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Peer-Reviewed Article

Reflective Writing to Support Nursing Students' Ethical Understanding of End-of-Life Care

A Phenomenological Study

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End-of-life care requires nurses to integrate ethical sensitivity, emotional presence, and effective communication. Reflective writing, a key component of Narrative Medicine, offers nursing students a structured method to process complex emotional experiences and deepen their ethical understanding. This study investigated how third-year nursing students reflected on ethical issues and emotional responses related to end-of-life care through a structured reflective writing activity conducted after a film-based educational session. A qualitative phenomenological approach was applied to analyze 55 written reflections produced by Italian nursing students. The reflections were collected following a classroom screening of a film portraying terminal illness and decision-making at the end of life. Data were examined thematically using Braun and Clarke method. Four key themes emerged: emotional responses to death; relational and ethical dynamics; communication and connection; and temporal-spiritual meaning-making. Students' reflections revealed an emerging awareness of ethical dimensions such as patient autonomy, vulnerability, and the value of nonverbal communication. Through reflective writing, participants articulated emotions including fear, anger, and guilt and engaged in personal meaning-making related to self-determination and compassionate care. Overall, reflective writing facilitated the development of ethical awareness and emotional resilience among students preparing for palliative care practice. The integration of structured reflection into hospice and palliative nursing education may enhance students' readiness to deliver empathetic, person-centered care.

KEY WORDS

empathy, Narrative Medicine, nursing students, palliative care, reflective writing

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D.L. and S.M. contributed to this article equally as the first author.

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The study was approved by the ethics committee under Prot. No. CET Lombardy 5, 207/23. The professionals, by signing an informed consent, expressed their willingness to participate in the study with the possibility of withdrawing at any time, and no consequences on the employment relationship were derived from the outcome of the study. The research was conducted following the principles outlined in the Declaration of Helsinki and in compliance with EU Regulation 2016/679 on the processing of personal data and privacy.

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The authors have no conflicts of interest to disclose.

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DOI: 10.1097/NJH.0000000000001145

AQ12 Nurses, through Narrative Medicine (NM), possess a unique ability to authentically represent patients' experiences and foster empathetic, mutually understanding relationships.[1] NM provides a structured approach to narrating and listening to stories of illness, suffering, and care. Rooted in the principles of attention, representation, and affiliation, this approach has been proposed as a transformative model of care, particularly in oncology, where it enhances not only clinical outcomes but also the quality of life for patients and their families, promoting a more inclusive and patient-centered approach.[2]

NM AND EMOTIONAL RESILIENCE IN HEALTHCARE

Dobrina et al[3] demonstrated that NM enhances healthcare professionals' coping strategies by helping them externalize emotions and process their experiences, leading to greater job satisfaction and reduced compassion fatigue among nurses, midwives, and other healthcare workers. In educational settings, NM fosters reflective capacity and empathy,[4] underscoring its importance in nursing education curricula, particularly in oncology and palliative care.[2,5] These findings suggest that integrating NM into undergraduate nursing programs can effectively enhance empathy and improve students' academic performance.[6] In oncology, NM can enhance the care experience by allowing patients and clinicians to share and listen to narratives of illness, suffering, and treatment. This approach relies on narrative competence to establish therapeutic relationships and clinical trust, recognizing that patients' stories and the clinician–patient relationship are central to effective care. Nurses, healthcare professionals, and researchers should integrate NM into their education and professional practice to foster medical humanism in cancer care. Furthermore, applying NM in oncology clinical practice requires a focus on its impact on healthcare professionals. Therefore, it is essential to adapt training programs and organizational models to effectively incorporate NM into clinical care. Evidence supports the need to integrate NM into specific educational and professional training processes, as well as into hospital management models, to maximize its benefits.[5] Healthcare professions that prioritize listening to and understanding patients' personal narratives must provide holistic care that addresses not only physical but also emotional and existential needs, particularly for patients with terminal illnesses. Through NM, healthcare professionals are encouraged to accurately represent patients' experiences and build relationships based on empathy and mutual understanding.[1] A study by Dobrina et al[3] demonstrated the effectiveness of an NM intervention in reducing compassion fatigue and enhancing job satisfaction among nurses, midwives, and healthcare professionals in a pediatric and maternal hospital in Italy. The intervention promoted professional empowerment and teamwork, helping participants externalize emotions and process their personal and professional experiences.

EMPIRICAL EVIDENCE SUPPORTING NARRATIVE METHODS

A randomized controlled trial conducted by Xue et al[7] investigated the effectiveness of NM as a teaching strategy to foster professionalism, empathy, and humanistic care competencies in nursing students. The study included 85 nursing students from 2 universities in Jiangsu Province, China, divided into intervention and control groups. The intervention consisted of learning NM theory and engaging in narrative writing on a web-based platform. The findings revealed significant improvements in professionalism, empathy, and humanistic care competencies in the intervention group compared with the control group. These results suggest that NM-based approaches can effectively promote the development of these essential skills among nursing students. The literature supports NM as an effective pedagogical method that enhances professionalism by fostering reflective capacity and empathy.[4] This underscores the importance of integrating NM into nursing education to cultivate empathy and improve students' academic performance. Therefore, incorporating NM education into nursing curricula is crucial to improving the quality and communication of healthcare delivery.[6]

Objective

The aim of this study is to investigate the reflective attitudes of third-year nursing students toward end-of-life care by employing NM technique, specifically reflective writing.

Methodology

Study Design

This study adopted a qualitative phenomenological design, drawing on the principles of descriptive phenomenology to explore the attitudes and emotional reflections of third-year nursing students regarding end-of-life care. The approach aimed to elicit the lived experiences and meaning-making processes triggered by a structured reflective writing activity. The reflective writing task was embedded within a course on palliative care and based on NM, a method introduced to students through theoretical instruction and practical exercises. At the end of the coursework, each student was asked to watch a film related to end-of-life care and subsequently produce a written reflection, utilizing reflective writing as an NM method—an approach extensively covered during integrated course lectures on palliative care.[8] Participants were fully informed that their written reflections would be analyzed for research purposes and that their submissions would not affect their academic performance or their evaluation in the palliative care course.

Participants

A convenience sample was recruited from third-year nursing students enrolled in the General, Clinical, and Pediatric Nursing Sciences module at a private university in northern Italy during the 2023–2024 academic year. Participation in the study was voluntary, and inclusion criteria required a minimum 75% attendance rate and mandatory participation in the final 2 course sessions. Ensuring privacy protection and compliance with data security regulations was a top priority in this study. To maintain anonymity and safeguard participants' identities, a rigorous data anonymization process was implemented. Initially, sensitive data underwent pseudonymization, wherein direct identifiers were replaced with unique indirect identifiers, making it impossible to trace the data back to individual participants. This meticulous anonymization process ensured that all data remained deidentified throughout the study, thereby preventing any potential reidentification while preserving the integrity of essential information required for statistical analysis and qualitative evaluation.

Ethical Statement

Ethical approval was obtained from the Ethics Committee of Humanitas University in Milan (reference: CLI_RIC_11). The study followed the principles of the Declaration of Helsinki,[9] and written informed consent was collected from all participants. Student reflections were anonymized through a pseudonymization process that replaced identifiers with alphanumeric codes, ensuring compliance with data protection standards and preventing reidentification.

Inclusion and Exclusion Criteria

The inclusion criteria were based on students' attendance in the Clinical Nursing Sciences II course, requiring a minimum attendance rate of 75% of the lectures, with mandatory participation in the penultimate and final sessions of the third academic year.

Study Procedures

The course consisted of 75 hours: 60 hours in Nursing Sciences (MED/45, 4 ECTS) and 15 hours in Clinical Psychology (M-PSI/08, 1 ECTS). Students were taught the foundational concepts of NM, including attentiveness, representation, and affiliation. They practiced reflective writing through guided examples and narrative analysis of clinical cases during the course. This preparatory work equipped students with the narrative competence needed to engage with the study task.[10]

Design Phase

The researcher defined the study's objectives and methodology. The necessary tools were identified, including the selection of a film to be presented to students as part of the experiential component of the study. The chosen film explores the theme of friendship within the context of a unique dynamic of the terminal stage of one of the characters due to advanced cancer. The character's awareness of their illness and prognosis is explicit and consistently present throughout the narrative. The selection of the film was guided by the identification of essential themes related to the experience of end-of-life relationships, such as friendship, terminality, self-determination, complicity, empathy, presence, suffering, and irony.

Introductory Phase

The study began with a comprehensive informational session for all participating students, outlining the study's objectives, ethical considerations, and methodological aspects. This preliminary meeting was crucial in fostering informed participation and ensuring academic rigor.

Educational Phase

This phase involved the active engagement of students in the nursing sciences module, with a specific focus on palliative care and end-of-life assistance. During this stage, students were immersed in a pedagogical environment that integrated theoretical foundations with practical applications, fostering a deeper understanding of the subject. This approach also included the presentation of multiple clinical cases, ensuring privacy protection in compliance with academic standards.

Study and Writing Phase

Students engaged in the experiential component of the study, which was structured around the implementation of NM techniques, specifically reflective writing.[7,11,12] After watching the selected film, chosen by the faculty for its thematic relevance to end-of-life care, students were required to produce a written reflection. This writing exercise was designed to facilitate the application of NM techniques learned during the educational phase. Students were instructed to analyze their emotional responses, reflecting on a specific scene, dialogue, or moment from the film that resonated with them.

Data Analysis Phase

This comprehensive approach to data analysis ensured both methodological rigor and fidelity to the students' subjective experiences. By adhering to recognized qualitative standards, including the Standards for Reporting Qualitative Research and Consolidated Criteria for Reporting Qualitative Research guidelines, the study maintained transparency and analytical depth throughout all phases of the research process. The phenomenological framework supported a deeper understanding of the meanings attributed by students to end-of-life care, while bracketing techniques helped minimize potential researcher bias. Ultimately, the use of qualitative descriptive methods allowed for a rich, contextualized interpretation of the data, providing valuable contributions to the academic discourse on NM in palliative care.[13]

Data Analysis

Qualitative Analysis

A qualitative content analysis was conducted on the students' written reflections to identify recurring themes and subthemes. The analysis followed Braun and Clarke 6-phase thematic analysis framework,[14–16] which includes data familiarization, initial coding, theme aggregation, review, naming, and final synthesis. To facilitate the visualization of key findings, a word cloud was generated.[17] The data were processed in accordance with the widely recognized qualitative research guidelines.[14–16] Each phase of the research was meticulously executed to ensure rigor and methodological integrity.[18] To uphold methodological rigor, all written reflections were anonymized before analysis through randomized coding, eliminating any possibility of author identification. Bracketing was applied to mitigate researcher bias during the coding process and theme identification. All analytical steps were carefully documented to ensure transparency and reproducibility, following the Standards for Reporting Qualitative Research and the Consolidated Criteria for Reporting Qualitative Research.[19] These strategies enhanced the reliability and credibility of the findings, thereby strengthening the overall quality of the analysis.

RESULTS

All eligible students meeting the inclusion criteria participated in the study, resulting in the analysis of 55 written reflections, with an average length of 718 words. To ensure rigorous and systematic analysis, each student was assigned a unique acronym (ST_number), allowing for anonymous data tracking throughout the coding process.

The narrative analysis revealed 4 main themes related to the experience of terminal illness and end-of-life care: emotional responses, relationships and support, communication and connection, and perspectives on time and spirituality. Each theme represented a key dimension in how participants constructed the meaning of death, providing a structured perspective on the ways in which nursing students process and interpret terminality and end-of-life care.

Emotional Responses to Illness and Death

The emotional reactions to end-of-life experiences were highly diverse, reflecting a continuum ranging from fear to anger, ultimately leading to acceptance and the pursuit of self-determination. Fear emerged as one of the most prevalent emotions, manifesting both as a fear of the unknown and as difficulty in articulating and confronting the reality of death. One participant reflected, *"I wonder why some people are so afraid of death. They fear even the word itself, its weight, to the point of being unable to utter it."* This suggests that fear is not merely an individual experience but also a social construct that shapes how both the dying and those around them approach the end-of-life process. Another student added, *"The theme of death is explored both through the fear it evokes and through the search for meaning and a higher entity that might offer comfort and explanations during such a difficult time."*

Similarly, anger emerged as a response to perceived injustice. Some participants expressed emotional conflict not only toward the illness itself but also toward family members and caregivers. One participant described this experience by stating, "*An outburst of anger masks profound suffering. One has every right to suffer, yet I struggle to understand it and, in turn, feel a surge of anger toward them.*" Another added, *"The pain of loss can be magnified by the inability to accept death."* This dynamic highlights the relational tensions that arise in the context of advanced illness, raising ethical questions about the importance of respecting the patient's autonomy and wishes.

The analysis also highlighted a process of acceptance, which for some participants represented a journey of emotional reprocessing and personal growth. *"Perhaps by recognizing that, in the end, death is an integral part of the life cycle and contributes to its value."* One participant wrote, *"The pursuit of happiness and a fulfilling life is what allows one to welcome death not with fear, but as an old friend."* This perspective appears to reflect a psychological adaptation that allows individuals facing terminal illness to find meaning in the experience of life's end.

Finally, the desire for self-determination emerged as a key element in participants' reflections. The wish to maintain control over personal decisions was frequently expressed in terms of dignity and autonomy. *"Living one's life on one's own terms, without burdening others and without causing them worry."* Another participant commented, *"The decision to discontinue treatment is portrayed as an attempt to regain control over one's life and preserve dignity, which is often challenged by illness."* This finding aligns with existing literature emphasizing the central role of autonomy in end-of-life care, particularly within the context of palliative care and therapeutic decision-making.

Relationships and Support

The significance of social and emotional support during end-of-life care emerged strongly in the analysis. The quality of personal relationships profoundly influences how individuals cope with illness. In particular, friendship was described as a key element in the accompaniment process. *"Staying when everyone else smells death and, frightened, runs away."* One student noted, *"Unconditional friendship means accepting everything about a person, even their most difficult choices, without asking for anything in return."* This observation highlights the contrast between those who choose to stand by the patient and those who, out of fear or emotional difficulty, distance themselves.

The role of family appeared ambivalent. On one hand, it can provide comfort and stability; on the other, it can become a space of silence and misunderstanding. *"The protagonist's decision not to disclose the truth about his condition to his son is difficult for me to understand. In the film, one can see his solitude and his fear of speaking openly about his illness."* Another participant observed, *"The father-son relationship is largely characterized by*

non-verbal communication. Despite the awareness of the illness, they choose to express affection through gestures and embraces." Love, in all its forms, was described as an essential component of the end-of-life journey, offering emotional security and support. *"I think that the conscious decision to discontinue treatment gives the impression of regaining control over oneself—something that the illness has, in fact, taken away."* Another participant emphasized the value of small acts of care: *"Friendship is also slipping a few bills into a friend's pocket—without grand gestures, but with deep affection."*

Finally, respect for the patient's choices emerged as a critical ethical issue. *"Why is it so difficult to accept this kind of decision? After all, dying—which is what we are talking about—shouldn't it be a choice that each of us is free to make?"* Another student reflected, *"The difficulty of accepting a loved one's choice often stems from a hidden selfishness: we don't want to lose them, even at the cost of their suffering."*

AQ14

Communication and Connection

The analysis highlighted the central role of both verbal and nonverbal communication in critical moments of end-of-life care. Verbal communication is often marked by the difficulty of openly expressing emotions and concerns. *"I found myself facing a situation far greater than me: I entered the room of one of my patients to respond to the call bell and found myself in front of a man near death, who asked me to stay with him because, as he told me, 'everyone runs away from this room.'"*

Similarly, nonverbal communication proved to be just as significant. Gestures and silence can convey a sense of closeness more effectively than words. One participant described this experience as follows: *"There was no need for either of us to say anything; any additional words or phrases would have diminished the meaning of that handshake—full of fear, awareness, and forgiveness."* Other students highlighted that *"Silence becomes a way to express closeness, empathy, and support when words fail."* Another added, *"The embrace between father and son spoke louder than any dialogue: it was a way to acknowledge, accept, and say goodbye all at once."*

AQ13

Time and Spirituality

The relationship with time and spirituality emerged as a fundamental aspect in shaping the meaning of death. Some participants reconsidered their perception of time, emphasizing the importance of valuing lived moments rather than focusing on the length of life. One participant reflected on this perspective, stating: *"The problem is that in a world that tries to flatten emotions, suppress critical thinking, and standardize life, many would find it convenient to have a guide, a tutorial—but there is no instruction manual."* Spirituality was often mentioned as a source of comfort and a way to find continuity beyond physical existence. One participant expressed, *"The body of the other may die, but their essence becomes part of your being. True relationships change you and alter the way you perceive and face life. We are the custodians of those who offer us a part of themselves."* Another reflected, *"Even in the face of death, emotional bonds endure. They are preserved through gestures, words, and daily actions."* In the same way, the spiritual dimension surfaced as a source of comfort and continuity beyond earthly life. One participant expressed this reflection by stating: *"The body of the other may die, but their essence becomes part of your being. True relationships change you and alter the way you perceive and face life. We are the custodians of those who offer us a part of themselves."*

To enhance the clarity of the qualitative findings, a summary table was created outlining the 4 main themes, their meanings, and illustrative quotations from students' reflections (Table). T1

TABLE Summary of Emergent Themes with Representative Quotations

Theme	Description	Representative Quotation
Emotional responses to illness and death	Students expressed fear, anger, and eventual acceptance when confronting the reality of death.	"I wonder why some people are so afraid of death. They fear even the word itself, its weight, to the point of being unable to utter it." (ST_08)
Relationships and support	The importance of emotional closeness, friendship, and the complexity of family dynamics were emphasized.	"Staying when everyone else smells death and, frightened, runs away — that's what friendship truly means at the end of life." (ST_17)
Communication and connection	Verbal and nonverbal communication were seen as crucial in providing comfort and dignity at end of life.	"There was no need for either of us to say anything; the handshake said it all — fear, awareness, and forgiveness." (ST_21)
Temporal-spiritual meaning-making	Students reflected on time, spirituality, and the legacy of human relationships beyond physical death.	"The body dies, but the person becomes a part of you — we carry with us those who offered us a piece of themselves." (ST_12)

The table summarizes the 4 key themes that emerged from the thematic analysis of student reflections. Each theme is accompanied by a concise description and a representative anonymized quotation selected to illustrate the emotional and ethical content expressed by participants. Quotation codes (eg, ST_08) refer to individual student submissions and have been assigned pseudonymously to ensure confidentiality.

Report Generation: Word Cloud

To provide a visual representation of the most frequently discussed themes in the analyzed narratives, a word cloud (Figure) was generated using natural language processing techniques.[20,21] The word cloud was created using Python's WordCloud package,[22] with the support of NLTK libraries[23] for text preprocessing and Matplotlib[24] for visualization. The analysis included the extraction of verbs, nouns, and adverbs while excluding prepositions, conjunctions, and articles to focus on the most relevant concepts. The word cloud offers a complementary visual overview of commonly used terms in students' reflections. It does not aim to represent the thematic structure of the analysis, which was developed independently through systematic thematic coding. This approach enables an exploration of how the language used reflects the understanding of end-of-life care and the process of coping with mortality, offering valuable support for the qualitative discussion of the results.

F1

DISCUSSION

The findings of this study suggest that integrating NM into nursing education programs represents a valuable opportunity to foster the development of humanistic competencies, particularly empathy and critical reflection, 2 fundamental elements in palliative care.[25,26] The analysis of students' narratives revealed increased awareness of the emotional and relational dynamics of end-of-life care, including self-determination and nonverbal communication. These results are consistent with previous literature suggesting that NM may contribute to strengthening therapeutic relationships and supporting emotional well-being among healthcare professionals.[7,27,28] Furthermore, students perceived reflective writing as a meaningful opportunity to process emotionally intense experiences, an aspect recognized in the literature as crucial for maintaining a patient-centered approach, reducing the risk of emotional detachment, and improving the quality of care.[29,30] The emotional impact of initial exposure to death has been emphasized by Zhou et al,[31] who noted that such experiences can impose a significant emotional burden on nursing students. Educational tools such as narrative writing provide a safe space for students to reflect on and process the emotions associated with end-of-life care. Similarly, Sukcharoen et al[32] found that exposure to death in intensive care units heightened students' emotional awareness and improved their ability to manage difficult conversations with patients and their families, reinforcing the value of reflective educational approaches. Another key aspect emerging from students' narratives is the complexity of emotional regulation in nursing practice. Umubyeyi et al[33] describe how healthcare professionals in palliative care must balance empathy with emotional management strategies to maintain their psychological well-being. The analyzed narratives similarly highlighted how reflective writing helped students recognize and assign meaning to their emotions, equipping them with strategies to navigate challenging situations in their future careers. The findings suggest that NM may offer a valuable framework to support students in developing reflective and empathic competencies relevant to palliative care. In line with this perspective, a model known as Narrative Oncology has emerged, grounded in the principles of attention, representation, and affiliation. Narrative Oncology emphasizes the importance of narrative competence in clinical relationships, aiming to strengthen therapeutic alliances and optimize the quality of care.[5] Furthermore, these findings suggest the value of integrating reflective writing into clinical teaching strategies within hospice settings, where emotional intensity and ethical complexity require students to develop resilience, narrative competence, and relational skills in real-world palliative care contexts. The opportunity to engage in a reflective exploration of the meaning of end-of-life experiences appears to have

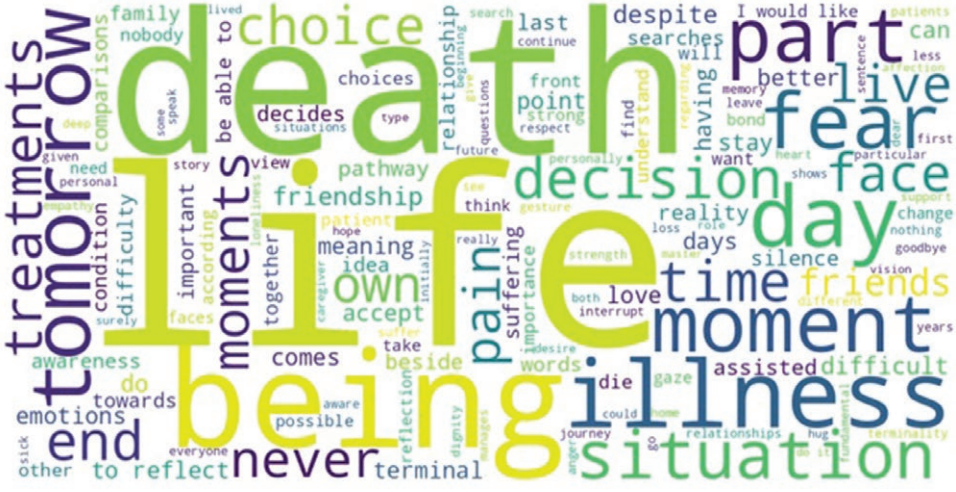

Figure. Word cloud. The size of each word is proportional to its frequency in the text corpus. The more frequently a word appears in the texts, the larger it will be in the Word Cloud.

contributed to their preparedness for emotionally demanding situations, fostering a more empathetic approach in patient interactions.[33,34] Concurrently, recent studies suggest that High-Fidelity Simulation is another effective pedagogical tool for enhancing nursing students' empathetic and communication skills. The use of professional actors in simulation laboratories enables students to practice active listening and communication skills in a structured and realistic environment.[35,36] These innovative approaches significantly contribute to students' preparation by allowing them to experience complex clinical scenarios and refine their relational competencies with patients.[37] The integration of NM and High-Fidelity Simulation could thus represent an advancement in nursing education, providing a training framework that combines narrative reflection with immersive simulation, ultimately enhancing students' ability to manage high-intensity emotional situations.[38,39] Recent studies indicate that combining these 2 methodologies may foster greater student engagement and improve their ability to provide personalized, patient-centered care.[40,41]

Study Limitations

This study presents several limitations that should be considered when interpreting the results. While the sample size was appropriate for a phenomenological qualitative analysis, it limits the transferability of findings to other educational contexts, particularly those with cultural, organizational, and pedagogical differences in nursing education. This reflects a common limitation in qualitative research, where depth of analysis is prioritized over generalizability.[12,28] The analysis of written reflections allowed for an in-depth exploration of students' reflective and interpretative dimensions; however, it may not have fully captured the complexity of their emotional experiences throughout their educational journey. Previous studies have highlighted that in educational settings, combining reflective writing with other qualitative methodologies, such as in-depth interviews or focus groups, can enhance the understanding of students' experiences.[34,40] Furthermore, the relatively short observation period may not have allowed for a comprehensive assessment of the long-term effects of NM on students' empathy, communication skills, and emotional engagement. The literature suggests that competencies acquired through narrative education require periodic reinforcement to be consolidated over time and to maintain a lasting impact on clinical practice.[42] Integrating longitudinal studies could provide a broader perspective on the sustained effects of NM in nursing education.

The lack of comparison with other educational strategies limits the ability to assess the relative effectiveness of NM compared with alternative approaches, such as simulation or direct clinical observation. Recent studies suggest that a multimodal educational approach, integrating narrative methods with simulation and experiential training, can enhance learning outcomes in palliative care.[32,43] Future research should therefore explore the integration of complementary methodologies, evaluate the long-term impact of NM, and examine how educational experiences shape students' professional behavior upon entering clinical practice.

CONCLUSION

This study suggests that NM can be a useful pedagogical strategy to foster empathy, reflection, and relational awareness among nursing students, particularly in the context of palliative care. The qualitative approach provided an in-depth exploration of how students internalized end-of-life themes, facilitating critical reflection on the experiences of both patients and healthcare professionals. The analysis of written reflections revealed an increased awareness of emotional dynamics, particularly regarding self-determination, vulnerability, and the management of suffering, aligning with findings from international literature.[34,40] The active engagement of students suggests that NM is an effective tool for experiential and transformative learning in palliative care. Although infrequently mentioned, elements such as love and respect emerged in students' reflections, suggesting possible gaps in ethical exploration and opportunities for targeted curricular development.[33,41] Beyond enhancing relational skills, the narrative approach has been reported to support emotional processing and may contribute to reducing burnout and compassion fatigue, as suggested by prior research,[3] offering students a structured framework to navigate the emotional burden of end-of-life care.[32,43] Finally, the findings emphasize the importance of educational programs that extend beyond technical competencies, fostering a patient-centered approach that prioritizes both clinical expertise and humanistic care. Further studies, including follow-up interviews and longitudinal designs, may be useful to explore the long-term impact of narrative-based reflective practices in nursing education.

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