Volume 4, Issue 3, 2026

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

PERCEPTIONS AND EXPERIENCES OF FINAL-YEAR UNDERGRADUATE NURSING STUDENTS REGARDING PALLIATIVE CARE: A QUALITATIVE INQUIRY

Faiza Jokhio[1], Nazeer Ali Buriro[*2], Amina Umrani[3], Fatima Akbar[4], Ghulam Kalsoom[5], Yasir Memon[6], Tasleem Sarki[7], Saira Bano Patujo[8]

[1]*Assistant professor, Benazir College of Nursing, Larkana*
[*2]*Associate Professor, Benazir College of Nursing, Larkana*
[3,4]*BS Nursing Student, Benazir College of Nursing, Larkana*
[5]*Staff Nurse, Sindh Institute of Cardiovascular Disease, Larkana*
[6,7,8]*Teaching Assistant, Benazir College of Nursing, Larkana*

[*2]buriro13@gmail.com

DOI: https://doi.org/10.5281/zenodo.22791718

Keywords

Article History
Received: 25 January 2026
Accepted: 10 March 2026
Published: 24 March 2026

Copyright @Author
Corresponding Author: *
Nazeer Ali Buriro

Abstract

Background: *Palliative care is a cornerstone of holistic healthcare, aiming to improve the quality of life for patients with life-limiting conditions and their families by addressing physical, psychosocial, and spiritual needs. Despite global recognition of its importance, only 14% of people in need receive such care, with disparities particularly evident in low- and middle-income countries. Nurses are central providers of palliative care; however, their ability to deliver high-quality care depends heavily on undergraduate preparation. In Pakistan, limited studies suggest that nursing students have inadequate knowledge and mixed attitudes, with curricula lacking structured palliative care education. Understanding students' experiences and perspectives is essential for strengthening training and ensuring compassionate, competent future care delivery.*

Objective: *This study aimed to explore the perceptions, attitudes, and experiences of final-year undergraduate nursing students regarding palliative care, with a focus on their conceptual understanding, emotional responses, and educational preparedness.*

Methods: *A qualitative descriptive design was employed at Benazir College of Nursing, Male College of Nursing and Female College of Nursing affiliated with Shaheed Mohtarma Benazir Bhutto Medical University (SMBBMU), Larkana. Using purposive sampling, 6–8 final-year BSN students were recruited. Data were collected through semi-structured, face-to-face interviews, audio-recorded with consent. Planned duration was 20–30 minutes, but actual interviews lasted 10–15 minutes; nevertheless, rich data were obtained and saturation was achieved. Pilot interviews ensured tool clarity but were excluded from final analysis. Data were transcribed verbatim and analyzed manually using Braun and Clarke's six-step thematic framework. Ethical approval was obtained, and all transcripts were anonymized and securely stored in encrypted format.*

Results: *Five major themes emerged: (1)* ***Knowledge and conceptual understanding****–students showed basic awareness of palliative care but often*

Volume 4, Issue 3, 2026

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

limited its scope to end-of-life and cancer care; (2) ***Attitudes and emotional responses****–participants expressed empathy and recognized the value of palliative care but reported emotional discomfort and fear when dealing with dying patients; (3)* ***Educational preparedness and curriculum gaps****–students consistently described inadequate theoretical coverage and lack of structured clinical exposure; (4)* ***Challenges and barriers****–limited mentorship, cultural taboos around death, and absence of specialized faculty hindered learning; and (5)* ***Recommendations and facilitators****–students strongly advocated integrating structured palliative care modules, workshops, mentorship, and clinical rotations in cancer hospitals into the BSN curriculum.*

Conclusion: *The findings highlight significant gaps in undergraduate nursing education in Pakistan regarding palliative care, leaving students underprepared for clinical realities. Despite these challenges, students demonstrated positive attitudes and willingness to provide such care if supported with adequate training. To bridge the gap between knowledge and practice, nursing curricula should integrate structured palliative care education, provide supervised clinical exposure, and foster mentorship to enhance students' competence and confidence. Strengthening these areas is essential to ensure future nurses can deliver compassionate, holistic, and effective palliative care.*

1. Introduction:

Background

Palliative care has emerged as a crucial element of modern health systems as populations increasingly face chronic and life-limiting illnesses. The World Health Organization (WHO) defines it as an approach that enhances the quality of life of patients and their families by addressing physical, psychosocial, and spiritual suffering. Globally, around 56.8 million people require palliative care each year, yet only about 14% of those in need have access, revealing a considerable gap between need and access, particularly in low- and middle-income countries (LMICs)[1].

To reduce these disparities, the WHO underscores the importance of integrating palliative care into primary health systems. Global policy guidance highlights that introducing palliative care early within healthcare delivery, including at the primary care level, is essential for equitable access and effective symptom management. It advises governments to incorporate palliative care into essential health services, expand training for healthcare providers, and strengthen delivery structures across all tiers of health systems[2].

Despite growing recognition, substantial global inequities remain. Data from the WHO Noncommunicable Disease Country Capacity Survey across 177 member states showed that many LMICs lack policies, financial support, and trained personnel, with these deficiencies posing a significant barrier to universal health coverage[3].

Nurses occupy a central role in the provision of palliative care. A recent scoping review emphasized their critical contribution to symptom control, holistic support, patient advocacy, and education for families in diverse care settings. The findings highlighted that nursing care improves outcomes for patients and families while ensuring continuity of care[4].

However, the capacity of nurses to deliver effective palliative care depends heavily on the education they receive during undergraduate training. A review of nursing education noted that while palliative care is increasingly included in curricula, delivery remains inconsistent, leaving many students underprepared for practice. The authors recommended structured, standardized training to ensure competence[5].

International evidence reflects similar gaps. In Italy, an analysis of undergraduate nursing curricula revealed that palliative care content was

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

fragmented, inconsistently structured, and varied significantly across institutions. The study called for curriculum reform and alignment with international benchmarks to better prepare future nurses[6].

Exploring nursing students' perceptions of palliative care education is equally important. A qualitative inquiry with students who completed an elective in palliative and end-of-life care reported enhanced emotional growth, self-awareness, and confidence in interacting with dying patients, demonstrating the transformative potential of meaningful educational experiences[7]. Similarly, a recent qualitative study found that many students expressed uncertainty in addressing the complex needs of patients and families, stressing the need for curricula that develop both technical skills and emotional resilience[8].

Further insights come from Uganda, where a mixed-methods study found that although students displayed basic knowledge of palliative and end-of-life care, many lacked confidence in applying this knowledge in clinical settings. The authors highlighted the importance of fostering self-efficacy as a priority in nursing education[9]. Likewise, challenges in delivering palliative care are echoed internationally. A qualitative study from rural China reported barriers such as insufficient training, cultural sensitivities, and limited resources, underlining that these difficulties are global in scope and require international collaboration to strengthen education and practice[10].

In Pakistan, few studies have explored nursing students' readiness for palliative care. Evidence suggests undergraduate nursing students often have insufficient knowledge and mixed attitudes, with authors calling for structured training programs to improve competencies[11]. Other studies of palliative care delivery also expose systemic shortcomings. A qualitative study on cancer patients' palliative needs at home revealed that families struggled with symptom management due to scarce resources and the absence of trained professionals, exposing weaknesses within the country's palliative care infrastructure [12].

Against this backdrop, the present study investigates the perceptions and experiences of final-year undergraduate nursing students in Pakistan regarding palliative care. Using a qualitative approach, it seeks to provide deeper insights into their understanding, challenges, and learning experiences. Findings from this study aim to guide curriculum design, strengthen clinical mentorship, and inform policy efforts to improve palliative care education and practice in Pakistan, thereby contributing to a more compassionate and responsive health system.

2. Problem Statement

Although palliative care is globally recognized as a vital component of healthcare, major disparities persist, particularly in LMICs where resources, policies, and trained professionals remain inadequate. Nurses, who play a pivotal role in palliative care, often feel underprepared due to insufficient and inconsistent undergraduate training. In Pakistan, limited research has revealed gaps in nursing students' knowledge, mixed attitudes toward palliative care, and systemic weaknesses in service provision. However, little qualitative evidence exists on how nursing students perceive and experience their education in this field. This gap in understanding hampers curriculum development and the preparation of future nurses to deliver compassionate, holistic care to patients with life-limiting illnesses.

3. Literature Review

A cross-sectional survey was conducted at the Aga Khan Hospital in-patient and out-patient departments, as well as home-based palliative care services, to assess caregivers' perceptions and attitudes toward palliative care. The study included 250 adult caregivers who completed a structured questionnaire, and data were analyzed using univariate and multivariate methods, including Cox-proportional hazard algorithm and ANOVA, with SPSS version 18. Findings revealed that nearly half (45%) of the respondents had enhanced understanding of palliative care, with better knowledge observed among those under 40 years of age, individuals

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

educated at least up to grade 10, and close family members of patients. Caregivers demonstrated awareness that patients with terminal illness should be informed about their diagnosis and supported in daily activities. The study emphasized that while caregivers showed correct knowledge regarding the holistic nature of palliative care, gaps in comprehension remain, highlighting the need for structured programs to improve caregiver education and strengthen palliative care services[13].

Similarly, in a qualitative case study was investigated in Thailand to investigate the experiences of nursing students in providing palliative care to terminally ill patients in the Intensive Care Unit. Nine third-year nursing students were purposively selected as key informants, and in-depth interviews were used to collect data. The purpose of the study was to explore students' self-awareness and perceptions when caring for terminally ill patients. Findings revealed two themes: self-perception while providing care and respecting patients' dignity. The study emphasized that such experiences can be utilized to design learning activities that enhance students' self-awareness and promote the delivery of humanized care to terminally ill patients[14].

Building on the theme of student experiences, a quasi-experimental pretest/posttest study was conducted at a Midwest Jesuit university with 75 senior nursing students to evaluate relationships among prior palliative care experience, knowledge, self-awareness, and performance during an end-of-life simulation. Data were collected using validated tools, including the Frommelt Attitudes Toward Care of the Dying, the Palliative Care Quiz for Nursing, and a modified Creighton Competency Evaluation Instrument. The purpose of the study was to determine whether previous end-of-life care experience influenced students' knowledge, attitudes, and performance in palliative care. Results showed that students demonstrated significant post-simulation improvements in knowledge, self-awareness, and competence in delivering palliative care, regardless of their previous experience. The study emphasized that simulation is an effective educational strategy to enhance palliative care competence among nursing students[15].

In a similar vein, another quasi-experimental study was explored among nursing students enrolled in the second, third, and fourth years at the Faculty of Nursing, with a representative sample of 40% of the student body. Data were collected using two tools: a structured interview questionnaire that assessed socio-demographic information and knowledge about palliative care, and the Frommelt Attitudes Toward Care of the Dying (FATCOD) scale. The purpose of the study was to evaluate the effect of a palliative care educational program on students' knowledge and attitudes toward caring for dying patients. Findings revealed that second- and third-year students had little prior experience in end-of-life care, while significant improvements in knowledge and attitudes were observed among fourth-year students during post- and follow-up assessments ($p=0.002$). The study emphasized the need to integrate palliative care education into the nursing curriculum to promote correct principles of end-of-life care and to foster positive attitudes toward caring for terminally ill patients[16].

Extending this line of evidence, semi-experimental pretest–posttest study was conducted in Iran using a convenience sample of 23 seventh-semester nursing students. The intervention consisted of ten theoretical sessions and three practical sessions on palliative care, with data collected through demographic forms and a perceived self-efficacy questionnaire before and after training. The purpose of the study was to determine the effect of combined theoretical and practical palliative care training on students' perceived self-efficacy. Results demonstrated significant improvements in perceived self-efficacy, psychosocial support, and symptom management following the intervention ($p<0.05$). The study concluded that structured palliative care training can enhance nursing students' competence and self-efficacy, underscoring the need for integrating such programs into nursing curricula to improve the quality of end-of-life care delivery[17].

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Consistent with these findings, descriptive cross-sectional study was conducted at the Lahore School of Nursing, University of Lahore, between September 2020 and December 2023. The study included 55 fourth-year BSN students selected through convenience sampling, and data were collected using a self-administered structured questionnaire consisting of 20 Likert-scale items. Analysis was performed with SPSS version 21.0 applying descriptive statistics, Pearson correlation, and chi-square tests to assess the level of knowledge and attitude regarding palliative care among final-year undergraduate nursing students. Findings showed that 85.5% of students had good knowledge and 63.6% demonstrated a favorable attitude toward palliative care. A significant positive correlation between knowledge and attitude was observed ($r = 0.487$, $p < 0.01$). The study highlighted that although students possessed satisfactory knowledge and positive attitudes, curriculum enhancement and increased practical exposure are essential to address conceptual gaps and strengthen competencies in palliative care[18].

In contrast, a descriptive cross-sectional online survey was conducted across Pakistan among 246 undergraduate medical students using a questionnaire adapted from the PaCKS tool. The study aimed to assess students' prior knowledge and awareness of palliative care. Results showed a mean PaCKS score of 9.7 (SD=2.76) out of 13, with prior awareness significantly associated with higher scores. Factors such as enrollment in private institutions, advanced year of study, and higher family income were also linked to better awareness ($p<0.001$). However, knowledge did not significantly improve across medical school years, and misconceptions persisted, particularly in differentiating palliative care from hospice care. The study concluded that while students had a basic understanding of palliative care, curricular shortcomings limited deeper comprehension, underscoring the need for targeted educational interventions in medical training[19].

At a broader level, a descriptive qualitative study was conducted at a healthcare simulation centre in Singapore with a purposive sample of 75 third-year undergraduate nursing students. Data were collected through eight face-to-face focus group discussions after students participated in an advanced practice nurse–led palliative and end-of-life simulation program, and the transcripts were analyzed using inductive thematic analysis. The purpose of the study was to explore students' perspectives and learning experiences regarding palliative and end-of-life care simulations. Results highlighted four major themes: understanding patient, family, and caregiver needs; developing nursing competencies; experiences of simulation-based learning; and suggestions for improvement, including incorporating virtual simulations and broader participation opportunities. The study concluded that simulation-based learning is a valuable educational strategy in palliative care training and emphasized the importance of involving clinical experts and expanding simulation modalities to enhance student preparedness for end-of-life care[20].

Together, these studies demonstrate that while caregivers, nursing students, and medical students generally acknowledge the importance of palliative care, substantial gaps remain in knowledge, attitudes, and practical preparedness. Evidence consistently points to the need for structured, simulation-based, and curriculum-integrated training programs to strengthen competencies and ensure quality end-of-life care delivery.

4. Research Questions

1. How do final-year undergraduate nursing students perceive and understand the concept of palliative care?
2. What are the attitudes and feelings of final-year undergraduate nursing students toward providing palliative care?
3. What experiences, challenges, and facilitators do final-year undergraduate nursing students describe in relation to learning and practicing palliative care?

5. Research Objectives

1. To explore and describe the perceptions of final-year undergraduate nursing students regarding palliative care.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

2. To understand the attitudes and emotional responses of final-year undergraduate nursing students toward providing palliative care.
3. To identify the experiences, barriers, and facilitators that influence final-year undergraduate nursing students' learning and practice of palliative care.

6. Methodology

6.1 Research Design

This study adopts a qualitative descriptive research design to explore the perceptions and experiences of final-year undergraduate nursing students regarding palliative care. This approach is appropriate for obtaining rich, straightforward descriptions of participants' personal experiences and viewpoints without imposing interpretive frameworks. It is especially effective in nursing research, where understanding the lived realities of students in their own words is crucial.

6.2 Study Site / Area

The research was conducted at Benazir College of Nursing including both the Female and Male Colleges of Nursing affiliated with Shaheed Mohtarma Benazir Bhutto Medical University (SMBBMU), Larkana. These institutions provide a diverse population of final-year Bachelor of Science in Nursing (BSN) students, making them an appropriate setting for this study.

6.3 Study Population

The target population consists of final-year BSN students currently engaged in academic coursework or clinical rotations. These students are expected to have both theoretical exposure to palliative care and practical insights through their clinical training, making them suitable participants for this research.

7 Sampling and Sample Size

A purposive sampling technique was employed to select participants who could provide rich and relevant data aligned with the study's objectives. A sample size of 12 to 18 participants was anticipated, with the final number determined by the principle of data saturation the point at which no new insights or themes emerged during interviews.

8. Inclusion Criteria

- Final-year BSN students enrolled at SMBBMU or its affiliated colleges.
- Currently engaged in academic coursework or clinical rotations.
- Aged between 18 and 35 years.
- Willing to provide informed consent and participate voluntarily.

9. Exclusion Criteria

- Students not in their final year.
- Registered nurses or practicing professionals.
- Students enrolled in diploma or non-BSN programs.
- Individuals unavailable during the data collection period.

10. Pilot Testing

Prior to the main data collection, a pilot test was conducted with three students (two females and one male) to ensure the clarity, relevance, and feasibility of the interview guide. The pilot interviews were used only for testing purposes and were not included in the main study analysis. The process confirmed that the tool was understandable and aligned with the research objectives, and minor refinements were made before proceeding with the main study.

11. Data Collection

Data were collected through semi-structured, face-to-face interviews using an open-ended interview guide developed from relevant literature and validated through pilot testing. The guide explored:

- Students' perceptions and conceptual understanding of palliative care.
- Their attitudes, feelings, and emotional responses toward providing care.
- Their educational and clinical exposure to palliative care.
- Perceived challenges, supports, and recommendations for curriculum integration.

Each interview was audio-recorded with prior consent and conducted in a private and quiet Setting to ensure participant comfort and confidentiality

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

The interviews were initially planned to last 20–30 minutes; however, during data collection, the actual duration ranged from 10–15 minutes, depending on the depth of responses provided by participants. Although shorter than planned, the interviews yielded rich, detailed data, and data saturation was still achieved.

11.1 Data Collection Tools

- A researcher-developed semi-structured interview guide.
- A demographic data sheet for participant background information.
- An audio recorder (with participant consent) to ensure accuracy during transcription and analysis.

12. Data Analysis

All interviews were transcribed verbatim and analyzed using thematic analysis, following the six-phase framework of Braun and Clarke (2006). Coding and theme development were performed manually by the researcher without the use of specialized software, ensuring immersion in the data.

13. Ethical Consideration

The study adhered to ethical principles of research. Ethical approval was obtained from the Institutional Review Board (IRB) of SMBBMU, Larkana, and permission was secured from the heads of the affiliated nursing colleges. Participants were provided with a written informed consent form, which explained the study's purpose, procedures, and their rights, including the right to withdraw at any stage without penalty. Participation was voluntary, and strict measures were taken to ensure anonymity and confidentiality. No identifiable personal data were collected, and transcripts were anonymized. All audio files and transcripts were password-protected and stored securely in encrypted format, accessible only to the research team. Findings will be presented in a way that safeguards participants' identities and upholds ethical integrity.

Phase	Description
Familiarization	Reading and re-reading transcripts, noting initial ideas.
Generating Initial Codes	Systematically coding meaningful features of the data.
Searching for Themes	Collating codes into potential themes.
Reviewing Themes	Refining and verifying themes against the dataset.
Defining and Naming Themes	Clearly defining the scope and focus of each theme.
Producing the Report	Developing a narrative supported by direct participant quotes.

Result

The analysis of qualitative data obtained from final-year undergraduate nursing students regarding their perceptions and experiences of palliative care. Thematic analysis identified five major themes that reflect participants' knowledge, attitudes, preparedness, challenges, and recommendations for improving palliative care education and practice.

Theme 1: Knowledge and Conceptual Understanding of Palliative Care

Category 1: Basic awareness of palliative care

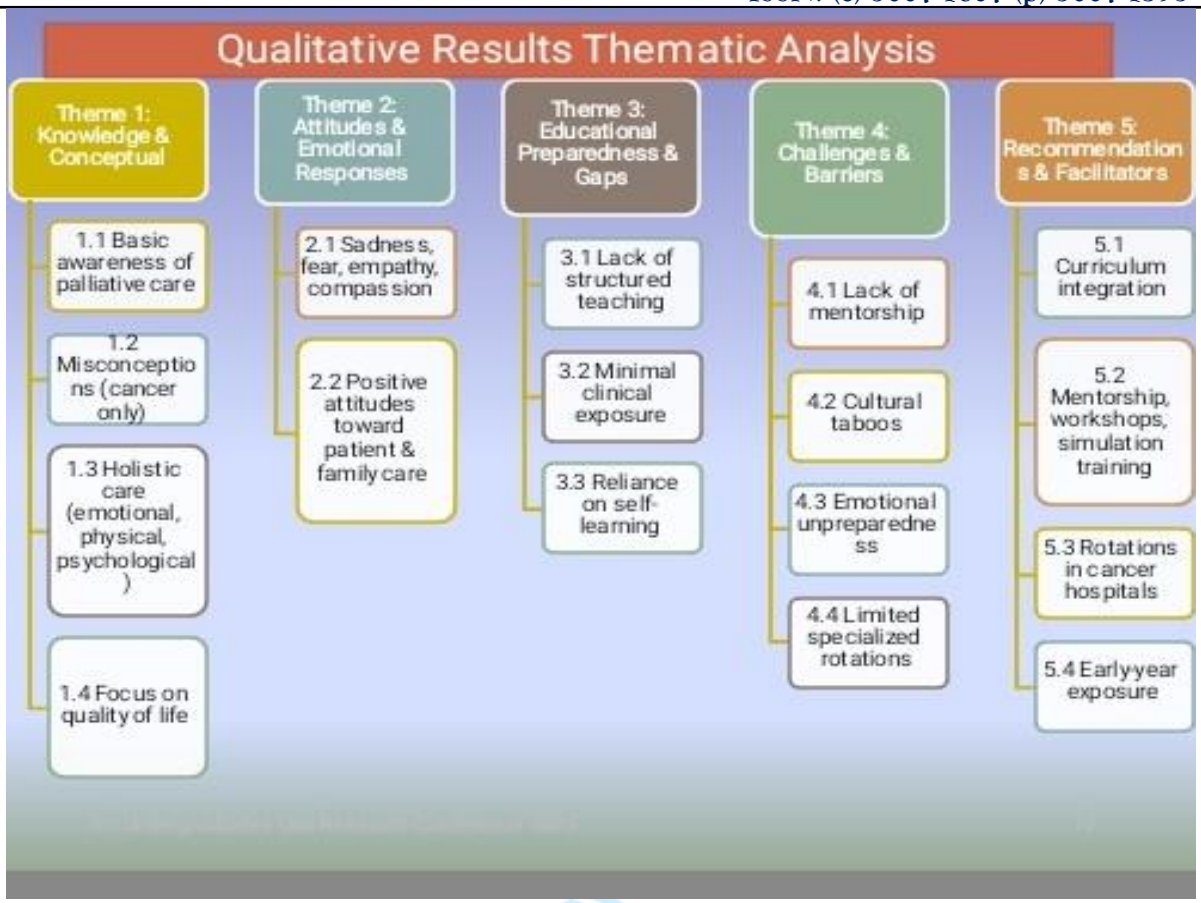
Most participants demonstrated a basic understanding of palliative care as a form of care for patients at the end of life, focusing on comfort, support, and dignity rather than cure.

"*In my opinion, palliative care is when a person who has spent their time in this world deserves that when they are leaving, others treat them well and give them a good goodbye.*" *(P1)*

Volume 4, Issue 3, 2026

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593



Category 2: Misconceptions (cancer-only focus)

Several participants believed that palliative care is only provided to cancer patients. This misconception reflects a limited awareness of its broader scope, which should include all chronic and life-limiting conditions.

"Palliative care means end-life care. We provide care to a person suffering from a disease so that the rest of his life is comfortable." (P5)

Category 3: Holistic care (emotional, physical, psychological)

Some participants described palliative care as holistic care that addresses not only physical but also emotional and psychological aspects of patient well-being.

"Palliative care means providing care to patients emotionally, psychologically, and physically. It is not limited to cancer patients but includes those suffering from chronic or life-threatening conditions." (P6)

Category 4: Focus on quality of life

Participants recognized that the main goal of palliative care is to improve the quality of life for patients and their families by reducing pain and discomfort and providing emotional support.

"In my opinion, palliative care is when there is no cure for a patient's disease. We treat the symptoms like pain, nausea, and vomiting, and we psychologically support the patient to improve their quality of life." (P4)

Theme 2: Attitudes and Emotional Responses toward End-of-Life Care

Category 1: Sadness, fear, empathy, and compassion

Students reported experiencing emotional distress, sadness, and fear when caring for dying patients but also emphasized how such experiences strengthened their empathy and compassion.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

"I have seen patients in the ICU who were struggling to survive, and even in their last moments, it was very difficult for them." (P1)

Category 2: Positive attitudes toward patient and family care

Participants expressed that providing emotional support to both patients and their families improves overall care outcomes and satisfaction.

"*In my opinion, palliative care is also important for the patient and his family. Because when we give emotional support to the patient, it also helps the family deal with stress in the new environment." (P2)*

Category 3: Professional empathy and commitment

Many participants believed that empathy and compassion are essential professional attributes that help nurses deliver effective and humanistic care.

"Nurses are the front line and backbone of hospitals. They provide care, trust, empathy, and motivation to patients and families, making palliative care essential in nursing practice." (P6)

Theme 3: Educational Preparedness and Gaps in Curriculum

Category 1: Lack of structured teaching

Participants highlighted that palliative care is not systematically taught in their BSN curriculum. There is no dedicated subject, workshop, or structured instruction on how to provide palliative care.

"*We have not had any special knowledge about palliative care in nursing for four years. We are not taught any practice or technique in this regard." (P2)*

Category 2: Minimal clinical exposure

Students reported very limited practical experience during their rotations, which left them underprepared to deal with patients requiring palliative care.

"*According to our rotation, we have not come across any case where we have given palliative care to a patient." (P3)*

Category 3: Reliance on self-learning

Due to lack of structured education, students relied on observation and personal initiative to understand palliative care.

"From first to sixth semester, I had no exposure. In the seventh semester, I began to learn, and by the eighth semester, I had about 60–70% understanding during ICU rotations." (P6)

Theme 4: Challenges and Barriers in Practicing Palliative Care

Category 1: Lack of mentorship

Participants reported absence of mentors or supervisors who could guide them in palliative care, leading to uncertainty and lack of confidence.

"Students who go for weekly or clinical rotations should be guided at the bedside by a clinical advisor or subject teacher." (P3)

Category 2: Cultural taboos

Cultural discomfort in talking about death and dying was mentioned as a barrier to openly providing end-of-life care.

"First of all, this should be taught to us... we have never been shown doing that thing or got any exposure to it." (P1)

Category 3: Emotional unpreparedness

Students felt emotionally unprepared to handle dying patients due to lack of formal emotional training and guidance.

"If we are properly taught and then go to the clinical side to practice, we can assist in nursing practice confidently... otherwise, students feel unprepared." (P2)

Category 4: Limited specialized rotations

Participants highlighted the absence of rotations in palliative or oncology wards, which restricted real-world experience.

"If we have a good teacher or supervisor and a rotation in a cancer hospital, we can gain exposure and provide proper care in patients' last moments." (P5)

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Theme 5: Recommendations and Facilitators for Improvement

Category 1: Curriculum integration

Participants strongly recommended that palliative care should be included as a subject or module within the BSN curriculum.

"They should definitely add palliative care to the curriculum and include rotation in cancer hospitals." (P5)

Category 2: Mentorship, workshops, and simulation training

Students emphasized the importance of structured mentorship and regular training sessions such as workshops and simulations.

"My suggestion is that if we are properly taught about this, and then practice in the clinical setting, this can be a better step to assist in nursing practice." (P2)

Category 3: Rotations in cancer hospitals

Clinical exposure in oncology or hospice settings was suggested as essential for developing professional competence.

"If we have a good teacher or supervisor and a rotation in a cancer hospital, we can gain exposure and provide proper care in patients' last moments." (P5)

Category 4: Early year exposure

Students proposed that palliative care education and clinical exposure should begin in the early years of the BSN program to build gradual competence.

"Palliative care should be part of the BSN curriculum from the first year onward, with clinical rotations and emergency training included." (P6)

Summary

The analysis revealed that nursing students possess a foundational understanding and positive attitude toward palliative care but face several challenges including lack of structured education, limited mentorship, and minimal clinical exposure. Participants emphasized the need for curriculum integration, emotional preparation, and early, hands-on training to strengthen palliative care knowledge and practice in nursing education.

Discussion

The present qualitative study explored the perceptions and experiences of final-year undergraduate nursing students regarding palliative care. The findings revealed that students possessed only moderate knowledge and a limited conceptual understanding, often associating palliative care primarily with cancer and end-of-life cases. This restricted view reflects gaps in both theoretical instruction and practical exposure. Participants emphasized that although they had heard about palliative care, they lacked structured clinical experiences and mentorship to apply it confidently in real settings.

Consistent with a study by Hold, Blake, and Ward (2015), nursing students in the current study recognized that emotional learning, real patient interaction, and hands-on exposure played vital roles in developing a meaningful understanding of palliative care [7]. Both studies demonstrate that experiential learning allows students to build empathy, confidence, and a holistic view of care for terminally ill patients. The alignment suggests that integrating such learning opportunities into the curriculum could improve student preparedness and emotional competence.

However, the findings contrast with research conducted at the National University of Singapore, where students exhibited higher confidence and positive attitudes toward end-of-life care after completing a structured palliative care program that included early clinical exposure and mentorship [13]. Unlike the current study's participants, who reported minimal training and limited guidance, students in the Singapore study benefited from a systematic curriculum that enhanced their competence and comfort in managing dying patients. This indicates that formalized education, combined with supervised clinical rotations, can bridge the existing knowledge and skill gaps among undergraduate nursing students.

Overall, the present study underscores a significant need for integrating palliative care into nursing curricula through dedicated subjects, workshops, and supervised clinical rotations. Strengthening mentorship and incorporating

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

early exposure to terminally ill patients can enhance both theoretical understanding and emotional readiness. Improving these educational dimensions will ultimately prepare future nurses to provide compassionate, holistic care to patients with life-limiting conditions.

Limitations

This study was conducted among final-year Bachelor of Science in Nursing (BSN) students, representing a relevant group for exploring perceptions and experiences of palliative care. Despite achieving data saturation and obtaining rich qualitative insights, several limitations must be acknowledged. Firstly, the sample size was relatively small, involving only six participants across three affiliated nursing colleges. While this is acceptable in qualitative research, it may limit the generalizability of findings to other nursing institutions or regions. Secondly, the duration of interviews ranged from 10 to 15 minutes, which, although sufficient for thematic depth, may have constrained more detailed exploration of certain experiences and emotional responses.

Additionally, the study relied on self-reported perceptions, introducing the possibility of social desirability bias, where participants may have provided responses they perceived as professionally appropriate rather than entirely personal. Finally, as data were collected within a single institutional context, the findings are context-specific and may not fully reflect the perspectives of nursing students in other provinces or healthcare education systems.

Nevertheless, these limitations do not diminish the value of the study. The insights generated provide a meaningful foundation for curriculum development, future research, and enhanced clinical training in palliative care among nursing students in Pakistan.

Recommendation

Based on the findings of this qualitative study, several recommendations are proposed to enhance nursing education and practice related to palliative care:

1. Integration of Palliative Care into the BSN Curriculum:

Palliative care concepts should be formally included as a separate subject or module across all four years of the BSN program. This will ensure consistent theoretical and practical exposure from early stages of nursing education.

2. Structured Clinical Rotations:

Clinical placements in oncology units, hospices, and palliative care wards should be made mandatory to provide students with real-life experiences in caring for patients with life-limiting illnesses.

3. Faculty Development and Mentorship:

Nursing faculty should receive specialized training in palliative and end-of-life care to serve as effective mentors and role models for students during clinical learning.

4. Workshops, Seminars, and Simulation Training:

Interactive workshops and simulation-based learning sessions should be conducted regularly to strengthen students' communication skills, empathy, and confidence in managing end-of-life situations.

5. Emotional and Psychological Support for Students:

Institutions should establish counseling and peer support programs to help nursing students cope with the emotional challenges associated with caring for terminally ill patients.

6. Collaboration and Policy Implementation:

Collaboration between educational institutions, hospitals, and policy-makers is essential to standardize palliative care education and practice within nursing curricula nationwide.

7. Future Research:

Further studies with larger and more diverse samples from multiple regions are recommended to explore cultural, institutional, and systemic influences on nursing students' understanding and delivery of palliative care.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Conclusion

The findings of this qualitative study revealed that final-year nursing students possess a basic awareness and generally positive attitude toward palliative care but face significant challenges related to inadequate training, limited clinical exposure, and emotional unpreparedness. Despite
recognizing the importance of holistic and compassionate care, students expressed a lack of confidence in managing end-of-life situations due to insufficient educational and practical support.
Integrating structured teaching, mentorship, and clinical rotations focused on palliative care into the BSN curriculum is crucial for strengthening students' competence and preparing them to provide empathetic, patient-centered care for individuals with life-limiting conditions.

ACKNOWLEDGMENT

We would like to express our heartfelt gratitude to our supervisor and co supervisor Mrs. Faiza Wajid, Assistant Professor at Benazir College of Nursing, and Mr Nazir Ali Associate professor at Benazir College of Nursing SMBBMU Larkana, for their invaluable supervision, continuous guidance, and encouragement throughout the completion of this study.Thier insightful feedback and academic support were instrumental in shaping the quality and direction of this research.

Sincere appreciation is also expressed to the final-year BSN students who participated in this study for generously sharing their time, experiences, and perspectives, which formed the foundation of this research.

The researcher further acknowledges the administration of Benazir College of Nursing, SMBBMU Larkana, for granting permission and providing the necessary support to conduct this study smoothly and ethically.

14. Timelines (3 Months)

Task	Timeframe
Literature Review	
Ethical Approval	
Data Collection (Interviews & Observations)	
Data Analysis	
Writing and Reporting	

References:

World Health Organization. Palliative care [Internet]. Geneva: WHO; 2020 [cited 2025 Aug 31]. Available from: https://www.who.int/news-room/fact-sheets/detail/palliative-care

World Health Organization. Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers. Geneva: WHO; 2018.

Sharkey L, Loring B, Cowan M, Riley L, Krakauer EL. National palliative care capacities around the world: results from the World Health Organization Noncommunicable Disease Country Capacity Survey. Palliat Med. 2018;32(1):106-13.

Moran S, Bailey ME, Doody O. Role and contribution of the nurse in caring for patients with palliative care needs: a scoping review. PLoS One. 2024;19(8):e0307188.

Durojaiye A, Ryan R, Doody O. Student nurse education and preparation for palliative care: a scoping review. PLoS One. 2023;18(7):e0286678.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Mastroianni C, Codina MR, D'Angelo D, Petitti T, Latina R, Casale G, et al. Palliative care education in undergraduate nursing curriculum in Italy. J Hosp Palliat Nurs. 2019;21(1):96-103.

Hold JL, Blake BJ, Ward EN. Perceptions and experiences of nursing students enrolled in a palliative and end-of-life nursing elective: a qualitative study. Nurse Educ Today. 2015;35(6):777-81.

Taheri-Ezbarami Z, Jafaraghaee F, Sighlani AK, Mousavi SK. Understanding the educational needs of undergraduate nursing students regarding end-of-life care: a qualitative content analysis. BMC Res Notes. 2025;18(1):129.

Natuhwera G, Namisango E, Ellis P. Knowledge, self-efficacy, and correlates in palliative and end-of-life care: quantitative insights from final-year nursing and medical students in a mixed-methods study. Palliat Care Soc Pract. 2025;19:26323524251316901.

Lin H, Huang Y, Wang Y. Facilitators and barriers to palliative care delivery in rural China: a qualitative study of the perceptions and experiences of rural healthcare professionals. BMC Palliat Care. 2025;24(1):211.

Asif M, Adil M, Asif N, Arooj A. Knowledge and attitude among under-graduate nursing students regarding palliative care. Insights J Health Rehabil. 2025;3(2):224-31.

Zindani SN, Barolia R, Gul R. Ways of managing palliative care needs of adult cancer patients at home in the context of Pakistan: a qualitative approach. Liaquat Natl J Cancer Care. 2021;3(2):3.

Shah S, Qaisar F, Azam I, Mansoor K. Perceptions, knowledge and attitudes towards the concept and approach of palliative care amongst caregivers: a cross-sectional survey in Karachi, Pakistan. BMC Palliative Care. 2020 Nov 26;19(1):180.

Sukcharoen P, Polruk J, Lukthitikul S, Eamchunprathip S, Petchsuk R. Undergraduate nursing students' experiences of palliative care in the intensive care unit. BMC nursing. 2023 Jul 31;22(1):251.

Kirkpatrick AJ, Cantrell MA, Smeltzer SC. Relationships among nursing student palliative care knowledge, experience, self-awareness, and performance: An end-of-life simulation study. Nurse education today. 2019 Feb 1;73:23-30.

Elmelegy OE, Ahmed RE, Elkazeh EA. Impact of Palliative Care Educational Program on Nursing Students' Knowledge and Attitudes toward Care of Dying Patients. International journal of Nursing Didactics. 2016 Dec 31;6(12):22-31.

Salmani N, Keshmiri F, Bagheri I. The effect of combined training (theoretical-practical) of palliative care on perceived self-efficacy of nursing students. Plos one. 2024 Jul 11;19(7):e0302938.

Zubair K, Kainat A. Nurses knowledge and attitude about palliative care in a private sector hospital Lahore, Pakistan. International Journal of Healthcare Professions. 2024 Sep 30.

Bilal Z, Malik MJ, Virwani V, Khan A, Waqar MA. Knowledge and awareness of undergraduate medical students regarding palliative care in Pakistan: a cross-sectional study. BMC Palliative Care. 2024 Nov 12;23(1):262.

Yoong SQ, Schmidt LT, Chao FF, Devi KM, Wang W, Zhang H. Nursing students' perspectives and learning experiences of participating in a palliative and end-of-life care simulation programme: A qualitative study. Nurse Education Today. 2024 Mar 1;134:106103.