credibility, Transferability, and Triangulation.

**Results**

The study comprised 5 nurses who met the inclusion criteria, with ages ranging from 23 to 30 years old, 4 out of 5 were women (Table 1).

**Table 1. Works carried out by the informants**

<table>
<thead>
<tr>
<th>Sociodemographic Characteristics</th>
<th>Work and Description</th>
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<tbody>
<tr>
<td>Informant 1, 24 years old Seniority: 2 and a half years Catholic</td>
<td>Acoustic song in which he/she mentioned: “The song is divided into three parts; the first one is about doubt, the second represents a ‘reconstruction’ as if something beautiful is being done, and in the last one acceptance.”</td>
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<tr>
<td>Informant 1, 2, 25 years old Seniority: 2 years Catholic</td>
<td>Drawing, narrative, and acrostic related to the word “nursing.”</td>
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<tr>
<td>Informant 3, 23 years old Seniority: 3 years 2 months Catholic</td>
<td>Drawing in which he/she depicted a patient who marked his/her stay in the COVID area.</td>
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<tr>
<td>Informant 4, 30 years old Seniority: 6 years Catholic</td>
<td>Written piece; highlighted two words: “resilience and empathy.”</td>
</tr>
<tr>
<td>Informant 5, 25 years old Seniority: 6 years Catholic</td>
<td>Sacred song, identified it as something beautiful and connecting her with the divine, related to the care she provided to her patients as they passed away.</td>
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In most cases, the participants experienced a transformation in their care approach, identifying their own needs as well as those of each patient, while being mindful of human dignity and the importance of accompanying the patient in their dying process. Evasive and indifferent behaviors were also found but less frequently. Contrary to the latter, there was an inclination to attribute death as an experience that was part of them, leading the participants to seek personal gratification and self-awareness for their actions towards the patient. Fifteen subthemes were identified, classified into three units of meaning.

Self-care. The participating nurses frequently mentioned modifying their caregiving approach after experiencing the dying process of a patient, in order to cope with the emotional impact it entails, as well as seeking personal gratification and a sense of consciousness for what they have done for the patient: "I feel that my care has indeed changed because we can always do more for the patient, even though sometimes we are overwhelmed with tasks and workload, we always have an extra something to give to someone... there will always be someone" (Participant 4, Paragraph 6). "I feel like it's where I learned the before and after of what death is" (Participant 1, Paragraph 2).

Care of the other as of oneself. Nurses expressed as a priority the way in which the patient experiences dying. Therefore, they modified their care, focusing entirely on the patient and their experiences, adapting care to human dignity, and mentioned taking the place of the other to understand their needs: "The relationship with my patients, I feel that beauty that inspires me in music makes me recognize the beauty of the other, it makes me more empathetic and understand that they are also seeking beauty like all of us, so in my care, I try to manifest that little sparkle that they are truly looking for, something beautiful, something good. I feel that art has a lot to do with my care" (Informant 4, Paragraph 3). "I do what I would want others to do to me, I mean always putting yourself in the patient's place" (Informant 3, Paragraph 2).

Professional Care. The nurses modified care with the scientific and professional foundation of the discipline, keeping in mind the human condition of the patients. They sought to meet their physical, spiritual, and environmental demands, providing individualized care from a professional perspective: "I told her, talking to her thinking that maybe she was listening, to rest, and to make her illness her own; the monitor, the tube passing through her throat, the IV, the catheter, the bed, the blanket... It was her struggle, her illness, not mine" (Informant 1, Paragraph 3). "So apart from our specific care for that person, we included something else, and in this case, it was art" (Informant 4, Paragraph 1).

The artistic dimension was considered by the participants as a tool for reflection, emphasizing Parse’s theory, a science that recorded reports of personal experiences and systematically analyzed them, thus identifying aspects of life experiences shared by the informants. From this perspective, evidence was uncovered, bearing witness to a constantly changing knowledge, as new perceptions altered the meaning and truth of the moment. The essentials of the phenomena experienced were discovered to achieve a deeper understanding of universal human experiences. This understanding evolved from the connection of the descriptions given by individuals about the theory, thus making the essentials of human beings more explicit.

Contrary to common belief, nursing reflected in this research the aspect of the profession that goes beyond the methodical, the practical, and the purely scientific foundation, providing an expanded view of the patient as a human being. In this way, it was considered that nursing studied the care of the human experience or the experience of health, which was mainly given by the subjective condition that constitutes it, the spirit, alluding to what made the subject human.

During the interpretation of the participants, various significant findings were identified, such as:

- **Social Stigma**, labeled as a discrediting social tag that alters the way an individual perceives themselves and disqualifies them from full social acceptance. This was related to the perception that society holds regarding nurses, attributing certain attitudes and feelings towards the care provided in the dying process and death, whether to the patient or their loved ones, perceived as negative.
- **Deity**, as divinity intervenes in the care needed by the patient due to their beliefs and also in how the nurse carries out these activities, always considering them and holding hope for the existence of something beyond death.
- **Search for beauty and something superior**, care manifests the truth, love, and beauty that as human beings we seek throughout our lives in any of its stages. Within the final stage, the patient is in need of feeding their mind with ideas that transcend the material, so the nurse tries to meet these needs with their care and companionship.

**Perception of the hospital area as depressing**: Hospitalization of the patient entails an interruption in the patient’s usual life, a change in their habits, personal relationships, and occupations. Therefore, due to these personal or external experiences during the stay, negative ideas are internalized.

**Divinity**, as a response to human uncertainty: Spirituality in nursing care represents the encounter of two souls, two spirits, two human beings united by a higher truth that reveals vulnerability, fragility, and the strength to overcome adversity in a healthcare context that can lead to transcendence.

**Discussion**

Death is a subjective reality that has been studied by various authors with the purpose of understanding the experiences that can lead to feelings of anxiety, unease, insecurity, etc., which can provoke inadequate attention, manifested by acts of rejection and avoidance.

With the results obtained, there is agreement with a study conducted in Chile, involving 157 nurses, indicating that care is indeed perceived to be modified when facing the death of their patients in a sensitized and humanized manner, contrary to the perception of insensitivity attributed to nurses. In an article on anguish in the face of death, it is mentioned that there are situations in which professional practice is limited by institutionalism or even by personal and societal prejudices.

Nurses recognize the professional preparation regarding death as poor or unsatisfactory. Additionally, the death of patients holds significance for them, as observed in this study. This inevitably leads nurses to strengthen their self-knowledge, reflect on their actions, identify their limitations and strengths, and strive for coherence between their thoughts, feelings, and actions. Self-awareness enhances human relationships among individuals.

Parse, with her Humanbecoming theory, allows us to understand how death affects the forms of care. This theory serves as
the horizon of inquiry to investigate the life experiences of the human universe. The care provided by nurses is shown to be modified as a result of death, leading to a shift in consciousness, perception of one's own life, and that of others due to the emotions experienced. Parse's theory helps us understand this phenomenon through the myriad of possibilities for expression that humans can engage in, in this case, art.

There is agreement with Parse that change is ongoing and the human universe is unpredictable, constantly changing. When considering the not-so-distant future, technologies will likely play a significant role in healthcare sciences, and it is very possible that this may become dehumanizing. Therefore, nursing as a human science will be responsible for compensating for this with compassionate and dignified care. The nursing discipline is unique and independent in its ability to interpret experiences, without being obligated to incorporate methods from other disciplines.

With this study, it is confirmed that, as Parse expresses it, human evolution in the universe freely chooses the personal meaning of the situation in a subjective process where the values of life are prioritized. That is why death never means the same thing for everyone; each human being co-creates their patterns to relate to the processes they experience with the universe. Each person chooses the meaning of their realities and how they modify their actions.

In the discipline, the process of death is a phenomenon that, given its uncertainty, is often underexpressed. The vast majority of professionals consider death as inevitable and natural. Experiencing a transformation in their care allows them to better identify their own needs and those of each patient, which consequently increases their awareness of human dignity and the importance of accompaniment in the dying process.

The qualitative strategy of the study allows for the identification of the inexcusable effects that death has on care. Nursing is consistently referred to as an art, and studies of this nature are necessary to promote awareness of the human aspect of caregiving. Finding the necessary tools along with the most appropriate strategies to link art with the human science that nursing represents is a pending task for the discipline, and an individual responsibility of each professional when carrying out their daily practice.

Conclusions

The experience of caring for individuals who are in the process of dying enables an evolution in the meanings of care expressed through aesthetic forms by nurses. Based on the results, a positive change in the transformation of care is recognized, along with the confirmation of death as a phenomenon that is underexplored and inherently involves a series of universal emotions and experiences.

The multitude of possibilities for expression that human beings can enact underscores the strong influence that hermeneutic phenomenology has on Parse's theory. Therefore, the artistic dimension (which is based on interpretation) is considered in the methodology as a starting point by the participants, serving as a flexible and expanded tool for reflection as they share their experiences.

Translation Note

The phrase "cuidado de sí" translates to "self-care" in English, while "autocuidado" also translates to "self-care." In many contexts, both phrases can be used interchangeably to refer to the personal care that an individual provides for themselves. However, "cuidado de sí" is often associated more with the philosophical and reflective approach to self-care, as found in the ethics of self-care by philosophers like Michel Foucault, while "autocuidado" is a more general term used in health and wellness contexts.

Studies like this are essential for raising awareness about the care provided by the discipline, as they offer the benefit of enriching nursing by exploring the factors that influence the transformation of a nurse and their care when exposed to the phenomenon of death.

References

Marlene Boizo Sánchez et al. Heuristic care in nurses facing death: A phenomenological study using the Parse method


