

Nursing Team Perceptions of the Finitude of Life in Long-term Care Facilities

Percepções da Equipe de Enfermagem Sobre a Finitude da Vida Em Instituição de Longa Permanência
Percepciones del Equipo de Enfermería Sobre la Finalidad de la Vida en Instituciones de Larga Estancia

RESUMO

Objetivo: Compreender a percepção e o sentimento da equipe de enfermagem quanto à finitude da vida em uma instituição de longa permanência para idosos. **Métodos:** Trata-se de pesquisa de campo, com abordagem qualitativa, do tipo estudo de caso. Para a coleta de dados, utilizou-se um roteiro de entrevista semiestruturada, possibilitando maior aprofundamento das vivências e percepções dos participantes. **Resultados:** As entrevistas evidenciaram que a relação entre a equipe de enfermagem e os idosos institucionalizados é fundamental para a manutenção da saúde e promoção da qualidade de vida. As profissionais relataram dificuldades em abordar questões relacionadas à finitude da vida, destacando a necessidade de capacitações específicas. Ainda assim, demonstraram cuidado afetuoso, estabelecendo vínculos humanizados e semelhantes aos familiares, sendo a enfermagem o elo mais próximo dos residentes. **Conclusão:** O vínculo afetivo e a abordagem humanizada da equipe contribuem significativamente para o cuidado sensível, empático e respeitoso diante do processo de morrer.

DESCRIPTORES: Cuidados de fim de vida; Equipe de enfermagem; Instituição de longa permanência para idosos.

ABSTRACT

Objective: To understand the perception and feelings of the nursing team regarding the finitude of life in a long-term care institution for the elderly. **Methods:** This is a field research study with a qualitative approach, designed as a case study. Data were collected using a semi-structured interview guide, allowing for deeper exploration of participants' experiences and perceptions. **Results:** The interviews revealed that the relationship between the nursing team and institutionalized elderly is essential for maintaining health and promoting quality of life. The professionals reported difficulties in addressing issues related to the finitude of life, highlighting the need for specific training. Nevertheless, they demonstrated caring attitudes, establishing humanized bonds similar to family relationships, with nursing being the closest link to residents. **Conclusion:** The affective bond and humanized approach of the nursing team significantly contribute to sensitive, empathetic, and respectful care in the face of the dying process.

DESCRIPTORS: End-of-life care; Nursing team; Long-term care institution for the elderly.

RESUMEN

Objetivo: Comprender la percepción y el sentimiento del equipo de enfermería respecto a la finitud de la vida en una institución de larga permanencia para personas mayores. **Métodos:** Se trata de una investigación de campo con enfoque cualitativo, del tipo estudio de caso. Para la recolección de datos se utilizó una guía de entrevista semiestructurada, lo que permitió una mayor profundización en las vivencias y percepciones de los participantes. **Resultados:** Las entrevistas evidenciaron que la relación entre el equipo de enfermería y los ancianos institucionalizados es fundamental para el mantenimiento de la salud y la promoción de la calidad de vida. Las profesionales relataron dificultades para abordar cuestiones relacionadas con la finitud de la vida, destacando la necesidad de capacitaciones específicas. Aun así, demostraron un cuidado afectuoso, estableciendo vínculos humanizados y semejantes a los familiares, siendo la enfermería el lazo más cercano de los residentes. **Conclusión:** El vínculo afectivo y el enfoque humanizado del equipo contribuyen significativamente a un cuidado sensible, empático y respetuoso frente al proceso de morir.

DESCRIPTORES: Cuidados al final de la vida; Equipo de enfermería; Institución de larga permanencia para personas mayores.

Daniela Magalhães Moreira

Nursing student. State University of Minas Gerais (UEMG), Passos/MG.

ORCID: <https://orcid.org/0000-0002-0916-1068>

Karoline Soares Chaves

Nurse. Graduate of the State University of Minas Gerais (UEMG), Passos/MG.

ORCID: <https://orcid.org/0000-0003-3510-6000>

Aline Teixeira da Silva

PhD in Health Sciences. Associate Professor in the Nursing Program. State University of Minas Gerais (UEMG), Passos/MG.

ORCID: <https://orcid.org/0000-0002-6364-8491>

Alisson Junior dos Santos

Nurse. Master of Science from the Graduate Program. Associate Professor in the Nursing Program. State University of Minas Gerais (UEMG), Passos/MG.

ORCID: <https://orcid.org/0000-0002-6364-8491>

Gabriela da Cunha Januario

Nurse. PhD from the Graduate Program in Health Care. Associate Professor in the Nursing Program. State University of Minas Gerais (UEMG), Passos/MG.

ORCID: <https://orcid.org/0000-0002-3585-0705>

Andréa Cristina Alves

Nurse. PhD in Science/Psychiatric Nursing. Professor EBTT- IFSULDEMINAS- Passos/MG/ Brazil campus.

ORCID: <https://orcid.org/0000-0003-1535-4832>

Fernanda Daniela Dornelas Nunes

Nurse. Doctorate in Psychiatry. Associate Professor in the Nursing Program. State University of Minas Gerais (UEMG), Passos/MG.

ORCID: <https://orcid.org/0000-0002-8146-5832>

Maria Inês Lemos Coelho Ribeiro

Nurse. PhD in psychiatry/mental health. Associate Professor in the Nursing Program. State University of Minas Gerais (UEMG), Passos/MG.

ORCID: <https://orcid.org/0000-0002-7684-2381>

Received: 08/18/2025

Approved: 09/05/2025

INTRODUCTION

According to the Statute of the Elderly, an elderly person is defined as any individual aged 60 years or older, a group generally associated with a profile of chronic diseases. Given this, it is essential to strengthen the rights of this population, ensuring that increased life expectancy is accompanied by improvements in quality of life, access to health care, income, and personal care. In addition, it is essential to promote the dissemination of information about these rights in a simple, accessible, and integrated manner to the entire Brazilian society⁽¹⁾.

From this perspective, it is essential to highlight the importance of integrating preventive measures to reduce violations of the human rights of older persons. Emphasizing the maintenance of public security force operations to suppress this unacceptable violence in today's society⁽¹⁾. Furthermore, the civil rights of the elderly must be expanded, guaranteeing dignity and the right to participate in society, with inclusion in various areas, so that they can be understood⁽²⁾.

It is understood that long-term care facilities for the elderly (ILPIs) need attention and respect from society. The population is constantly aging, and a safe and welcoming place to live is necessary. In this sense, policies should define a role for institutions with clear and helpful ideas for qualifying ILPIs, in order to have more structure and quality of life⁽³⁾. Brazilian laws guarantee the right of the elderly to remain with their families and communities, but many depend on care in

institutions due to the fragility of the family structure and the availability of alternative services. Consequently, professional training is essential, as aging increases the risk of functional disability and chronic diseases, requiring more attention from nurses and potentially causing work-related illnesses⁽⁴⁾.

It is known that an adequate nursing team can ensure patient safety and monitor the quality of nursing care. To this end, it is recommended to structure and implement comprehensive care for the elderly, with adequate professionals and training for the practice of gerontological nursing care⁽⁵⁾. Nurses have the role of performing more complex treatments that require greater knowledge. The role of nurses is to administer, manage, and educate the team. Among their duties in the institution is the training of the team, providing training and assistance as needed. Nurses carry out their activities with the elderly through a process of attention and care, considering biopsychosocial and spiritual aspects, promoting a healthy and active life based on the patient's experience, abilities, and continuous development⁽⁶⁾.

Nursing professionals in ILPIs experience intense physical and emotional exhaustion caused by the accumulation of tasks, staff shortages, and daily exposure to the suffering, death, and abandonment of many elderly people, which highlights the importance of also caring for the quality of life of these workers⁽⁷⁾. Added to this is the difficulty in dealing with the finitude of life, a topic that is often avoided but which, when present, breaks the false sense of existential security and exposes human vulnerability⁽⁸⁾. In

this context, it is essential that nursing staff, family members, and the elderly themselves be encouraged to reflect and talk about death naturally, promoting a more sensitive welcome and quality care for those facing their own finitude⁽⁹⁾.

Thus, the expression of feelings such as despair, frustration, and emotional conflicts in the nursing staff's discourse regarding death highlights the difficulty in dealing with the finitude of life. Despite this discomfort, there is a strong commitment from professionals, who strive to offer quality care, even in the face of the limitations encountered in the institutional environment⁽⁹⁾. However, recognition of the skills and role of nursing in the process of death and dying is still limited, often being treated in a rational and objective manner. It is essential to value the individual and collective experiences of the team, including their feelings and interpersonal challenges, promoting strategies for strengthening and providing emotional support to professionals who closely accompany this sensitive moment⁽¹⁰⁾.

Finally, after this initial reflection, it is understood that it is necessary to investigate the nursing team in long-term care facilities for the elderly in order to understand the concept of care and integrity of life for this population, understanding the team's perception and feelings regarding the finitude of the institutionalized person's life.

METHODOLOGY

This work is a case study with a qualitative approach. In this context, a case study can contribute in a unique

way to the researcher's understanding of issues related to individuals, social groups, organizations, programs, and policies, as it allows for meaningful and broad-based analysis of society⁽¹¹⁾.

It was conducted at a Long-Term Care Facility for the Elderly, located in southwestern Minas Gerais. The facility is philanthropic in nature, focused on care and health, and duly adapted to health requirements. Within the scope of its activities, it offers specialized services with a multidisciplinary team composed of caregivers, cooks, laundresses, general service assistants, a 24-hour nursing team, a social worker, a nutritionist, a physical therapist, a pharmacist, a psychologist, and an occupational therapist.

The study was conducted with the participation of a nurse and a nursing technician, the only nursing professionals working at the institution. Data collection was carried out in 2024 using a semi-structured script with the following questions: 1) What does the finitude of life mean to you?; 2) How do you feel about the process of death of an elderly person in an ILPI?; 3) Was the topic of the finitude of life addressed during your academic training?; 4) In your opinion, how does the family deal with the finitude of life in relation to an institutionalized relative?; 5) In your perception, what is the role of the nurse in the process of the finitude of life of the elderly person?

Due to its flexibility, the semi-structured interview allows for subjective responses and promotes interaction between the interviewer and interviewee. However, it requires the researcher to be clear about their role and the objectives of the research to ensure the validity of the data. Thus, it is an effective tool in qualitative research, provided it is conducted with clarity regarding the objectives and attitude of the interviewer⁽¹²⁾.

Consequently, the data analysis followed the precepts of Bardin's

content analysis⁽¹³⁾, structured in three phases: pre-analysis, exploration of the material, and treatment of the results, considering aspects such as semantics, syntax, and expressiveness of the statements.

With regard to ethical aspects, the project was approved by the UEMG Research Ethics Committee (opinion no. 6,585,798; CAAE 76070123.6.0000.5112). Participants signed an Informed Consent Form (ICF), ensuring their understanding of the objectives and guaranteeing the confidentiality of the data. Although the risks were minimal, such as embarrassment during the interview, preventive measures were taken. The benefits included promoting knowledge about aging and the process of finitude, as well as contributing to the improvement of care practices within the ILPI.

RESULTS

The study involved the participation of a nurse and a nursing technician from a Long-Term Care Facility. The interviews resulted in two main categories: the importance and challenges of the bond between nurses and the elderly in the process of finitude, and the nursing team's perception of the theme of death in the context of the ILPI.

The nurse-elderly bond is difficult and important in the process of life's finitude

When reflecting on the meaning of the finitude of life, the nurse emphasized that this process represents living in the present without certainty about the future.

I think that we, I believe, I don't know if that's true or not, but it would be for us to understand that we have to live now because maybe in 10, 20, or two hours, the end will come.

(Nurse)

A connection of affection and understanding was identified in the nurse's and technician's statements regarding the finitude of life in the technician's statement:

[...] The basis of everything in life today for us to work is love. If you have love, you can do anything. Because we can't think about working today in the world we live in based solely on money. We have to think about love for our neighbor. And that love demands a lot. Because if you deal with lives, with the elderly, it's already a difficult area to accept. Because working with the elderly requires a great deal of acceptance. I see that the elderly are kind of, you know, kind of discriminated against, right? You get in line at a bank, and if there are a lot of elderly people, everyone criticizes them: "Oh, those old people," right? So, we have to have that love. We have to work with that love for them. So, I see that. (Nursing Technician)

The lack of preparation in dealing with death can be seen in the comment below, in which the Nurse comments on the process of accepting death.

[...] We form bonds and we know that everyone's end is death, we know that. So facing this process, sometimes it's very painful [...] So, we try to work on our psychology, because we live this every day, right? Trying to accept it, trying to understand that some causes are due to aging itself, that the body really can't do it anymore, but with some losses like this, we still wonder why. "Could we have done some-

thing before to try to prevent it or not?" (Nurse)

The nurse describes death as a painful process, even avoiding mentioning the word:

[...] They see us as family here. [...] Their family is outside, they come once in a while and everything. And we spend a lot of time with them. So when they die, that part is delicate. It's very difficult, because they say that we are their family, you know? We live together, look, you leave today, you go away, you come back, and they're still here. A hospital changes, you get discharged, you leave, and our 42 residents remain. (Nursing Technician)

The nurse reported that she had contact with the subject of death during her internships, but that it, like aging, was rarely addressed at university.

During my internships, I did some work in nursing homes and emergency rooms, but this topic was not addressed, not as a specific subject, no. No, nothing. Sometimes we talked a little bit about our aging process, right, about causes of natural death, some, right, some issues that get worse, some accidents, but nothing very specific about it (Nurse).

The nursing technician confirms the nurse's statement:

"[...] there was no such part, you know why? Because we don't remember it, right? I don't have anything that reminds me of that word."

Perception of the finitude of life by the nursing team at an ILPI

For the professionals interviewed,

the role of nurses in the process of the finitude of life of the elderly is essential. According to the Nurse,

nurses are the ones who most closely accompany this process, as they are more involved in care and medication.

The nursing technician, in turn, confirmed the report:

[...] It is extremely important. Our role is essential in everything, because they have a bond with us [...] It is very important, very important indeed. Sometimes there is a role... There are other professionals who need to work with them and only accept it after we talk to them, because they are used to us, because we interact with them more than other professionals. There are professionals who come once a week, right? [...] And we are here every day, right? Every day. They have a lot of trust in us.

At the end of the interview, the question was asked how the family deals with the finitude of life in relation to an institutionalized relative.

I've been through some situations with families, where the elderly person may pass away, and they can't accept it. I don't know if maybe I, you know, my conscience, "why did I take them to the nursing home?" "Maybe if I had taken care of them at home...", "maybe this elderly person would have lived longer." There are some who are grateful, who understand that, you know, it was really what they were expecting, that it would be the end. But the family often begins to question the nursing home, perhaps with issues that they were unable to resolve before bringing

the resident to be institutionalized. (Nurse)

The nursing technician points out: *This is difficult for us. You call a son, call a daughter and say, "I'm just asking for a visit." It hurts us to have to do that. Because it's difficult, right? It's difficult. I think it should come from the person. Not me having to ask for it, right? And we have to do that here. In order to receive a visit. (Nursing Technician)*

DISCUSSION

Addressing the finitude of life is an arduous task for the individual's psyche. It is essential for healthcare professionals to be emotionally prepared to experience the process of grief and death, as well as to be knowledgeable about the stages and behaviors that should be performed⁽¹⁴⁾. Population aging contributes to several implications in the field of gerontology. Many elderly people have a vast and complex trajectory between health and illness, requiring new approaches to minimize suffering and bring more comfort⁽¹⁵⁾.

In the context of ILPIs, there is an increase in the demand for care for individuals who are approaching the end of life. Studies show that offering comfort to residents during this process is consoling for other residents, families, and staff. These spaces are like a place of transition from curative to palliative care⁽¹⁵⁾.

The relationship between nurses and the elderly in this context is complex and sensitive. Death, although central to human existence, is still surrounded by taboos that make it difficult to address in nursing courses, creating gaps in academic training⁽¹⁶⁾. This difficulty has repercussions on professional practice, especially in ILPIs,

where professionals establish close bonds with residents and often accompany them in their final moments⁽¹⁷⁾.

“ Given their continuous co-existence, the emotional impact can be significant for professionals. The absence of adequate psychological support and the lack of preparation to deal with the process of death contribute to the overload and illness of the team⁽¹⁷⁾. ”

In addition, many nursing students are not encouraged to reflect on the finitude of life during their training, compromising their future performance in these situations.

During the interviews, resistance to directly using the word “death” was observed, with it being replaced by terms such as “love” or “living in the now.” According to Tasca⁽¹⁸⁾, this distancing reveals a superficial and fragile approach to death on the part of both students and teachers, reflecting fear and anxiety about the subject.

The absence of the topic in training was confirmed by the interviewees, who reported not having discussed the finitude of life during their undergraduate studies. The approach to aging was also considered insufficient. This reinforces the gaps pointed out by Silva⁽¹⁷⁾, who highlights the scarcity of strategies to emotionally prepare professionals to deal with death in an ethical and humanized manner.

In the institutional environment, the bond between professionals and the elderly promotes comprehensive and humanized care, even in the face of finitude. Lopes⁽¹⁹⁾ observes that this bond can generate feelings of helplessness at the moment of loss, but it also highlights the ethical and emotional commitment of the team. In these cases, death is not perceived solely as therapeutic failure, but as part of the care cycle.

The distance from family, which is common in ILPIs, contributes to the weakening of emotional bonds, which compromises the well-being of the elderly⁽²⁰⁾. Changes in family structure, emotional distance, and the absence of previous bonds are factors that aggravate this scenario, which can lead to loss of identity, feelings of loneliness, and abandonment. Oliveira⁽⁴⁾ emphasizes that the family represents primary care and, even in institutional contexts, its presence is fundamental to the quality of life of

the elderly.

CONCLUSION

This study analyzed the perceptions and feelings of the nursing staff regarding the finitude of life in an ILPI. It was found that the bond established between nursing professionals and residents is extremely important, since these professionals play a central role in promoting the quality of life of the elderly.

It was observed that the team's performance, based on a humanized approach, contributes significantly to the care of the finitude of life, favoring a sensitive and empathetic conduct in the face of the dying process. However, a gap was identified in the academic training of professionals in relation to the theme of death and dying, which makes it difficult to deal with these situations throughout professional practice.

In this sense, we emphasize the importance of including this topic in health curricula and promoting continuing education initiatives aimed at improving care in the face of finitude. Thus, the study is relevant in fostering reflections on death in the institutional context, promoting more comprehensive care for the elderly, and encouraging new research that deepens the theme of finitude as an essential part of nursing education and practice.

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