








Knowledge of nursing undergraduate students about palliative care

Conhecimento dos discentes sobre cuidados paliativos na graduação de enfermagem

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ABSTRACT

Objective: to understand the knowledge about palliative care of undergraduate nursing students. **Methods:** qualitative study carried out in a private higher education institution, with 16 undergraduate students from the 9th and 10th semesters of a nursing course. We carried out individual interviews, recorded in audio using a smartphone and later transcribed. **Results:** four main thematic categories emerged: knowledge of students about palliative care; the role of the nurse in the care to patients undergoing diseases that threaten their lives and the care for their family; approaches to palliative care in nursing graduation; emotional fragility when dealing with patients at the end of their life. **Conclusion:** participants have partial knowledge about palliative care, especially regarding comfort and the quality of life of terminal patients. **Contributions to practice:** nursing undergraduate students showed gaps in the knowledge about palliative care, highlighting the need to improve educational syllabuses. Emotional support and developing resilience also stood out, showing how necessary it is to improve academic education and professional training in palliative care. **Descriptors:** Palliative Care; Nursing; Teaching; Students, Nursing.

RESUMO

Objetivo: compreender o conhecimento na graduação sobre cuidados paliativos dos discentes de enfermagem. **Métodos:** estudo qualitativo realizado em uma Instituição de Educação Superior privada com 16 graduandos do 9º e 10º semestre do curso de enfermagem. Foram realizadas entrevistas individuais, gravadas em arquivos de áudio em um *smartphone* e, posteriormente, transcritas. **Resultados:** emergiram quatro categorias temáticas principais: conhecimento dos discentes sobre cuidados paliativos; papel do enfermeiro no cuidado ao paciente que enfrenta uma doença ameaçadora à vida e sua família; abordagem dos cuidados paliativos na graduação de enfermagem; fragilidade emocional para lidar com pacientes em fim de vida. **Conclusão:** identificou-se que os participantes possuem um entendimento parcial sobre cuidados paliativos, concentrando-se principalmente nos aspectos relacionados ao conforto e à qualidade de vida dos pacientes terminais. **Contribuições para a prática:** destacam-se lacunas no conhecimento sobre a assistência paliativa entre estudantes de enfermagem, sublinhando a necessidade de enriquecer currículos educacionais. Ressalta-se também a importância do suporte emocional e desenvolvimento de resiliência, incentivando melhorias na formação acadêmica e em práticas profissionais em cuidados paliativos.

Descritores: Cuidados Paliativos; Enfermagem; Ensino; Estudantes de Enfermagem.

Introduction

Palliative care has become increasingly relevant in nursing education, reflecting the growing demand for well-trained professionals to answer the complex needs of patients with chronic diseases in a terminal stage, in the context of population aging. As longevity increases, so does the prevalence of these diseases, requiring a type of care that focuses on relieving suffering and improving the quality of life of these patients. Including or increasing the presence of this topic in nursing syllabuses is, therefore, essential to prepare future nurses for the contemporary challenges to health⁽¹⁾.

This type of care has an essential role in the promotion of the quality of care of patients with serious, incurable diseases, focusing on suffering relief and the management of physical, emotional, and spiritual symptoms. Recent studies highlighted that a solid education in palliative care not only improves the technical competence of nurses, but also improves their emotional resilience, preparing them to provide integral support to patients and their families⁽¹⁻²⁾.

Evaluating the knowledge of nursing students about palliative care is essential, especially in private higher education institutions, where the syllabus can vary significantly when compared to public institutions. This evaluation allows identifying gaps in education that could compromise the quality of their education and, consequently, the competence of future professionals in the management of end-of-life patients. Their identification is essential to implement improvements in syllabuses that can ensure consistent and comprehensive education, preparing students to deal with the complex and sensitive challenges of palliative care in clinical practice⁽³⁻⁴⁾.

In Brazil, nearly 625 thousand people need palliative care. 33,894 of them are children and 591,890 are adults. Some significant challenges are already being overcome in order to improve the availability and quality of this type of care. This includes approval in the National Policy for Palliative Care,

created in May 2024, aiming to integrate this type of care into the Health Care Network, improving quality of life with safe, humane care. When undergraduate students are familiarized and actively engaged with this policy during their academic life, they can provide significant contributions to promote safe and humanized care⁽⁵⁾.

The results of this study can have a positive influence on the reformulation of the nursing curriculum, providing a more robust training, focused on the field of palliative care. By identifying and addressing significant gaps in the teaching of this topic, which often is insufficient during graduation, this study seeks to provide future nurses with the training needed for the adequate management of patients in advanced stages of diseases⁽⁶⁾.

This study aimed to understand the knowledge about palliative care of undergraduate nursing students.

Methods

This is a qualitative research, guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ). It was based on the following guiding question: What is the knowledge of nursing students about palliative care? We considered personal characteristics, relationship with the participants, theoretical contexts, method, duration, and the context of data collection.

The data collection interview comprised the following questions: How do you understand palliative care?; During your undergraduate training, have you had any experiences with palliative care, in theory or practice? If so, describe it (disciplines, internships, symposia, conversation rounds); How do you see the situation of the nurse when it comes to caring for people in the end of life?; Do you feel able to provide palliative care? Explain why; and How important it is to address the topic of palliative care in graduation?

The participants were undergraduate students from the 9th and 10th semesters of the nursing course

from a private higher education institution that provides teaching, research, and extension activities. The institution is from the city of Fortaleza, Ceará.

The study included students that were regularly enrolled in the institution, who were doing the disciplines of internship I or II, Oncology, and High Complexity, taught in the 8th semester, and who had experiences in curricular and/or extracurricular internships. The initial population included 32 enrolled students. 16 of them met inclusion criteria and were invited to participate in the study. Thus, the final sample consisted of 16 participants.

We used a structured interview with subjective questions. It addressed topics related to their knowledge about palliative care, how to approach them, the importance of this topic in graduation, and the role of the nurse in caring for terminally ill people. The interview was elaborated by the authors, based on contemporary literature about the topic and papers about the knowledge of students in regard to this field.

Data collection took place from March to April 2024, after the study was approved by the Ethics Committee for Research with Human Beings. Students were addressed in person, in the break between classes and invited to participate. After reading and agreeing to sign the informed consent, the interviews were carried out individually, to ensure participant anonymity. They lasted for 10 minutes, on average. To ensure that the analysis was faithful to their statements, the interviews were recorded in audio using a smartphone. Later, they were transcribed and sent back to the participants, so they could review and correct them if necessary.

Students were selected via purposeful sampling, based on pragmatic and convenience-related criteria (feasibility, access, interest, time), until reaching saturation about the topic, that is, until no new information could be found⁽⁷⁾.

Data was analyzed according to content analysis, which was developed to systematize data and divided into three stages. The first stage was the pre-analysis, which consisted in the organization and transcription of the collected material. The second stage was the ex-

ploration of the material and its categorization, which was done by reading it carefully and extracting the central ideas reported. The third was the treatment of the results and interpretation, according to similarities and relevance, based on literature⁽⁸⁾.

The participants signed the informed consent, which ensures that they received clarifications about the research being carried out, its objectives, risks, and benefits, so their decision to participate was free and cognizant of these elements. Their anonymity was ensured, and their names were replaced by the letter S (scholar), followed by numbers corresponding to the order in which the interviews were carried out.

This research followed all ethical norms from Resolution 466/12 from the National Council of Health, which is responsible for approving guidelines and regulatory standards for studies involving human beings, protecting study participants regarding their autonomy, beneficence, non-maleficence, and equity. It was also approved by the Ethics Committee in Research with Human Beings of the Centro Universitário Christus, according to opinion No. 6.738.438/2024 and the Certificate of Presentation for Ethical Appreciation No. 77502923.4.0000.5049.

Results

The analysis of the results led to the emergence of four main thematic categories: The knowledge of undergraduate students about palliative care; the role of the nurse in the care to patients and families who are facing life-threatening diseases; addressing palliative care in nursing graduation; emotional fragility when dealing with patients with short life expectancies.

The study included 16 undergraduate nursing students from a private higher education institution. Mean student age varied from 22-26, with 13 females and 3 males. Regarding their religion, students declared to be Catholics (n=6), Evangelicals (n=5), and Spiritists (n=2). Three did not respond. 7 participants were in the ninth semester and 9 were in the 10th.

The knowledge of undergraduate students about palliative care

This category shows how students understand palliative care. Conceptually, all participants showed some notion about the topic. They stated that this is a type of care provided to patients with severe, irreversible illnesses, in order to give them comfort and improve their quality of life through holistic care: *A field of work whose goal is promoting comfort and quality of life to patients who do not have a favorable prognostic due to a terminal disease (S1). I understand that palliative care is to promote a quality of life to patients at the end of life, to give them comfort (S5). Palliative care is provided to patients with an incurable disease, so they can live well with the disease. Health workers provide this type of care so the patient has the right to live and die in the best possible way (S6). It's a type of care provided to severe patients, who do not have a good prognosis. These patients won't be submitted to unnecessary, invasive procedures, that cause discomfort or more suffering in the end (S10).*

The statements in this category show some divergent responses about the concept. Nonetheless, each of them articulates essential aspects of palliative care, emphasizing the importance of holistic, patient-centered care, that prioritizes comfort, dignity, and quality of life as opposed to using aggressive methods to prolong life. These perspectives are essential to understand the philosophy behind palliative care and its practical application in the field of health. Many still associate palliative care with a type of care only provided at the end of life: *I understand that it's care provided to the patient in their last days or last weeks of life (S3). Care provided to minimize pain and keep the patient comfortable in their last days of life, their end of life (A4). It's a type of care that gives a better quality of life in the last days (S7).*

The role of the nurse in the care to patients and families who are facing life-threatening diseases

Participants stated, in some interviews, that the nurse is essential, as they are the professionals that are the closest to the patient, being present in many stages of their lives: *I think that the work of the nurse has an essential role in this end-of-life stage of the patient, since the nurse*

is the professional who spends 24h with the patient (S3). I think the work of the nurse is really important in this stage because they are present in many stages of their lives, and it's really important because they coexist with the patient (S5). I think the role of the nurse stands out because this professional spends the most time in touch with the patient and works in direct care, with drug administration, and in touch with the family (S14).

The students recognized that the nurse provides an important contribution to the integral care of the palliative patient not only in their physical treatment, but also emphasizing the psychosocial aspects of the patients and their families: *The work of the nurse is of great importance, since, in addition to providing integral care to the patient, meeting all their needs, they also provide care to their family, reducing their suffering in such a difficult moment (S2). I think the work of the nurse is essential, since they are the professionals who identify what type of care needs each person has. According to nursing diagnoses about the needs of the individual, the nurse traces a plan, based on theoretical and practical knowledge, to provide quality care to palliative patients (S8). The nurse must participate in meetings with the multiprofessional team and the family of the patient, listening actively and with empathy, always focusing on the patient and their needs and respecting their will (S11).*

The statements emphasized the main role of nurses in their palliative care, highlighting their importance not only in direct patient care, but also in the support of patients' families and their collaboration with the health team. These descriptions, as a whole, underscore the essential role of nurses in providing effective, patient-centered care, coordinated by a team.

Addressing palliative care in nursing graduation

When questioned about palliative care treatment in nursing education, most students reported their only contact with the topic was theoretical. The disciplines of oncology, psychology, elderly health, and integrative topics II were mentioned. Some participants stated they had had practical contact in extra-curricular internships and during the supervised internship II: *During graduation, there was not much access to this topic. It was addressed in one or two subjects during graduation, but*

not in depth. I never had practical contact with patients in this situation (S4). I did see it on some subjects, on a very “surface level”, such as elderly health and oncology. The most in-depth look I had about it was in a course on oncologic patient care, in college, but it was only theoretical (S6). I had contact with the theory in oncology. Now, in supervised internship II, I am in touch with patients with congenital heart diseases and even children in palliative care (S13). In oncology we had a class about palliative care. In practice, I only saw it in an extracurricular internship, where I got in touch with patients in their finitude process (S15).

When asked whether they feel prepared to provide palliative care, most participants answered they did not. Only three of them stated they felt prepared to deal with this public and provide the care needed: *I do not feel prepared, I believe that the teaching in regard to this topic in graduation is insufficient, thus requiring further training on the field after graduation (S1). I've never been with a patient under palliative care. I wouldn't know what to do and what not to do, how to talk to the family, how to explain situations. It's important to work with this in graduation, so the student is prepared to experience this in practice (S3). I don't believe I can provide palliative care because my foundation is not enough with regard to the types of palliative care, the procedures that can or cannot be done. Also, I wouldn't know how to act with the family (S9). I feel able because university prepares us to deal with all types of situations, and even if the life expectancy of the patient is not long, you must be human and do the best you can for that patient (S14).*

The statements show different opinions regarding being prepared to work in palliative care, showing both shortcomings and strengths of graduation training. This set of perspectives shows a spectrum of experiences and preparation, suggesting that, while some graduation programs may adequately prepare their students, there is a clear demand for more emphasis in practice and for specialized training in palliative care in the training of health workers.

Emotional fragility when dealing with patients with short life expectancies

This category shows challenges that participants found regarding the process of death and dying. The students mentioned the lack of emotional training,

which leads to insecurity when providing palliative care: *The nurse must have a good mental health to provide quality care, because this is a very difficult topic and not all professionals are prepared (A3). In addition to the practical experience that I don't have, I'm also not psychologically able to deal with the end of life of another person, because we get close to their families and in this field specifically, it really involves religious, spiritual, and psychological questions of patient and family (S6). I don't feel able to provide palliative care because I'd try everything to save that patient and that would be an internal conflict with myself. It would be psychologically really hard for me (S10). In addition to providing care, the nurse must be able to communicate and be empathetic. This involves many situations that we, recently graduated, have never experienced. Thinking about dealing with patients with this profile makes me really insecure and fearful. I don't feel prepared to deal with it (S12).*

The statements above show an essential component of palliative care: the emotional and psychological challenge faced by the nurses. The emphasis is on the need to have good mental health in order to provide quality care, in the expression of lack of psychological capacity to deal with the reality of the end of life. The proximity with the patient and their family was highlighted, as were challenges related to religious, spiritual, and psychological aspects, all this added to the personal position that they did not feel able to work in the field of palliative care due to the internal dilemma that could emerge if they attempted to save the patient at any cost. These reports highlight the intense emotional and psychological challenges that health workers deal with when they work with palliative care, highlighting the importance of training, support, and continuous education in this specialization.

Discussion

The findings of this research suggest that nursing students have knowledge about palliative care, acquired during graduation, and they do show to have some idea of the topic. The statements of most participants showed concern about providing comfort and improving the wellbeing of the patient as the main goal of palliative care. The results that highlight this

main concern of participants, about providing comfort and improving the quality of life of patients, suggest that students have a fundamental understanding of the principal objective of this type of care. It is essential to understand this, since it reflects the internalization of essential principles of nursing practice, aimed at humanizing care and relieving suffering. However, this type of assistance is more than just providing comfort and is not limited to the patient, but extends to their family, considering the needs of assessment and relief of physical, psychological, social, and spiritual symptoms⁽⁹⁾.

Recent studies have made clear that gradually implemented palliative care not only maintains the patient's wellbeing, but improves it, requiring less visits to specialists without compromising clinical benefits. Therefore, it is relevant to incorporate anticipated palliative care when dealing with serious diseases, as these can improve not only the outcome of the patient but also the wellbeing of their caregivers, while also increasing the knowledge of health care workers⁽¹⁰⁻¹¹⁾.

Students believe that patients in palliative care are individuals with chronic, incurable, serious diseases, and associate this type of care with terminal cases and end of life. These results suggest that nursing students have a basic, albeit limited, understanding of the issue, mostly associating this type of care with patients with chronic and serious incurable diseases. This perspective, despite being correct, is not comprehensive, as this type of care should be offered starting with the diagnosis of a serious disease, regardless of the stage of the disease. Palliative care is not only recommended to the last days or weeks of life. They can be implemented when a chronic or life-threatening disease is found, associated with treatment that can change the progression of the disease and, as it advances, they can become more intensive, since each stage requires specific forms of care⁽¹¹⁻¹²⁾.

Additionally, there are continuous challenges to understand and implement palliative care by health workers, especially regarding the correct moment to start them. Many health workers find it hard to deter-

mine when to start this type of care, which can delay referrals and cause suboptimal outcomes for patients. This reiterates the need for better training and clearer guidelines to ensure that palliative care is effectively integrated and used at adequate times in a patient's journey of care⁽¹³⁾.

Although there has been an increase in the number of studies about palliative care, conflicting information and difficulties to understand its concepts and recommendations are still common⁽¹⁴⁾. This indicates that educational approaches need to be broader, promoting a more comprehensive perspective that includes physical, emotional, and spiritual support over the course of the disease. The limited perception of students and professionals is due to the fact that, in Brazil, palliative care is most often applied to cancer or terminally ill patients⁽¹⁵⁾.

Community interventions have been explored as essential strategies to improve the understanding and application of palliative care. It is very important to actively involve the community and the health workers in joint practices that address obstacles such as social inequality and lack of proper training. Although the relevance of this type of care has been increasingly recognized, significant challenges still prevent its full implementation, reiterating the need for continued education and collaborative approaches to overcome these limits⁽¹⁶⁾.

Considering population aging and the growing number of individuals that will need palliative care, developing competences about the topic during the development of professionals in the field of health is essential⁽¹⁷⁾. Education about palliative care for nursing students can bring essential advantages to the training of nurses and, therefore, to the provision of care to this group of patients⁽¹⁸⁾.

Evidence suggests that nursing professors are preparing their students to provide palliative care using an approach that focuses on the student and the patients. They emphasize the training to be emotionally prepared to deal with death and grief by discussing cases, promoting existential debates, and visiting

places such as crematories. Strategies such as group dynamics and the creation of a safe environment for emotional expression are essential, with educators performing an essential role. This teaching improves the understanding of palliative care and prepares students for the emotional challenges of the field⁽¹⁹⁾.

The Code of Ethics of Nursing Professionals states that all nurses have the duty of providing nursing care, and promoting the wellbeing of people and their families in the processes of birth, life, death, and grief. It is worth noting that, in the case of serious, incurable disease, with an imminent risk of death, in line with the multiprofessional team, the nursing worker must provide all palliative care available to ensure the physical, psychological, social, and spiritual comfort, respecting the desires of the patient or their legal representative⁽²⁰⁾.

The systematization process of nursing, adapted to the patient in palliative care, promotes a type of care that is in line with the demands of patients and their relatives, who, in addition to physical symptoms, worry about psychic, emotional, and social dimensions⁽²¹⁾. Education and the improvement of clinical competences for undergraduate nursing students are essential to ensure that future professionals are prepared to provide quality care⁽²²⁾.

Among 50 students in the last year of the nursing course of a public institution, it was found that, although they do understand the concept and objectives of palliative care, there is a significant gap of specific knowledge in this topic. Due to this gap, students feel inadequate regarding their ability to provide proper nursing care to patients undergoing palliative care⁽²³⁾.

Similarly, participants stated that they do not feel able to provide palliative care due to their inexperience and to their lack of knowledge and professional training in this field, which provoke negative feelings that can interfere in their approach and have a negative repercussion on the care provided. The lack of experience, associated with insufficient specific training, brings about a feeling of insecurity and inadequacy among students. This uncertainty may not only

have a negative effect, undermining the confidence of students in their ability to provide efficient palliative care, but may also affect the quality of the attention they provide to the patient. These feelings of ineptitude show a critical gap in the training of future nurses, suggesting there is an urgent need for curricular improvement that could provide a more solid and practical education on palliative care.

If the curricular approach is more integrated, it can include specific modules on palliative care, addressing both theoretical and practical aspects. The creation of disciplines targeted exclusively at the topic, focusing on practical simulation and discussions of real cases can help students develop the abilities needed to work with safety and empathy in this field. Furthermore, incorporating internships with supervision in the environments where palliative care is provided can give students the practical experience they need, allowing them to apply their theoretical knowledge in a real experience. Medicine and nursing students find challenges in the interaction both during palliative care and in the context of terminal diseases. These challenges suggest that there is still a gap in their knowledge about death and dying, which has a negative impact on the professional formation of nurses and physicians⁽²⁴⁾.

Pedagogical practices also should evolve to support the development of palliative care skills. The use of active methodologies, such as raising questions about clinical cases, simulation-based learning, and interprofessional education can be effective in the promotion of a deeper and more practical understanding of this topic. Moreover, promoting spaces for students to reflect on their experiences and discuss emotional and ethical challenges involved in the care of terminally ill patients can enhance their emotional and ethical training. A narrative pedagogical approach becomes important in the teaching of palliative care, showing that this methodology can significantly improve the comprehension students have about care with patients in the end of life. Education focused on death and palliative care, especially using narrative

pedagogy, has shown positive effects on the attitudes of students regarding the care of terminal patients⁽²⁵⁾.

Emotional fragility when dealing with issues related to the end of life can be considered a challenge when it comes to professional palliative care. Working in the field of palliative assistance requires the development of humanitarian and emotional skills, which are often not addressed in undergraduate nursing courses⁽²⁶⁾.

The results of this study have significant implications for the academic formation of nursing students, showing the need for syllabus revisions and pedagogical practices that can improve the teaching of palliative care. The insecurity of the students, caused by their lack of experience and knowledge in the field, highlights a gap that can compromise the quality of care provided to patients in vulnerable situations. To face this challenge, teaching institutions must adopt strategies that integrate the teaching of palliative care in a more robust and practical manner during graduation.

By implementing these improvements in syllabuses and pedagogical practices, teaching institutions will be able to form nurses that are better prepared, both technically and emotionally, to provide high-quality palliative care, ensuring more humanized and effective attention for vulnerable patients.

Study limitations

The data collection in this study had some limitations that must be considered when interpreting its results. The fact that students from the last year of graduation were unavailable due to their intense hour load and academic requirements, may have limited sample size and, consequently, how representative our findings are. Furthermore, the study was carried out in a private institution, which may have affected the results, since the experience and the syllabus followed by the students may be different from other institutions, especially public ones. Another important

limitation is how broad the topic addressed is, since it involves complex, non-modifiable factors such as religion and personal beliefs, which may have impacted the participants' responses and biased the interpretation of the data. These factors prevent the generalization of the results, meaning that it is important to consider these restrictions when analyzing our results and applying them to other contexts. Future research could address these limitations, increasing the scope of the sample and exploring different institutional contexts, so the topic can be more comprehensively understood.

Contributions to practice

This study contributed by providing a deeper knowledge about how nursing students from the last year of graduation understand palliative care. The research not only highlights the gaps in the formation that could compromise the comfort and the physical and mental wellbeing of patients, but also offers practical and theoretical insights that may influence improvements in the teaching and practice of nursing. By addressing these shortcomings, the study advances nursing courses, preparing a better professional future in order to provide quality palliative care, which, in turn, may lead to a positive impact on the training of the students and the experience of patients regarding palliative care.

Conclusion

Participants have a partial understanding of palliative care, mainly focusing on aspects related to the comfort and quality of care of patients at the end of life. Opinions about how the topic is addressed in graduation were varied, showing both shortcomings and positive aspects and showing how important it is to adapt the syllabus in order to expand the space dedicated to this type of care.

Author contributions

Design and project or analysis and data interpretation: Manso JCF, Mourão CML. Writing of the manuscript; Agreement to be responsible for all aspects of the manuscript, so they are investigated and resolved appropriately: Manso JCF, Silva AML, Veras Filho RN, Moreira DP, Pontes AKOR, Pereira AS, Mourão CML. Relevant critical review of the intellectual content and final approval of the version to be published: Pereira AS, Mourão CML.

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