

LA BUENA MUERTE: AN ETHNOGRAPHIC EXPLORATORY CASE STUDY OF  
*REZADORAS* IN GUATEMALA

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## ABSTRACT

Although early access to palliative care has been shown to improve quality of life and health outcomes at end of life (EOL), disparities persist in access to palliative care for Latinos. In one study, as few as 2% of Latinos with advanced cancer received a palliative care referral. One cultural practice that supports the collective care-taking of Latinos at the EOL is the service of the *rezadora*, a lay spiritual leader. Latinos now comprise the largest ethnic minority in the United States, yet clinicians know very little about the work of the *rezadora*.

In 2018, an ethnographic case study was conducted to learn about the role and work of the *rezadora* in two villages near Antigua, Guatemala. This study builds on an 11-year collaborative community-academic partnership in Guatemala. Interviews from three *rezadoras* were transcribed and analyzed by a bilingual research team composed of two US academic and two Guatemalan partners. *Rezadoras* were adult women between 65 and 70 years of age. Field notes and contextual observations informed the interviews. Inductive content analysis was used to identify commonalities and differences within and between cases.

A major finding was that the *rezadora* was instrumental in supporting families and the dying in the *Buena Muerte* or Good Death, which was expressed through prayer and song to relieve pain and suffering. All *rezadoras* described a “license” to work or a “calling” by God. Conversely, several differences were noted among the *rezadoras*. First, the practice of visiting the sick alone vs. in pairs or groups. Second, home visitation vs. hospitals and nursing homes. Third, visiting only families and the dying vs. visiting families during other major life events. Palliative care providers could identify practicing lay spiritual leaders in US Latino communities and incorporate their work in EOL care. Further research to discover how *rezadoras* impart their knowledge to the next generation is warranted.

### **Background and Significance**

The origin of an advance care plan (ACP) has provided a way to make known one's final wishes for a dignified and quality end-of-life (EOL) experience. In some states, decisions at the EOL may be made by persons unaware of personal wishes, if an ACP does not exist. Making these wishes known increase patient satisfaction and reduces intensive care utilization and hospital costs (Brinkman-Stoppelenburg, Rietjens, & van der Heide, 2014). Among populations in the United States, Latinos are the least likely ethnic group to engage in ACP or be aware of the option to engage in EOL care planning (Hong, Yi, Johnson, & Adamek, 2018; Maldonado et al., 2017). Linguistic and cultural barriers that prevent ACP include language discordance between providers and patients, a lack of interpreters and culturally relevant services, and low health literacy (Hong et al., 2018; Larson, Matthews, Torres, & Lea, 2017; Ransford et al., 2010).

Although the Latino population is growing, the rate of hospice use has remained the same (Colón & Lyke, 2015). In 2016, 2.1% of Medicare hospice patients were Latino (National Hospice and Palliative Care Organization, 2018). Latinos are also less comfortable with discussing death when compared to non-Latinos (Carrion, Nedjat-Haiem, Macip-Billbe, & Black, 2016; Rising, Hassouneh, & Lee, 2018). Thus, it is vital that health care professionals serving Latinos intentionally prioritize the engagement of Latino communities in discussions about ACP and EOL care options (Hagwood & Larson, 2018). For these discussions to take place, a trusting relationship between clinicians, patients, and family caregivers is essential (Ko et al., 2017).

Latinos now comprise 17.5% of the United States (US) of America, the largest ethnic minority group in the US (Pew Research Center, 2017). Numerous investigators highlight the collectivistic nature of Latinos, emphasizing the active role family and community in ACP and

EOL care decisions (Cruz-Oliver, Talamantes, & Sanchez-Reilly, 2014; Cervantes, Jones, Linas, & Fischer, 2017; Adames, Chavez-Dueñas, Fuentes, Salas, & Perez-Chavez, 2014). According to the Pew Research Center (2018), 60% of Latinos also view religion as very important in their lives. Spirituality and religion have a strong influence on health care practices and behaviors among Latinos (Carrion et al., 2016). Thus, Latinos may prefer to turn first to spiritual leaders as a source of support at a time of receiving a life-limiting diagnosis (Boucher, 2017).

Global health has been identified as one of the top four national nursing science priorities in the US (Eckardt et al., 2017). Traister, Larson and Hagwood (2016) studied palliative care resources in rural Guatemala and learned that spiritual community members known as *rezadoras* come to the aid of families during the EOL. Guatemalans are the sixth largest Latino subgroup (Pew Research Center, 2015), yet clinicians know very little about the work of the *rezadora*. The purpose of the current study was to better understand the role of the *rezadora* as a spiritual leader in Guatemala.

### **Review of the Literature**

A review of the literature between 2014 to 2019 searched three databases, CINAHL, PubMed, and ProQuest, using the terms “EOL,” death, spirituality, spiritual leader, pain management, prayer, Hispanic/Latino, developing country, and Guatemala. We included all years when we searched for the term *rezadora*, because so little is known about the topic. The literature is organized by Spirituality and Spiritual Leaders, Perspectives on Death in Rural Communities, and Cultural Influences on EOL Care.

#### **Spirituality and Spiritual Leaders**

Spirituality serves as a powerful force, a source of reassurance, and an important coping mechanism for members of the Latino community. Investigators have found that spirituality

contributes to positive perspectives and behaviors among Latinos that promote overall well-being (De Jesus, 2016; Schwingel & Gálvez, 2016). Schwingel and Gálvez (2016) investigated the effectiveness of Catholic health promotion programs on the physical and spiritual health of 19 older Latinas and 5 community leaders in the Chicago area. In this study, Latinas were more trusting of projects coordinated by faith-based organizations. Further, Latinos have a strong belief that God has full control and power over sickness and health (Boucher, 2017, p. 359). Dependence on God allows Latinos who suffer from a disease to cope with their current situation by surrendering control (Carrion et al., 2016; Cruz-Oliver & Sanchez-Reilly, 2016). Moreover, the act of prayer is viewed as a tool used in daily life to promote well-being (Ransford et al., 2010). Thus, prayer is considered an “empowering action” (Ransford et al., 2010, p. 875). As a result, many Latinos live in coexistence with self, family, God, and communities of faith.

Addressing spiritual needs is imperative during the EOL to ensure that optimal holistic care is delivered (Stephenson & Berry, 2015; O’Brien, Kinloch, Groves, & Jack, 2018). Spirituality allows the dying person to find meaning in everyday life and preserve a sense of “dying well” (Wilson et al., 2009, p. 28). The spiritual dimension of death also has an integral function in death rituals (Roberson, Smith, & Davidson, 2018). For some Latinos, a spiritual connection is maintained with the deceased through prayer and grave-side visitation. Further, spirituality allows the dying to express final desires and wishes.

Several researchers have identified the role of the *rezadora* as a spiritual community leader in Latin American communities (Glatzmaier, 2006; Malcolm, 2003; McConahay, 2011; Royce, 2011; Traister et al., 2016; Wibbelsman, 2009; Woodrick, 1989). These community leaders can direct patients to EOL care resources, while simultaneously offering spiritual care (Cruz-Oliver & Sanchez-Reilly, 2016; Hagwood & Larson, 2018). The *rezadora(o)*, either a man

or woman, can be called upon during the final stages of dying (Traister, Hagwood, & Larson, 2016; Wibbelsman, 2009, p. 126). Malcolm (2003) claims that although the *rezadora* fulfills a distinctly separate role from the priest, it may be just as important to the community. While the research on the *rezadora* is sparse, the existing literature implies the importance of this lay minister for Latino communities.

### **Perspectives on Death in Rural Communities**

Death rituals greatly assist loved ones in coping with and celebrating the death of a loved one and are significant in the Latino culture (Roberson et al., 2018). Death rituals practiced among Latinos originate from cultural traditions and values, and likewise involve prayer and song (Roberson et al., 2018). The role of the family is also integral in the execution of specific death rituals, such as processions to the grave site and burning candles to commemorate the deceased (Brooten et al., 2016; Roberson et al., 2018). A prevailing practice among rural Latino communities is the *novena*, a period of nine days and nights after death that is dedicated to open bereavement. During this period, the Rosary is recited multiple times for the soul of the deceased, with sweet bread and coffee shared by mourners (Otero, 1990). For some Latinos, bread and flowers are perceived as intermediaries to relationships between the living and the deceased (Royce, 2011). In turn, death is commonly perceived as a process manifested by ceremonies and rituals of preparation and mourning, rather than a singular event (Roberson et al., 2018). Comparatively, investigators found that Africans living in rural areas regard religious death rituals as highly important and participate in them through spiritual activities such as reading prayers, singing hymns, and accepting communion (Biggs, 2014).

Rurality shapes the dying experience for those approaching the EOL (Cottrell & Duggleby, 2016). Rural residents encounter unique barriers to a peaceful death, such as lack

palliative care options and low health illiteracy regarding palliative care benefits (Wilson et al., 2009; Rainsford et al., 2018). The culture of a rural community also possesses an immense role in facilitating the dying experience (Cottrell & Duggleby, 2016). Nurse researchers highlighted that proximity to both family and home were imperative to death in the rural setting, with rural residents being willing to yield aspects of their care to avoid commuting beyond the familiarity of their community (Cottrell & Duggleby, 2016; Veillette, 2010).

### **Cultural Influences Regarding EOL Care**

The Latino family has a major influence on the care and perspectives surrounding death and dying practices. Latinos regard the family as a source of strength and integral to EOL care decisions (O'Mara & Zborovskaya, 2016; Rising et al., 2018). Various studies have shown that some members of the aging Latino population prefer that the family assume the primary decisional role in EOL care, resulting in the patient adopting a more passive role (Cruz-Oliver et al., 2014; Cervantes et al., 2017; Saccomano & Abbatiello, 2014). Latino family support may also impede the utilization of EOL services. As a result of pride in caring for family members, nursing homes and hospice agencies are less acceptable as part of EOL care (Cruz-Oliver et al., 2014). Some families have also expressed reluctance to having ACP conversations out of fear of upsetting the dying person (Cervantes et al., 2017). Nonetheless, recognizing cultural values, such as shared decision-making, and the importance of understanding personal wishes is central to addressing EOL care disparities (Cervantes et al., 2017).

The pain experience is another cultural concern during EOL care (Bloch, 2017). Many populations consider pain relief to be an essential component of supporting quality of life when facing impending death (Roberson et al., 2016). More Latinos than non-Latinos admitted that having pain demonstrated weakness, or had negative attitudes toward pain medications (Carrion,

Cagle, Van Dussen, Culler, & Hong, 2015; Ransford et al., 2010; Torres, Thorn, Kapoor, & DeMonte, 2017). A direct consequence of this view is that Latinos have accepted prescriptions, yet never buy or take the medicine (Cervantes et al., 2017). Rather, Latinos have used cultural alternatives that included herbal medications, homemade natural remedies, and the utilization of traditional healers, or *curanderos*, for ceremonial *limpias* (Ransford et al., 2010). Investigators also contend that Latinos may elect to rely on self-care practices, such as herbs and teas, because they are well-known and pose little risk, thereby postponing medical attention for pain management or selecting less aggressive treatment options (Cervantes et al., 2017; Ransford et al., 2010).

A recognized lack of cultural knowledge among health care providers influences EOL care for Latinos. This knowledge is especially critical with the heterogeneity of Latino subgroups (Cruz-Oliver et al., 2014; De Jesus, 2016). When subgroups are recognized, culturally appropriate health care approaches can improve patient-centered outcomes of these populations (De Jesus, 2016). In a similar population, Isaacson and others (2018) asserted that the delivery of culturally sensitive and individualized care should be a goal for health care providers in order to achieve equity in the use of EOL services.

### **Summary**

In summary, spirituality is believed to have an essential place when providing EOL care to the Latino population. Spiritual leaders, such as the *rezadora*, possess the skills to support the collective care-taking among Latinos at the EOL. Spirituality is a profoundly important element of the dying experience among rural communities due to a lack of EOL options. Cultural influences on dying further support the importance of spirituality. Therefore, this study sought to learn more about the role of the *rezadora* as a spiritual leader for Latinos.



## Methods

### Design

An ethnographic exploratory case study design (Yin, 2018) was used to understand the role and work of the *rezadora* in rural Guatemala. This design allowed the investigators to systematically analyze and obtain nuanced contextual insight into two separate cases that delineated the influence of the *rezadora* during the EOL (Creswell & Poth, 2018; Payne, Field, Rolls, Hawker, & Kerr, 2007). The research question was, “What can we learn from *rezadoras* that may extend palliative and EOL resources to Latinos in the US?”

Since 2008, a college of nursing in eastern North Carolina has nurtured a synergistic relationship with a Guatemalan community-based organization to facilitate a cultural immersion program for health professions students. The program is based on the US Peace Corps model where language acquisition and cultural understanding are foundational to serving the people in the country. All students live with a Guatemalan host family and interact with members of the community daily. Over 100 health professions students have participated in this 5-week summer program (Larson, Ott, & Miles, 2010; Larson, Hansen, Ritz, & Carreño, 2017).

This ethnographic exploratory case study is based on this long-term community-university partnership. A bilingual research team composed of two US academic (faculty and student) and two Guatemalan partners. The Guatemalan partners were the social service director of the community-based organization in Guatemala, and a bilingual, native Guatemalan living in North Carolina. Approval was granted from the university institutional review board.

### Sample

The purposive sample included three community *rezadoras* referred by key informants known to the research team. Mutual connections facilitated a foundation of trust and promoted

open communication. Two of these *rezadoras* worked as a pair, while the other *rezadora* worked on her own in the community. The pair of *rezadoras* were interviewed together and the single *rezadora* was interviewed alone. All participants were Spanish-speaking, married women between 65 and 70 years of age. At the time of the study they were all healthy and resided in two separate villages in the Department of Sacatepequez, Guatemala. The pair of *rezadoras* lived in a village north of Antigua and the single *rezadora* lived in a village south of Antigua. Both villages had similar populations of Ladino and Maya families. Spiritual and religious practices that combined Catholic and Mayan beliefs were interwoven through everyday life. For this article, pseudonyms were used for the *rezadoras*. “Alma” was chosen for the single *rezadora* and “Legión de María” was chosen for the pair of *rezadoras*.

### **Setting**

Guatemala, located between El Salvador and Mexico, is the most populous country in Central America, with approximately 16.6 million people (World Health Organization, 2019). The geography of the country is unique with numerous active volcanoes (Grandin, Levenson, & Oglesby, 2011). Agriculture is a substantial sector of the economy, with main exports of sugar, coffee, bananas, and vegetables (Grandin et al., 2011). Since the Spanish conquest of Guatemala in the 16<sup>th</sup> century, Guatemala has had two primary ethnic groups: the indigenous Maya, accounting for 60% of the population, and the Ladino people, making up 40% of the population. Unemployment and food insecurity are highly concentrated among the Maya communities, of whom over half live in poverty (Grandin et al., 2011). Further, malnutrition continues to be a persistent and critical health problem in Guatemala, with approximately 50% of children under the age of five experiencing stunted growth due to malnutrition (World Health Organization, 2018).

## Data Collection

We conducted in-depth interviews with the *rezadoras* in the summer of 2018 in the cultural context of this Guatemalan setting (Creswell & Poth, 2018; Hyett, Kenny, & Dickson-Swift, 2014; Payne et al., 2007). Participants were contacted to establish a convenient location, date, and time for an interview within a set 2-week period. The interviews were conducted by the bilingual faculty and nursing student in Spanish, which lasted 1-1.5 hours. One interview was conducted in the evening at the home of the Guatemalan friend, while the other was conducted in a private room at the language school. A semi-structured interview guide was developed from concepts in the literature and revised following a practice interview with the Guatemalan research team member. The interview guide was translated into Spanish by the nursing student and reviewed and revised by three native speakers. The six open-ended questions were: (a) *Tell us what it means to be a rezadora in the community* (b) *How have you been prepared to be a rezadora?* (c) *Describe the things you do when you are with people who are dying and their families?* (d) *How do families contact you when they need you to come to their homes?* (e) *Are there certain special things that you do for the family after the person has died?* and (f) *Describe your connection with the church or church officials, such as the priest, minister.* These questions allowed participants to elucidate their individual perspectives as a community *rezadora* and enabled the researchers to gain insight into the personal experience of each participant. The participants based their responses on decades of work as a *rezadora* in Guatemala.

## Data Management and Analysis

Audiotaped interviews were transcribed verbatim directly into Spanish by the native Guatemalan team member, then back-translated into English by the bilingual nursing honors student with the assistance of the native Guatemalan. The bilingual nursing faculty experienced

in ethnographic research methods listened to the audiotapes and reviewed the transcripts for validation. The research team performed inductive content analysis by independently reading the 30-page single-spaced typed transcripts multiple times, creating a matrix of the responses organized by interview questions, and identifying key segments of the data with recurring concepts. Finally, we looked for commonalities and differences among and between cases.

Field notes and observations documented over the course of the 11-year partnership informed the transcripts. Community processions celebrating various saints, angels, and the Virgin Mary, occurred frequently in these villages. In these religious festivals, we observed carpets of floral arrangements lining the streets, bands playing, and church officials processing with the public. On a more regular basis, often daily, the local priest would announce the deaths of individuals and date of the funeral procession on a public announcement system that could be heard throughout the village. On the day of the funeral, villagers would come out of their homes and process through the village with the family and friends carrying the casket of the deceased. In this way, spirituality and EOL were celebrated at the community level.

### **Results**

The major finding was that the *rezadora* was instrumental in supporting families and the dying in the *Buena Muerte* or Good Death, which was expressed through prayer and song to relieve pain and suffering. *La Buena Muerte* was achieved when the patient and family arrived at peace and forgiveness at the EOL and the patient experienced relief from pain and suffering.

Alma explained,

I'll put it like this: it looks like it isn't real, but God has given us the license to be able to see a lot of people and help them to, like they say, help them have a good death, that God helped them to stop suffering, who knows what they feel, right?

The *rezadoras* who worked in the community as a pair also considered their contribution to *La Buena Muerte* to be specifically through prayer and song. Legión de María stated:

When the people ask us... to go to their homes to pray. It means that the people who are waiting for us, they are happy to see us, they are very grateful because for them it's a blessing that we enter their homes. Through the Holy Virgin and our Lord Jesus Christ, they feel the peace that they need, right? For an illness, for people who are going through difficult moments, they feel peace.

The *rezadoras* additionally described the supportive role they cultivate with the families of those facing the end of life. This role was fulfilled through prayer calling for strength, as well as "sharing their pain." When describing her role with the family following the departure of their loved one, Alma stated:

What I tell them [the families] is to not stop praying because praying is how they feel peace... we have to cling to God, you cannot ask anyone else, we have to keep asking God for strength to continue living, right?

Likewise, Legión de María explained,

...the first thing we do is with the family, and after that, they take us to the sick person, but before is with the family, to give them words of strength. We're never going to say to the family, 'be patient,' 'that's how God wanted to do it,' no. We go with that energy that they need so that they can continue forward...

The *rezadoras* additionally expressed devotion to their work, which was heavily influenced by their spirituality and faith in God. While they ultimately prayed for peace, they emphasized the importance of praying for forgiveness and the salvation of the dying to facilitate La Buena Muerte. Legión de María recalled several experiences during which the sick passed away amidst reciting a prayer. Alma described death as "sad and, at the same time, happy." *La Buena Muerte* was perceived by the *rezadoras* as an end to suffering.

### **Comparisons Between the *Rezadora***

Several similarities were noted between the *rezadoras*. Both *rezadoras* visited the sick in the community, were called upon by families in the community, and maintained a relationship with the priest in the local church. The *rezadoras* came into their roles with guidance from older women who were *rezadoras* in their village. Alma stated that the older *rezadora* who had mentored her could neither read nor write, instead sharing her knowledge through oral tradition. Both *rezadoras* mentioned that they are contacted by the families in the community to support the dying and their loved ones by offering prayers and religious songs. Their work is continued during the *novena*, the nine days of mourning following the death of a community member. During the *novena*, the *rezadoras* described reciting prayers from their prayer book and leading the Holy Rosary. Alma explained,

And when they die we have to go to pray for them, we take the one who is dead to the cemetery to bury them, we have to go pray for them all the way there... after that, the next day of the burial, we have to start to pray nine nights in their house, the Rosary with the *novena*.

Legión de María elucidated the biblical meaning of the *novena*, stating,

Because if we talk about the nine days of the deceased, the *novena* of the nine days of the deceased, why do we do the nine days? Because they represent the nine months that our Holy Mother carried baby Jesus in her womb...

Legión de María further highlighted the significance of traditions during death rituals, explaining that four candles are placed near the deceased during the *novena* to symbolize their baptism, first communion, confirmation, and matrimony.

There are four candles because the first one represents their baptism, when we got baptized our fathers lit a candle. When we have had our first communion, to participate in the communion or the Eucharist, to receive the sacred host, that's another candle. In confirmation we receive another candle because we already have the catechism to prepare us to receive the confirmation... if the deceased were married, they receive another candle.

After the sick have passed away, Alma described the custom of singing with the families of the deceased, very early in the morning, a prayer named "*La Salve*."

They [the families] come to my house to ask for the favor to come to pray for the sick person, or because he/she just died, if I can do them the favor of going to pray, because we pray when they just died. And then, here there is a custom that at 4 in the morning, we go to sing the prayer that is called "*La Salve*."

Moreover, the *rezadoras* stated that they had received a "calling" from God to pray for the sick and the dying, considering their vocation an "honor." Lastly, the *rezadoras* spoke of their connection to the priest in the local church who influenced their work in the community.

There were also notable differences among the *rezadoras*. Differences were the manner in which they worked, the scope of their relationship with the priest, and the contexts in which they prayed. The main difference was how they carried out their work in the community. Alma worked as a single *rezadora*, whereas Legión de María traveled in pairs or as a group. Legión de María stated, "Sometimes we go in a group, sometimes we go in pairs, like Jesus that sent his apostles in pairs," suggesting biblical significance to their companionship. Though Alma worked alone, she frequently consulted her husband regarding where she was going. When she was contacted to pray for a community member late at night, she told the family member, "...I'm going to ask my husband if he will give me permission because it's very late."

Although the connection to their local church was important to both *rezadoras*, the nature of their relationship differed. Legión de María stated, "With the priest is everything. We plan our job and we let the priest know... so that's the way he supports us, and we also support him." In



this way, they indicated a formal collaboration was part of their work. On the other hand, Alma commented, “I have a relationship with the priest, and my son more so because he is in the pastoral committee of the church, they’re like helpers of the priest.” Alma indicated that her role was less formal, linked to the priest more so through her son. She did not express having regular communication with the priest, but rather explained that he was not Guatemalan but from another country. She also suggested helping him with understanding the culture, stating,

So, he doesn’t know a lot of customs from here. But everyone can give him advice about what he can do in anything, he asks for advice, the people that are helping him are only a little younger than 55-60 years old.

Another noteworthy difference between the two cases involved the situations in which the *rezadoras* carried out their work. Though both *rezadoras* worked with the sick and their families in the home setting, Alma highlighted praying solely in homes. However, Legión de María also prayed for people celebrating major life events, such as baptism and marriage, as well as visiting people in hospitals and nursing homes, stating,

We also visit sick people in the hospitals... the elderly... and the nursing homes... and the grandparents are happy. They share with us how they have been abandoned. The families leave them there and abandon them... we with our loved ones, we cannot abandon them. We have to serve them until the last moment because they raised us.

## Discussion

In this ethnographic exploratory case study, we were able to examine the personal experiences of three community *rezadoras* in the context of rural Guatemala to describe the role and work of the *rezadora* during the EOL. This study adds to the limited research on the *rezadora* in service to Latinos at the EOL. The findings may provide a greater understanding of EOL perspectives among Latinos and can serve as an impetus towards incorporating lay spiritual leaders in EOL care. Nevertheless, interpretation of the results should be done with caution and in the context of the purpose, design, and methods of the study.

Our study found that the “Good Death”, experienced by peace and relief from suffering, was similar to a scoping review of the “Good Death” that included both developed and developing countries (Rainsford et al., 2018). In the scoping review, researchers concluded that to facilitate a peaceful dying experience, health care providers should incorporate the physical, emotional, spiritual, and financial well-being of an individual (Rainsford et al., 2018, p. 290). Moreover, the “Good Death” has been embodied by predictability, timeliness, and control (Cottrell & Duggleby, 2016). Particularly in developing countries with collective societies, researchers highlight the necessity for decision-making opportunities to encourage autonomy and dignity, as well as candid discussions between providers, patients, and families (Cottrell & Duggleby, 2016; Read & MacBride-Stewart, 2018). Yet, with aggressive attempts to combat the aging process and death, there is a heightened risk for deprioritizing palliative care concepts, such as quality of life, dignity, and compassion (Banjar, 2017). Among those with the inability to make their own decisions, the “Good Death” is even more challenging to achieve due to diminished verbal and physical capacity (Read & MacBride-Stewart, 2018). Nonetheless, the “Good Death” is holistic and should incorporate the desires of the person facing a serious illness.

Controversy exists over which factors constitute a “Good Death” (Meier et al., 2016). Contradictory perspectives about death and the dying process exist among individuals, the medical community, and society in general (Banjar, 2017). In a literature review that sought to determine the core attributes of a “Good Death”, Meier and others (2016) discovered discrepancies in opinion, specifically among patients, family members, and healthcare providers. Family members perceived quality of life to be a significant element of a “Good Death” twice as often as patients. Meanwhile, religiosity/spirituality was held at a higher level of importance among patients when compared to family members (Meier et al., 2016). While there is general agreement that a “Good Death” is holistic, void of suffering, and peaceful, it remains necessary to address the unique needs of individuals facing the EOL and implement them in daily practice (Banjar, 2017).

Our study found that spirituality, conveyed through prayer and song, facilitated comfort and support to persons facing the final stages of life. Guatemalans and family members were able to cultivate their faith and spirituality through the role and the work of the *rezadora*, enabling La Buena Muerte. In turn, the guidance of the *rezadora* allowed the pre-bereaved, bereaved, and the dying to find strength, hope, and acceptance. As Royce (2011) eloquently stated, “*Rezadoras* do more than pray... they hold the people together, and they accompany the departed on the beginning of their journey” (p. 66).

### **Implications for Research and Practice**

Palliative care nurses could engage local churches serving Latino communities to identify lay spiritual leaders with interest in palliative and EOL care. In a recent study, two nurses in North Carolina work with Latino lay health advisors who began palliative care advocates to introduce the notion of advance care planning in Latino communities (Hagwood & Larson,

2018). Lay spiritual leaders could potentially assist in the dying and grieving processes not only through spiritual guidance, but also through their cultural insight (Brooten et al., 2016). Further research to discover how *rezadoras* impart their knowledge to the next generation is warranted.

In the practice arena, healthcare providers could benefit from knowing about lay spiritual leaders in the Guatemalan community. Hospitals could develop online modules about spirituality in rural communities that included immigrant populations from different parts of the world, highlighting their respective spiritual leaders. Health care professionals could also benefit from participation in global cultural immersion programs to increase language competency and cultural knowledge (Dyches, Haynes-Ferere, & Haynes, 2019). Finally, collaborating with community health nurses may increase knowledge of available community leaders and resources. Implications for practice suggest assessing the U.S. Guatemalan community to identify practicing *rezadoras* and to incorporate their work in palliative and EOL care.

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