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Reconstructing the Meaning of Caring at the End of Life: Learning from Nurses' Professional Experience

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ABSTRACT

Introduction: *Caring for people at the end of life confronts nurses with challenges that extend beyond the technical dimension of clinical practice, requiring a continuous reconstruction of the meaning of caring. In this context, learning to care develops primarily through experience, leading to a progressive reconstruction of the meaning of caring.*

Objective: *To reflect on the process of learning end-of-life care by examining how experience contributes to the reconstruction of the meaning of caring and to the development of nurses' professional identity.*

Methodology: *This is a theoretical reflection article based on a qualitative phenomenological study conducted with nurses providing care to people at the end of life, complemented by a review of the international literature published between 2018 and 2025 in the PubMed, Scopus, and Web of Science databases. The search strategy included descriptors related to end-of-life care, nurses' experiences, the meaning of caring, and experiential learning, combined using Boolean operators.*

Results: *The analysis demonstrates that learning to care is not limited to acquiring specific clinical competencies but involves a progressive transformation in the way nurses understand the person, suffering, and the purpose of care. Experience promotes a gradual shift in focus from the disease to the person, fostering practice grounded in therapeutic presence, human dignity, critical reflection, and ethical responsibility, even when cure is no longer possible.*

Conclusions: *Learning to care at the end of life constitutes an ongoing process of reconstructing the meaning of caring, emerging as a fundamental component of nurses' professional identity and making an important contribution to the development of genuinely person-centred care.*

Keywords
Nursing, End-of-life care, Learning, Meaning of caring, Experiential learning, Professional identity.

Introduction
Caring for people at the end of life is among the most complex and demanding experiences in nursing practice. When cure is no longer possible, nurses are confronted with the limits of therapeutic intervention and the need to rediscover the meaning of caring in the face of vulnerability, suffering, and human finitude until the very last moment of life [1,2]. Although scientific and technological advances have significantly enhanced the responsiveness of healthcare systems, they remain insufficient to address the complex human needs that emerge as death approaches [2]. The suffering experienced by people at the end of life frequently extends beyond the physical dimension, encompassing emotional, familial, spiritual, social, and existential experiences that profoundly challenge healthcare professionals' practice [3,4]. In this context, the quality of care depends not only on technical competence but, above all, on the ability to be genuinely present and to establish a therapeutic relationship that recognises each person in their uniqueness while preserving their dignity until the end of life [5,6].

Although undergraduate nursing education provides the scientific knowledge and core competencies required for professional practice, several international studies have shown that nurses often feel inadequately prepared to deal with death, existential suffering, and the emotional and spiritual needs of people receiving end-of-life care [7]. At the same time, these experiences are widely recognised as valuable opportunities for professional growth, fostering the development of relational competence, strengthening ethical sensitivity, and shaping professional identity [8,9].

Learning to provide end-of-life care is primarily grounded in experience through repeated encounters with individuals and families living the dying process. Through continuous reflection and reinterpretation of these experiences, nurses transform their understanding of caring and redefine the meaning of their professional practice [10,11]. Benner [8] described the development of professional competence as a progressive process built upon the integration of clinical experience, enabling nurses to respond intuitively and contextually to diverse care situations. Within the context of end-of-life care, however, experience appears to bring about an even deeper transformation. It transforms not only how nurses provide care but also their understanding of what caring truly means.

The study by Frias [12], which provides the empirical foundation for this article, demonstrates that learning to care for people at the end of life involves far more than the acquisition of clinical competencies. The nurses' accounts reveal a profound transformation: through experience, they reconstruct the meaning of caring, recognising that even when cure is no longer possible, caring always remains possible. This perspective is consistent with Collière's [13] humanistic conception of care, according to which caring is an essential activity that sustains life throughout all its stages, regardless of the possibility of cure. It is further grounded in Levinas's ethics of alterity [14], which recognises that encountering the vulnerable face of the Other calls the nurse to an ethical responsibility that precedes any technical decision or clinical intervention. From this perspective, care is no longer understood merely as a set of interventions but as a relationship characterised by responsibility, presence, and the recognition of human dignity [6,15].

Building on these assumptions, this article examines the process of learning to care for people at the end of life, arguing that professional development emerges through the integration of experience, reflection, and therapeutic relationships [10,11]. Rather than simply describing the competencies required for end-of-life care, it explores how experience transforms nurses' understanding of their professional role and deepens the meaning of caring through reflective practice, therapeutic relationships, and the ongoing development of professional identity [9,16]. Each encounter with a person at the end of life provides an opportunity to reinterpret previous knowledge and to reshape one's understanding of caring. This process, however, is neither linear nor finite. Instead, the reconstruction of the meaning of caring evolves throughout nurses' professional lives through continuous cycles of engagement, questioning, reflection, and integration [11]. Accordingly, this article addresses the following research question:

How does the experience of caring for people at the end of life contribute to the reconstruction of the meaning of caring from the perspective of nurses?

Methodology
This article is a critical-reflective theoretical paper grounded in the findings of a previously conducted qualitative study involving nurses providing end-of-life care [12], complemented by a structured narrative literature review. This methodological approach enabled a critical reinterpretation of the original findings in light of contemporary scientific evidence, fostering a dialogue between nurses' lived experiences and current theoretical and empirical perspectives in nursing, palliative care, and experiential learning.

The choice of a critical-reflective approach is based on the understanding that nursing knowledge is constructed through the integration of scientific evidence, clinical experience, and critical reflection on practice [9,11]. Accordingly, the aim was not to conduct a systematic review but rather to develop an interpretative analysis that deepens the understanding of the phenomenon under study and contributes to new perspectives on caring at the end of life.

The structured narrative review was conducted between January and March 2025 using the PubMed, Scopus, and Web of Science databases, selected for their relevance and comprehensive coverage of nursing, palliative care, and health sciences research [17].

The search strategy employed the descriptors *"end-of-life care", "palliative care", "nurses' experience", "meaning of caring", "reflection"* and *"professional development",* combined using the Boolean operators and and or to broaden or refine the search in accordance with the objectives of the study.

Eligible studies included articles published between 2018 and 2025 in English, Portuguese, or Spanish that addressed nurses' experiences of providing end-of-life care, the meaning of caring, experiential learning, therapeutic presence, professional identity, and reflective practice in palliative care. Studies focusing exclusively on other healthcare professionals, informal caregivers, or contexts unrelated to end-of-life care were excluded.

In addition, strategic and policy documents, together with technical reports from leading international organisations, including the World Health Organization [2] and the European Association for Palliative Care [18], were consulted, as they provide essential guidance on the principles, recommendations, and contemporary challenges of palliative care.

The literature was analysed using an interpretative and integrative approach, focusing on key concepts such as the meaning of caring, therapeutic presence, hope, dignity, experiential learning, professional identity, and reflective practice. This process supported a deeper interpretation of the findings and informed the conceptual framework proposed in this article, namely that the experience of caring for people at the end of life promotes a progressive reconstruction of both the meaning of caring and nurses' professional identity [6,8-11,16].

From an epistemological perspective, this work is situated within an interpretive and constructivist paradigm, recognising that the meaning of caring emerges through the interaction between lived experience, critical reflection, and the relational context in which care is provided. Within this perspective, experience is understood not merely as a means of acquiring professional competence but as an ongoing process of meaning-making that contributes to the development of professional identity and to the humanisation of nursing care [8,10,11].

Theoretical Framework: From Experience to the Reconstruction of the Meaning of Caring

Nurses' first encounters with people at the end of life are often experienced as moments of profound uncertainty. The inability to alter the course of the disease confronts them with the limits of clinical intervention and evokes feelings of helplessness, insecurity, and frustration [8]. Accustomed to associating effective care with recovery, many nurses initially perceive death as a therapeutic failure, making it difficult to recognise the value of nursing care when cure is no longer possible [1,2].

Paradoxically, it is precisely this confrontation with the limitations of curative medicine that gives rise to one of the most significant learning processes in nursing practice. The analysis of the nurses' narratives demonstrates that experience does not simply lead to greater professional competence; rather, it fundamentally transforms nurses' understanding of the purpose of care. Gradually, their focus shifts from the disease to the person, recognising that care retains its meaning because it responds to the needs of someone who remains alive, with values, wishes, fears, and life projects, even when time is limited [5,16]. This transformation represents a profound shift in nurses' understanding of their professional role. The emphasis moves away from the disease and towards the person, understood in the fullness of their biographical, relational, emotional, spiritual, and existential dimensions [6].

Benner [8] described the development of professional competence as a progressive process resulting from the integration of clinical experience, enabling nurses to move beyond rule-based practice towards intuitive and context-sensitive responses to complex care situations. The findings of the present study, however, suggest that within the context of end-of-life care this evolution extends beyond the development of clinical competence. What is fundamentally transformed is the meaning attributed to nursing care itself. Experience teaches nurses not only how to care but, more importantly, what it means to care when cure is no longer the primary goal of clinical intervention.

This interpretation is further supported by Kolb's [10] theory of experiential learning, which proposes that knowledge is created through the transformation of experience by means of critical reflection. Repeated encounters with people at the end of life do not automatically generate learning. Rather, it is nurses' capacity to reflect critically on these experiences that enables them to attribute meaning to them and integrate them into their professional development. Reflection therefore becomes the mediating process between lived experience and the continuous reconstruction of professional knowledge and caring practice [11].

It is through the dynamic interaction between experience, reflection, and the reinterpretation of caring that the conceptual framework proposed in this article emerges. The framework suggests that the experience of caring for people at the end of life initiates a continuous process of reconstructing the meaning of caring, expressed through five interrelated dimensions: therapeutic presence, recognition of human dignity, hope as the reconstruction of what remains possible, ethical responsibility, and the development of professional identity. These dimensions should not be understood as sequential stages but rather as dynamic, interconnected, and mutually reinforcing processes that evolve throughout nurses' professional lives [9,10,16].

The Therapeutic Relationship as the Foundation of Care: Presence

Within this reconstruction of the meaning of caring, the therapeutic relationship assumes a central role. By recognising the uniqueness of each person, nurses come to understand that there are no universal responses to suffering and no protocols capable of guiding every clinical decision. Each encounter requires openness to listen,

interpret, and respond to the unique needs of the person and their family, adopting an attitude of receptiveness that resonates with Levinas's ethics of alterity [14]. The face of the Other calls not simply for technical competence but for an ethical responsibility that precedes every clinical decision. Before any intervention, there is the human encounter. It is within this encounter that the meaning of caring is revealed and continuously reconstructed [14].

Presence therefore acquires a renewed significance. It emerges as one of the deepest and most transformative forms of learning experienced by nurses. Such presence is neither passive nor indicative of an absence of intervention. Rather, it reflects an intentional commitment to remain with the person, embracing their vulnerability without feeling compelled to fill silence with unnecessary words or procedures. Presence thus becomes a form of communication that acknowledges the uniqueness of the individual and preserves their dignity at a time when many aspects of their autonomy may be threatened. Remaining beside the person, respecting their silence, acknowledging their fears, or simply holding their hand cease to be regarded as secondary gestures and instead become profoundly therapeutic acts [5].

From this perspective, silence does not represent the absence of communication; rather, it constitutes a meaningful form of presence that acknowledges vulnerability without attempting to fill it with immediate answers. This understanding is consistent with Watson's [6,14] conception of transpersonal caring, in which the authentic encounter between nurse and person promotes growth, comfort, and dignity for both through a relationship grounded in the recognition of the person's wholeness.

Transforming Professional Competence: Hope as the Reconstruction of What Remains Possible

Accumulated experience also enables nurses to recognise that the suffering experienced by people at the end of life extends far beyond the physical dimension. Nurses' narratives reveal an increasing sensitivity to emotional, spiritual, familial, and existential needs which, although not always immediately apparent, profoundly influence how each person experiences the approach of death [1,2].

Another important transformation emerging from nurses' experience concerns the meaning of hope. During undergraduate nursing education, hope is frequently associated with clinical recovery, therapeutic success, or the possibility of cure. Consequently, when these outcomes are no longer attainable, many nurses initially struggle to recognise that hope can still exist [19,20].

Learning to care involves developing the ability to listen beyond what is explicitly expressed, recognising the fears, uncertainties, and expectations that accompany this stage of life. Through experience, nurses come to understand that hope does not disappear as death approaches; rather, it is transformed. Instead of being centred on cure, it becomes oriented towards goals that continue to give meaning to the person's remaining life [1].

Within this process, hope acquires a renewed meaning. Initially associated with recovery or cure, it is progressively reinterpreted in light of each person's lived reality. Nurses learn that sustaining hope does not mean fostering unrealistic expectations but rather helping individuals identify goals that continue to provide meaning during the time that remains. For some, this may involve effective pain control; for others, the opportunity to remain at home, reconcile with a family member, or simply experience a day free from severe suffering. Hope therefore ceases to represent the denial of death and instead becomes an affirmation of life, even in its final stage. Sustaining hope may involve ensuring effective symptom management, enabling the person to remain at home, facilitating family reconciliation, creating opportunities for meaningful farewells, or simply ensuring that no one dies alone. These expressions of hope do not deny the reality of imminent death; rather, they enable people to face it with greater serenity, dignity, and meaning [1,4].

This transformation in perspective also reshapes nurses' understanding of professional competence. Professional confidence no longer rests solely on the accurate performance of technical procedures or the ability to solve clinical problems. Instead, it is grounded in the confidence that develops through remaining present with people experiencing profound suffering, even when cure is no longer possible.

Professional competence is therefore expressed through the integration of scientific knowledge, ethical judgement, and relational sensitivity, enabling nurses to respond appropriately and individually to each unique care situation [9,16].

This understanding is consistent with Collière's [13] perspective, which recognises caring as an activity that sustains life in all its expressions, regardless of the possibility of cure. When the course of disease can no longer be altered, the responsibility to care for the person remains, preserving comfort, dignity, and the meaning of their existence. The proximity of death does not diminish the importance of nursing care; on the contrary, it reveals its essential nature more clearly by demonstrating that caring is, above all, about accompanying people in who they are and who they continue to be.

By embracing this transformation, nurses also change the way they practise. They learn that sustaining hope does not require avoiding difficult conversations or withholding important information. Instead, it involves accompanying individuals as they construct new meanings for the time that remains. Through the continuous interaction between experience, reflection, and the therapeutic relationship, the meaning of caring is progressively reconstructed, while a professional identity that is increasingly humanistic, ethical, and person-centred continues to evolve [10,11,16].

Discussion

The findings of this theoretical reflection suggest that learning to care for people at the end of life is a far more complex process

than the progressive acquisition of technical knowledge or specific clinical competencies. Clinical experience demonstrates that learning occurs through a profound transformation in the way nurses understand caring, suffering, human vulnerability, and the very purpose of nursing. This transformation extends beyond the development of professional competence; it represents a progressive reconstruction of the meaning of caring that emerges through relationships with people living the final stage of life.

Although the international literature widely acknowledges the importance of experience in nurses' professional development, most studies have focused on the acquisition of clinical competencies, communication in palliative care, symptom management, or the emotional impact of caring for people who are dying. The present reflection extends these perspectives by suggesting that the central learning process in end-of-life care is the progressive reconstruction of the meaning attributed to caring.

This interpretation broadens Benner's [8] perspective. Benner demonstrated that professional competence develops through a progression from the rigid application of rules to intuitive and context-sensitive practice. The findings of the present reflection, however, suggest that within the context of end-of-life care, experience transforms not only the way nurses practise but also the way they understand their own professional identity. Success is no longer defined by the ability to alter the course of disease but by the ability to alleviate suffering, preserve dignity, and accompany the person until the final moments of life.

This shift represents a significant epistemological transition. The focus of practice moves away from disease and towards the person. Consequently, caring no longer depends on the possibility of cure but is grounded in responding to the human needs that remain throughout the progression of illness.

This interpretation is closely aligned with Collière's conception of caring as sustaining life in all its expressions. The findings presented in this reflection further develop this perspective by demonstrating that nurses progressively learn that life continues to deserve care even as it approaches its end. Thus, the proximity of death does not diminish the importance of nursing; rather, it reveals its essential nature more clearly.

Another important finding concerns the way experience reshapes nurses' understanding of therapeutic presence. Contemporary literature increasingly recognises presence as a complex clinical competence associated with comfort, trust, and the quality of the therapeutic relationship. The evidence considered in this reflection suggests that presence is far more than a communication strategy. Rather, it represents an ethical way of being with the person, recognising their inherent dignity before any technical intervention takes place.

The reconstruction of the meaning of hope also represents one of the principal contributions of this reflection. Research in palliative care has consistently demonstrated that hope does not disappear as death approaches but is reoriented towards increasingly realistic and personally meaningful goals. This interpretation is consistent with the work of Duggleby, et al. [20], Ferrell, et al. [1] and Chochinov [4], who argue that sustaining hope does not require denying the reality of death but rather helping individuals identify what continues to give meaning to the time that remains. The present reflection supports this perspective by demonstrating that nurses progressively learn to recognise forms of hope that remain attainable until the final moments of life. This learning transforms professional practice by enabling nurses to accompany individuals without fostering false expectations while preserving opportunities for meaning within the lived experience.

Experience also promotes a broader understanding of suffering. Initially centred primarily on physical symptoms, nurses progressively develop greater sensitivity to psychological, social, spiritual, and existential suffering, thereby moving closer to Saunders' concept of *total pain*. The present reflection suggests, however, that this understanding arises not only from theoretical knowledge but, above all, from sustained engagement with people experiencing unique trajectories of illness and dying.

A further important contribution of this reflection is the recognition that experience alone does not guarantee professional development. Only through critical reflection are nurses able to transform experience into knowledge and integrate it into their professional identity. This interpretation is consistent with Kolb's [10] experiential learning theory and Schön's [11] concept of reflective practice, reinforcing the need for healthcare organisations to create environments that encourage systematic reflection on clinical practice.

Implications for Nursing Education

The findings of this reflection reinforce that the development of competencies in end-of-life care cannot be reduced to the acquisition of technical and scientific knowledge. Experience demonstrates that caring for people at the end of life requires the integration of clinical, ethical, relational, and reflective competencies, progressively developed through continuous exposure to situations of profound human vulnerability.

By recognising the complexity of suffering, nurses develop an increasingly individualised approach to care. Rather than seeking universal solutions, they learn to privilege attentive listening to what each person considers most important at that particular moment in their life.

It is precisely within this individualised approach that dignity acquires meaning. Dignity is no longer understood as an abstract principle but is expressed through everyday acts: respecting the person's pace, preserving their privacy, acknowledging their choices, valuing their life story, and ensuring that they continue to be treated as a person until the very last moment.

From this perspective, caring no longer simply means responding to needs. Rather, it means recognising the person in what remains essentially human, regardless of the progression of disease. This interpretation is consistent with the approach developed by Harvey Chochinov [4], according to whom preserving dignity constitutes one of the foremost ethical responsibilities of professionals caring for people at the end of life. Dignity does not depend on functional capacity or clinical prognosis; instead, it depends on how the person continues to be recognised by others.

The findings further demonstrate that this learning process transforms not only professional practice but also the way nurses understand life, suffering, and death. Continuous exposure to human finitude fosters an ongoing process of reflection on one's own values, beliefs, and vulnerabilities, leading to deeper self-understanding. Learning to care thus emerges as both a professional and a profoundly human process, in which the experience of the Other becomes an opportunity for personal growth.

From this perspective, learning cannot be regarded as a finite or completed process. Each person approaching the end of life represents a unique encounter that challenges nurses to reinterpret previously acquired knowledge and to reconstruct, anew, the meaning of caring. Competence is not developed through the repetition of similar situations; rather, it emerges from the capacity to critically reflect on lived experience and to integrate those insights into future practice. It is through this continuous interplay between experience, reflection, and action that caring is continually renewed and deepened throughout professional life. Learning to provide end-of-life care therefore appears to depend on opportunities for critical reflection on lived experiences, enabling processes of meaning-making that underpin the development of ethical, compassionate, person-centred, and family-centred clinical practice [1,16,18].

These findings have important implications for nursing education. If learning to care is constructed through reflective experience, it is essential to create contexts that foster such reflection, both during undergraduate nursing education and throughout continuing professional development. Clinical supervision, case discussions, ethical reflection, and peer dialogue provide valuable opportunities to transform experience into knowledge and to strengthen person-centred practice. Beyond transmitting technical competencies, nursing education should create conditions that enable nurses to develop the capacity to attribute meaning to their experiences, recognising them as a continuous source of learning.

Despite these contributions, several limitations should be acknowledged. The reflective nature of this article implies that the interpretation of the findings is informed by both the original research and the contemporary literature. Although this approach enables a deeper understanding of the phenomenon under investigation, it may also introduce an interpretative dimension inherent in the authors' analytical process.

Furthermore, it is important to acknowledge that the meaning of caring is shaped by cultural, organisational, and personal factors and may therefore take different forms across healthcare settings. Future research should explore this phenomenon in diverse cultural contexts.

Conclusion

Learning to care for people at the end of life is revealed as a transformative process that extends far beyond the acquisition of knowledge and technical competencies. Clinical experience demonstrates that professional development is driven primarily by the progressive reconstruction of the meaning of caring, which emerges through relationships with people living the final stage of life. It is within these encounters that nurses learn to shift their focus from disease to the person, discovering that the essence of nursing remains unchanged even when cure is no longer possible.

Learning in end-of-life care arises not only from experience itself but, above all, from critical reflection on that experience. Over time, nurses come to understand suffering as a multidimensional reality that extends beyond physical pain to encompass the emotional, familial, spiritual, and existential needs unique to each individual. This understanding is closely aligned with Cicely Saunders' [3] concept of *total pain*, which recognises the inseparable physical, psychological, social, and spiritual dimensions of advanced illness. This evolution also reshapes nurses' understanding of effective care. Professional competence is no longer defined primarily by the ability to solve clinical problems but increasingly by therapeutic presence, attentive listening, respect for each person's pace, and compassionate support. At the same time, hope is reinterpreted in a more realistic and individualised way, focusing on the goals and meanings that remain achievable at the end of life. Finally, continuous exposure to human finitude fosters learning that is simultaneously professional and personal, encouraging nurses to reflect on their own values, vulnerabilities, and human relationships.

The findings of this reflection demonstrate that sustained engagement with people receiving end-of-life care, when accompanied by critical reflection, promotes a progressive reconstruction of the meaning of caring. This process leads nurses to reinterpret the purpose of their professional practice and to recognise that, even when cure is no longer possible, the possibility-and the ethical responsibilit-to care always remains [8,10,11].

Rather than preparing nurses simply to confront death, nursing education and clinical practice should prepare them to care for people who continue to live until their very last moment. It is within this shift in perspective that perhaps the most important learning revealed by this study resides, representing one of its most significant contributions to the understanding of caring in nursing.

From the perspective of clinical practice, these findings reinforce the need to create organisational environments that promote reflective

practice, clinical supervision, and interdisciplinary dialogue, recognising that learning to care at the end of life depends not only on formal education but also on opportunities to attribute meaning to lived experience. Accordingly, undergraduate nursing education and palliative care programmes should place greater emphasis not only on the development of technical and scientific competencies but also on ethical, relational, and reflective learning, fostering therapeutic presence, communication skills, and the capacity to accompany individuals and their families through experiences of vulnerability, suffering, and human finitude [1,18].

In summary, caring for people at the end of life is a process of mutual transformation. While accompanying individuals and their families through one of the most vulnerable periods of human existence, nurses are themselves transformed by the experience of caring. It is within this reciprocal relationship that the essence of nursing care resides: a continuous process of learning, ethical responsibility, and meaning-making, in which caring is expressed as a profoundly human relationship that preserves dignity until the final moment of life.

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