11th International Conference on Higher Education Advances (HEAd'25)
Universitat Politècnica de València, València, 2025
DOI: https://doi.org/10.4995/HEAd25.2025.20198

Promote Dignity in Palliative Care Nursing Education using a narrative pedagogical approach

Joel Vitorino[1,2], Ana Querido[1,3], Isabel Semeão[3,4], Carlos Laranjeira[1,3]

[1] Center for Innovative Care and Health Technology (ciTechcare), Polytechnic University of Leiria, Portugal; [2] Palliative Care Unit, Portuguese Institute of Oncology, Coimbra, Portugal; [3] School of Health Sciences, Polytechnic University of Leiria, Portugal; [4] Hospital Palliative Care Team, Local Health Unit of the Leiria Region, Leiria, Portugal.

How to cite: Vitorino, J.; Querido, A.; Semeão, I.; Laranjeira, C. (2025). Promote Dignity in Palliative Care Nursing Education using a narrative pedagogical approach. In: 11th International Conference on Higher Education Advances (HEAd'25). Valencia, 17-20 June 2025. https://doi.org/10.4995/HEAd25.2025.20198

Abstract

The education of nursing students encompasses the transmission of knowledge and clinical skills, as well as values, attitudes, and behaviors. In palliative care, it is imperative to uphold and safeguard individuals' dignity. We aimed to explore senior nursing students' perceptions of dignity in care using a narrative approach. Reflection prompts were designed using the ABCDs dignity in care model. Audio recording reflection entries from 18 students were collected and analysed using qualitative content analysis. Three themes were identified: 1) being transformed; 2) the power of narrative to expose personal vulnerability; and 3) connection and detachment in EoL. Our findings indicated that reflection on personal dignity enhances comprehension, fosters the humanization of care, and facilitates acts that can uphold the dignity of patients.

Keywords: *Palliative Care; Dignity; Narrative; Competence; Reflection.*

1. Introduction

Palliative care (PC) has become increasingly significant within healthcare services and may commence upon the diagnosis of a serious illness and continue throughout the care trajectory (Cain et al., 2018). Currently, PC presents a broad set of challenges for communities, institutions, and healthcare professionals, aiming not only to ensure its accessibility but also to enhance its effectiveness (Vitorino et al., 2023). The challenges also extend to academia, highlighting the need to foster and develop fundamental basic competencies in PC among undergraduate nursing students (Martins Pereira et al., 2021).

Teaching palliative care's philosophy, pillars, and bioethics in nursing is essential (Pereira et al., 2022). Upholding the dignity of individuals and their families during the dying process is crucial

in healthcare, especially for nurses operating in PC units (Chua et al., 2022). The education of nursing students should encompass ethical, humanistic, and scientific principles, grounded in respect for individual dignity, particularly in vulnerable situations (Rojas-Rivera et al., 2023).

Given the vulnerability of individuals in PC, it is crucial to promote authentic dialogues within the framework of diversity and social justice in higher education. Through a 'pedagogy of vulnerability,' this approach enhances student engagement and empowerment by encouraging them to critically assess their own competencies (Christodoulidi, 2024; Farfán-Zúñiga & Jaman-Mewes, 2024; Laranjeira, 2025). Active teaching and learning methodologies place students at the heart of the educational process, fostering deeper understanding and skill development (Chang et al., 2022). Besides, narrative-based interventions positively influence nursing students by enhancing their listening and observational skills, fostering self-reflection and empathy, encouraging alternative perspectives on person care, and serving as effective tools for motivating both professional and personal development (Xue et al., 2023).

Jean Watson posited that the capacity for humanistic care in nursing represents the nurses' manifestation of humanistic literacy within clinical practice, enabling them to serve patients with awareness and creativity (Wu & Volker, 2012). She delineated ten caritas factors/processes, which encompass the cultivation of a humanistic-altruistic value system, the establishment of a trusting human-caring relationship, the instillation and facilitation of faith and hope, and the provision of a supportive, protective, and/or corrective mental, social, and spiritual environment. Consequently, it is imperative to develop nursing students' capacity for humanistic care and their ability to give compassionate patient care (Xue et al., 2023).

Dignity in nursing education is infrequently delineated, and there exists a paucity of standards for nurses to implement in their practice to elevate the dignity of individuals (Crump, 2019a). Therefore, this study aimed to explore senior nursing students' perceptions of dignity in care using a narrative approach. Adapting the well-known mnemonic "airway, breathing, and circulation (ABC)" Chochinov has developed an ABCD framework for dignity conserving care that is easy to remember and understand (Higginson & Hall, 2007). The ABCDs of dignity in care (Chochinov, 2007) examine how attitudes may affect actions, and how people can take conscious steps to adjust those attitudes and behaviors. This framework was developed for everyone who has contact with patients, and who therefore could support the dignity of people who seek help.

2. Methodology

2.1. Study design

This study used a descriptive qualitative design, an excellent approach for gaining insight into a research question and understanding people's perceptions about the phenomena (Kim et al.,

2017). The study was guided by the COREQ reporting guidelines. Ethics approval was granted by the Polytechnic University of Leiria (CE/IPLEIRIA/54/2023).

2.2. Participants and Recruitment

All undergraduate nursing students enrolled in a palliative care course in their third year were invited. Eighteen students responded positively to participate in this study. Incoming international students were excluded. Participants have an average of 22.51 ± 2.83 years of age (range: 20 – 35), and the majority were female (n=15).

2.3. Educational Strategy

Two PC nursing faculty members and two clinical nurses developed the training program which covered four main palliative care pillars: symptom control, effective communication, family care, and interdisciplinary teamwork. Conventional pedagogy has limitations for sensitive topics like death due to its lack of flexibility and interactivity, so narrative pedagogy was used instead based on ABCD model of Dignity-Conserving Care (Chochinov, 2007). The ABCD guides students and professionals in preserving the dignity of patients, particularly in PC, and is based on four core dimensions: 1) Attitude; 2) Behavior; 3) Compassion; and 4) Dialogue (Table 1).

The five-week narrative training included 25 hours: 15 theoretical (eight sessions) and 10 practical (five sessions). Weekly lectures, using expositive and interrogative methodology, addressed values and attitudes towards death and end-of-life (EoL), compassionate communication and management of bad news/family conference, symptom management, comfort measures, spiritual care, bereavement support, teamwork, and self-care. Practical lessons with 8-12 participants used active learning strategies such as reflective journal technique, roleplaying, case-based learning, team-based learning, and autobiographical narratives. Real clinical cases were applied to simulate tasks like bad news communication and EoL care. Each session included prebriefing, activity implementation with narrative materials, and a debriefing phase for reflection.

2.4. Data Collection

The study was conducted from September to November 2024. Students were prompted to reflect on their PC course by providing an audio recording on any aspect of dignity of the person, following an interaction with a former caregiver of a person in PC. Data were collected through reflection prompts guided by ABCDs dignity in care (Chochinov, 2007). These reflection entries incorporated the different aspects addressed throughout the training process.

Table 1. Detail of ABCD framework

ABCD dignity in care	Open questions, that guided self-reflections and critical thinking
A – Atittudes This first step is to exam own personal attitudes, beliefs and assumptions regarding patients	○ How would I feel if I were in this patient's position? ○ What factors are influencing my conclusions? ○ Have I verified whether my assumptions are correct? ○ Am I conscious of how my attitude might be impacting the patient? ○ Could my perspective on the patient be shaped by my own experiences, anxieties, or fears? ○ Does my approach as a healthcare provider facilitate or hinder my ability to build open and empathetic professional relationships with my patients?
B – Behavior When I become aware of my attitudes, I can more easily adjust my behavior towards others.	○ I always act and speak with small active kindness that personalizes my care. ○ All people be worthy and have my full attention? ○ Have I improved my communication skills and the tone of contact?
C – Compassion Deep awareness of the patient's suffering and a genuine desire to alleviate it, conveyed through simple gestures such as a compassionate look or a gentle touch	○ I use an understanding look. ○ I look for ways to identify with those who are ill or suffering. ○ I can spoken or unspoken communication, that acknowledges the person and the human challenges that accompany illness ○ I realize that like patients we are all vulnerable. ○ I can foster a sense of trust, openness and honesty that can increase the likelihood that someone will share important personal details.
D – Dialogue To provide the best care possible, nursing students need to gather accurate details about the whole person, and not just the illness.	○ To assess patient priorities and stressors students can aplly the folllowing questions: ○ What should I know about you as a person to give you the best care possible?" ○ At this time of your life, what's the most important issues to you? ○ Who else do you would like to get involved?

2.5. Data Analysis

The data analysis was performed using the conventional content analysis method (Graneheim & Lundman, 2004). Qualitative content analysis is a research methodology that facilitates the conceptual interpretation of textual material by means of systematic classification, coding, and theme development, or by employing established models to acquire comprehensive, in-depth insights regarding the topic being examined. The transcript of each reflective prompt was examined multiple times. Following a comprehensive understanding of the transcript's content, the researcher conducted an inductive analysis of the data. Significant paragraphs were annotated during the meticulous examination of the transcripts. Each notable phrase or paragraph was designated a code. The codes were categorized based on their commonalities and importance. To evaluate the veracity of the codes, the categories were examined and juxtaposed

with the data. Subsequently, following thorough contemplation and comparative analysis of the categories, the researchers identified the themes. The data analysis was conducted using WebQDA software.

2.6. Rigor

The rigor of the gathered data was evaluated according to the criteria established by Lincoln and Guba (1985). Credibility was assessed via member validation, peer debriefing, and examination of contradictory evidence. To evaluate the reliability and confirmability of the data, the researchers engaged a panel of experts to verify the accuracy of the transcripts, as well as the extracted codes and categories. Transferability was guaranteed through a comprehensive discussion of the research topic, participant characteristics, and data analysis methods, supplemented with samples of participant quotations. The researchers deliberated about data saturation following the individual analysis of the reflective diaries.

3. Findings and Discussion

Three main categories emerged related to the concept of dignity in care of patients in palliative condition: 1) being transformed; 2) the power of narrative to expose personal vulnerability; and 3) connection and detachment in EoL.

1) Being transformed

Students capable of deeply contemplating their experiences, emotions, and the intricate moral dilemmas encountered in EoL care received a genuinely transformative learning experience which according to Briciu (2024) involves dealing with edge emotions. They also recognized that mortality is inevitable for all humans, including themselves, prompting them to consider the circumstances of their own death, including the location, companionship, and manner of their passing.

P2: *Being able to stop and reflect on our development is essential to regulating emotions and thus having meaningful learning. Dignifying care also implies enhancing resilience and commitment to patient-centered care.*
P7: *How important it is to reflect on the place of care and the place of death. After all, we can choose how we want to end our lives.*

Students contemplated the type of nurses they wish to be at a professional level. This thought entailed an examination of their fundamental professional values, considering whether to maintain a distance from their patients or deepen their connection with them.

P11: *Only now, in the third year of the course, have we realized how respect for dignity is the basis on which all care must be developed, and this has made us think about our finitude. After all, we will all need humanized care at a certain stage in our lives.*

2) the power of narrative to expose personal vulnerability

Participants acknowledge the fragility and sensitivity of those nearing death and distinctly recognize the necessity for dignified care. Likewise, students feel that own vulnerability was exposed generating a sense of fear and distress.

P8: *Caring for people at the end of their lives is a huge challenge because we are faced with the fragility of ill people and their families. However, I feel that I am fragile and "naked" without really knowing what to say or do. I think several times, what if it were me...*
P5: *Dealing with death causes me a lot of stress, mostly because I don't know what to say...*

The students emphasized that every act of care must be infused with dignity (Chua et al., 2022; Crump, 2019b). Participants also underscored that respect and dignity stem from collaborative efforts among health professionals, with numerous reflections indicating that a deficiency in mutual respect undermined professionalism. This led to doubts about their competencies and reasoning skills. Those doubts and intense feelings of anguish and insecurity were remarkable during the EoL decision-making process (Ribeiro et al., 2024).

P4: *From my experience in clinical teaching, I realize that sometimes clinical practices are not always aligned with conservative dignity strategies, and this is a lack of professionalism.*

3) Connection and detachment in EoL

While nursing students tend to develop a desire for meaningful connections with their patients some participants point out that detachment as a protective mechanism against "empathy burnout" to preserve their ability to continue providing adequate care despite the moral challenges they were experiencing. P10 stated: *We learned that in therapeutic relationships it is important to work on detachment. It means that this strategy allows us to preserve our identity as well as not having negative implications for the quality of care offered.*
P15: *Detachment is very difficult because involvement in EoL care is very intense... I remember that when I accompanied a patient at the EoL in my first clinical training, I suffered a lot...*

Our findings were consistent with existing research that suggests that constant exposure to suffering patients, and a whirlwind of emotions influenced their need to develop emotional detachment as a coping mechanism (Ribeiro et al., 2024). By disseminating significant EoL care experiences and acknowledging their vulnerability, educators can act as a powerful catalyst for genuine, transparent, and humanized discourse.

3.1. Study limitations

This study has certain limitations, including the sample size and the duration of the educational intervention program, which restricted the depth of content exploration. Furthermore, given the qualitative nature of the research, additional potential limitations should be considered. Specifically, data interpretation may be influenced by the researcher's perceptions, beliefs, and

experiences, which could impact the objectivity of the analysis. Additionally, the data are highly context-dependent, relying on the specific environment and circumstances in which they were collected, which may pose challenges for comparison across different studies.

4. Conclusion

This study affirms that dignity-conserving care encompasses not only the actions taken for the patient but also it perception. This can be implemented through precise and tangible care acts, alongside comprehensive attitudes and behaviors that uphold the patient's dignity. As an innate philosophical construct, dignity is deeply rooted and vital to every individual. This intrinsic dignity becomes increasingly significant during end-of-life (EoL) situations when nursing students confront profound physical and metaphysical obstacles. EoL patients must be honored in the final days of their existence as the essence of their being. This essence must not be undervalued but rather be exalted and revered. This can be achieved by enhancing self-respect as a healthcare professional. To ensure optimal PC, respect must be ingrained in the healthcare environment. Besides, social dignity pertains to the relational dynamics and societal challenges that either enhance or diminish patients' perception of dignity. The reflective process during the PC course heightened understanding of this concept, illustrating the dignity of each individual in caregiving circumstances, and empowering each student to deliver nursing care with dignity consistently. Furthermore, students were capable of recognizing instances of inadequate care that compromised individual dignity.

References

Briciu, B. (2024). Emotions and Meaning in Transformative Learning: Theory U as a Liminal Experience. *Journal of Transformative Education*. https://doi.org/10.1177/15413446241246236/ASSET/IMAGES/LARGE/10.1177_15413446241246236-FIG1.JPEG

Cain, C. L., Surbone, A., Elk, R., & Kagawa-Singer, M. (2018). Culture and Palliative Care: Preferences, Communication, Meaning, and Mutual Decision Making. *Journal of Pain and Symptom Management*, *55*(5), 1408–1419. https://doi.org/https://doi.org/10.1016/j.jpainsymman.2018.01.007

Chang, K. K. P., Chan, E. A., & Chung, B. P. M. (2022). A new pedagogical approach to enhance palliative care and communication learning: A mixed method study. *Nurse Education Today*, *119*, 105568. https://doi.org/10.1016/j.nedt.2022.105568

Chochinov, H. M. (2007). Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care. *BMJ*, *335*(7612), 184–187. https://doi.org/10.1136/bmj.39244.650926.47

Christodoulidi, F. (2024). A pedagogy of vulnerability: Its relevance to diversity teaching and 'humanising' higher education. *Equity in Education & Society*, *3*(2), 101–113. https://doi.org/10.1177/27526461231185834

Chua, K. Z. Y., Quah, E.L., Lim, Y. X., Goh, C. K., Lim, J., Wan, D. … & Krishna, L. (2022). A systematic scoping review on patients' perceptions of dignity. *BMC Palliative Care 2022 21:1*, *21*(1), 1–18. https://doi.org/10.1186/S12904-022-01004-4

Crump, B. (2019a). Exploring oncology nurses' perceptions during end-of-life care. *Clinical Journal of Oncology Nursing*, *23*(3), E46–E51. https://doi.org/10.1188/19.CJON.E46-E51

Crump, B. (2019b). Patient Dignity: Exploring Oncology Nurses' Perceptions During End-of-Life Care. *Clinical Journal of Oncology Nursing*, *23*(3), E46–E51. https://doi.org/10.1188/19.CJON.E46-E51

Farfán-Zúñiga, X., & Jaman-Mewes, P. (2024). Reflections of nursing students on the care of the person's dignity at the end of life: A qualitative study. *Nurse Education Today*, *133*, 106067. https://doi.org/10.1016/j.nedt.2023.106067

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, *24*(2), 105–112. https://doi.org/10.1016/j.nedt.2003.10.001

Higginson, I. J., & Hall, S. (2007). Rediscovering dignity at the bedside. *BMJ*, *335*(7612), 167–168. https://doi.org/10.1136/BMJ.39277.847118.2C

Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of Qualitative Descriptive Studies: A Systematic Review. *Research in Nursing & Health*, *40*(1), 23–42. https://doi.org/10.1002/NUR.21768

Laranjeira, C. (2025). Dignity, Health, and Well-Being. In: Liamputtong, P. (eds) *Handbook of Concepts in Health, Health Behavior and Environmental Health*. Springer, Singapore. https://doi.org/10.1007/978-981-97-0821-5_10-1

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. SAGE Publications. https://books.google.pt/books?id=2oA9aWlNeooC

Martins Pereira, S., Hernández-Marrero, P., Pasman, H. R., Capelas, M. L., Larkin, P., & Francke, A. L. (2021). Nursing education on palliative care across Europe: Results and recommendations from the EAPC Taskforce on preparation for practice in palliative care nursing across the EU based on an online-survey and country reports. *Palliative Medicine*, *35*(1), 130–141. https://doi.org/10.1177/0269216320956817

Pereira, L. M., Andrade, S. M. O. de, & Theobald, M. R. (2022). Palliative care: challenges for health education. *Revista Bioética*, *30*(1), 149–161. https://doi.org/10.1590/1983-80422022301515en

Ribeiro, D. L., Sacardo, D., Drzazga, G., & Carvalho-Filho, M. A. de. (2024). Connect or detach: A transformative experience for medical students in end-of-life care. *Medical Education*. https://doi.org/10.1111/MEDU.15545

Rojas-Rivera, A., Quiroga, N., Echeverria, A., Muñoz-Larrondo, F., Concha-Gutierrez, C., Galiano, A. … & Herrera, B. S. (2023). Development of a Professional Practice Nursing Model for a University Nursing School and Teaching Hospital: A nursing methodology research. *Nursing Open*, *10*(1), 358–366. https://doi.org/10.1002/NOP2.1308

Vitorino, J. V., Duarte, B. V., & Laranjeira, C. (2023). When to initiate early palliative care? Challenges faced by healthcare providers. *Frontiers in Medicine*, *10*. https://doi.org/10.3389/fmed.2023.1220370

Wu, H. L., & Volker, D. L. (2012). Humanistic Nursing Theory: application to hospice and palliative care. *Journal of Advanced Nursing*, *68*(2), 471–479. https://doi.org/10.1111/J.1365-2648.2011.05770.X

Xue, M., Sun, H., Xue, J., Zhou, J., Qu, J., Ji, S., Bu, Y., & Liu, Y. (2023). Narrative medicine as a teaching strategy for nursing students to developing professionalism, empathy and humanistic caring ability: a randomized controlled trial. *BMC Medical Education*, *23*(1), 1–11. https://doi.org/10.1186/s12909-023-04026-5