Article

Attitudes Toward Death and Medical Empathy in Nursing Students Caring for Palliative Care Patients

Marylolis Vergara Mercado

https://orcid.org/0009-0004-5273-9322
Universidad Cooperativa de Colombia,
Sede Pasto, Colombia
marylolis.vergara@campusucc.edu.co

Silvana Lorena Moran Zambrano

https://orcid.org/0009-0006-0366-5384
Universidad Cooperativa de Colombia,
Sede Pasto, Colombia
silvana.moran@campusucc.edu.co

✉ ***José Hernando Ávila-Toscano***

https://orcid.org/0000-0002-2913-1528
Universidad del Atlántico, Colombia
joseavila@uniatlantico.edu.co

Laura Isabel Rambal-Rivaldo

https://orcid.org/0000-0002-3928-6419
Universidad Metropolitana de Barranquilla, Colombia
lrambalr@unimetro.edu.co

Juan Casimiro Rangel

https://orcid.org/0009-0002-3726-1178
Clínica General del Norte, Colombia
juan.casimiro@hotmail.com

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Theme: Coping and adaptation to health

Contributions to the field: This study provides valuable insights into how nursing students manage the emotional burden inherent to caring for terminally ill patients. Rather than focusing on clinical performance, the analysis centers on the affective and cognitive dimensions of the trainee, exploring the relationship between empathy toward terminally ill patients and attitudes toward death. The findings offer key inputs for the development of both curricular and experiential training strategies aimed at strengthening emotional regulation in palliative care contexts, thereby contributing to the delivery of quality care.

Abstract

Introduction: Palliative care is a fundamental field within nursing, yet it poses an emotional challenge for many students in training. It is therefore essential to consider the role of affective variables in the caregiving process, such as empathic competencies and expressed attitudes toward death. **Objective:** To examine the structural relationships between medical empathy and attitudes toward death among nursing students, identifying the most influential variables, their clusters, and the stability of their interconnections. **Materials and Methods:** A cross-sectional survey study was conducted with a sample of 354 adult nursing students (276 women) who were doing professional internships in palliative care. The Jefferson Scale of Empathy – Student Version (JSE-S) and the Revised Death Attitude Profile (DAP-R) were used. Data were analyzed using psychological network analysis, with 1.000 bootstrap samples to assess metric stability, and Spearman's coefficient was applied to examine the structure of correlations. **Results:** The empathic dimension of *compassionate care* was negatively associated with the tendency to avoid death ($\rho = -0.218$, $p < 0.001$) or escape ($\rho = -0.252$, $p < 0.001$) when reflecting on patients' deaths, while *perspective taking* emerged as the most stable variable within the network structure. Both empathic dimensions were positively related to *neutral acceptance* of death ($p < 0.001$). **Conclusion:** Clinical empathy generates less polarization toward patient death in nursing students; their professionalization requires training in emotional skills that impact the quality of their care.

Keywords (Source: DeCS)
Empathy; nursing students; attitude to death; hospice and palliative care nursing; nursing.

Actitudes hacia la muerte y empatía médica en estudiantes de enfermería que atienden a pacientes en cuidados paliativos

Resumen

Introducción: el cuidado paliativo es un área fundamental en la enfermería, pero representa un desafío emocional para muchos profesionales en formación. Por ello, es fundamental considerar el papel de variables afectivas en el cuidado, como las habilidades empáticas y las actitudes expresadas hacia la muerte. **Objetivo:** examinar la estructura de las relaciones entre empatía médica y actitudes hacia la muerte en estudiantes de enfermería, identificando las variables más influyentes, sus agrupaciones y la estabilidad de sus conexiones. **Materiales y métodos:** se realizó un estudio por encuesta con diseño transversal en 354 estudiantes de enfermería (276 mujeres). Se aplicaron la Escala de Empatía Médica de Jefferson para estudiantes (EEMJ-S) y el Perfil Revisado de Actitudes hacia la Muerte (PAM-R). Los datos se analizaron mediante redes psicológicas, utilizando 1000 muestras simuladas para probar la estabilidad de las métricas. **Resultados:** la dimensión empática *cuidado con compasión* se relacionó negativamente con la tendencia a evadir la reflexión sobre la muerte de los pacientes, mientras que la *toma de perspectiva* fue la variable más estable dentro de la red relacional. Ambas formas empáticas se asociaron positivamente con la *aceptación neutral* de la muerte. **Conclusión:** la empatía expresada hacia la situación terminal de los pacientes favorece una posición menos polarizada hacia la muerte en estudiantes de enfermería. Se requieren estudios adicionales para evaluar el papel de la regulación emocional.

Palabras clave (Fuente DeCS)

Empatía; estudiantes de enfermería; actitud frente a la muerte; enfermería en hospicio y cuidados paliativos; enfermería.

Atitudes em relação à morte e empatia médica em estudantes de enfermagem que cuidam de pacientes em cuidados paliativos

Resumo

Introdução: O cuidado paliativo é uma área fundamental na enfermagem, mas representa um desafio emocional para muitos profissionais em formação. Nesse sentido, é essencial considerar o papel de variáveis afetivas no cuidado, como habilidades empáticas e atitudes expressas em relação à morte. **Objetivo:** examinar a estrutura das relações entre empatia médica e atitudes em relação à morte em estudantes de enfermagem, identificando as variáveis mais influentes, seus agrupamentos e a estabilidade de suas conexões. **Materiais e métodos:** realizou-se estudo transversal com 354 estudantes de enfermagem (276 mulheres). Aplicaram-se a Escala de Empatia Médica de Jefferson para Estudantes (EEMJ-S) e o Perfil Revisado de Atitudes em Relação à Morte (PAM-R). Os dados foram analisados por meio de redes psicológicas, utilizando 1000 amostras simuladas para testar a estabilidade das métricas. **Resultados:** A dimensão empática "cuidar com compaixão" apresentou associação negativa com a tendência de evitar a reflexão sobre a morte dos pacientes, enquanto a "tomada de perspectiva" foi a variável mais estável dentro da rede relacional. Ambas as formas empáticas estavam positivamente associadas à *aceitação neutra* da morte. **Conclusão:** A empatia expressa diante da situação terminal dos pacientes favorece uma posição menos polarizada em relação à morte em estudantes de enfermagem. Estudos adicionais são necessários para avaliar o papel da regulação emocional nesse contexto.

Palavras-chave (Fonte DeCS)
Empatia; estudantes de enfermagem; atitude frente à morte; enfermagem em cuidados paliativos e em hospitais para doentes terminais; enfermagem.

Introduction

Palliative care aims to improve the quality of life of individuals with terminal illnesses by alleviating physical, emotional, and psychological suffering (1). In nursing, this type of care is realized through the relationship between the professional who cares and the person being cared for, involving compassion, empathy, kindness, commitment, dignity, and competence (2).

Caring for terminally ill patients is an essential component of nursing focused on providing quality of life for patients (3), which requires not only clinical skills but also a deep emotional and empathic capacity. These patients often face vulnerability, pain, and distress, which demands that nurses be prepared to understand and respond compassionately to their needs. Moreover, the growing recognition of patients' rights has led to increased expectations regarding the quality of care, but unfortunately, there is evidence showing a low level of knowledge among nursing students (4). This highlights the importance of adequate training and humanizing healthcare, fostering critical awareness among professionals to improve service.

These emotional competencies should be fostered from the beginning of university-level education, so that nursing students receive appropriate training to manage the emotional challenges involved in caring for terminal patients (5). Nursing programs must equip future professionals with the skills to address death and to express the emotions and beliefs that are involved in the process, aiming to provide more human-centered care. This study explores that phenomenon by assessing the interrelationship between empathy in nursing students and their provision of palliative care, while also considering the role of their attitudes toward death.

Literature Review

Empathy is the ability to understand and share the feelings of others, as well as to perceive and experience what another person feels (6). Clinical empathy is assumed to be a cognitive attribute that involves understanding the patient's pain, suffering, and concerns, along with the ability to communicate that understanding and the intention to offer help (7). It is a key skill in the healthcare context, as it enhances patient satisfaction and promotes better clinical outcomes (8). This is particularly relevant in palliative care, where the emotional and psychological well-being of the patient is as important as their physical health.

Empathy in palliative care benefits the quality of life of patients and facilitates shared decision-making, reducing their sense of isolation (9). However, empathy is not a fixed trait; it varies according to personal and situational factors such as early life experiences, the work environment, or situational stressors (8). These factors can impact the ability of nurses to maintain high levels of empathy in demanding clinical situations.

Unfortunately, the current biomedical approach often prioritizes the cure of disease over holistic care, which can foster dehumanization by reducing the role of healthcare professionals to technical procedures that neglect the emotional needs of the patient (10). This underscores the importance of strengthening emotional skills in care, particularly in contexts with high emotional burden. In the case of nursing students, rotations in palliative care units have shown contradictory evidence. Some reports suggest that these settings may generate feelings of inadequacy and anxiety, potentially affecting their ability to establish empathic connections with patients (11). Other evidence demonstrates how the opportunity to care for terminally ill patients helps nursing students improve their capacity to provide empathic care (12), and this empathy, in turn, influences their willingness to attend to patients regardless of their age or gender (13). This highlights the importance of fostering clinical empathy in healthcare trainees so that they can respond to the changing needs of patients and adapt to their environment, ensuring effective and humane health interventions (14, 15).

Additionally, attitudes toward death are another determining factor, with implications that can be crucial for the type of care provided and for the empathic experience. Evidence from various patient groups shows that the attitudes of nursing students impact the quality of care they offer (16). In many cases, caring for terminal patients presents nursing staff with emotionally demanding challenges, which may trigger affective responses including expressions, frustration, or even avoidance (17). It appears that there are differences in the attitudes expressed by nursing students and professionals based on their experience, with students displaying more negative views, often adopting a stance of avoidance, indifference, or negativity toward the patients' death (18), sometimes influenced by their own instructors, who may exhibit similar attitudes (19).

Regarding positive attitudes toward death, based on acceptance and the understanding of its inevitability, they can significantly improve the care provided, contributing to more humanized and patient-centered care (9). A greater acceptance of the approach (viewing death as a natural transition, even acceptable under certain circumstances) involves alignment with religious beliefs, which is associated with years of experience in professional nursing (20).

In summary, although there is significant evidence regarding attitudes toward death and clinical empathy toward terminal patients, it remains crucial to assess their interaction in nursing students. This study proposes the use of psychological network analysis applied to nursing, as it is an effective methodology for detecting patterns of interaction and complex relationships in this context. The aim is to examine the structure of relationships between medical empathy and attitudes toward death in nursing

students, identifying the most influential variables, their groupings, and the stability of their connections.

Materials and Methods

A survey study with a cross-sectional design was developed, which allows for the collection of information at a single point in time through sampling, followed by the analysis of variable behavior (21). Participants were selected using non-probabilistic accidental or convenience sampling, where selection is based on availability according to specific criteria. The inclusion criteria for this study were being of legal age and an active nursing student and having completed rotations or professional practice in palliative care units. A total of 354 nursing students from the city of Pasto (Colombia) were selected, consisting of 276 women (78%) and 78 men (22%), with an average age of 22.67 years (*SD* = 5.59).

The Jefferson Medical Empathy Scale for Students (JSES-S) (22) was applied, which contains 20 seven-point Likert-type items (strongly disagree, strongly agree). The test identifies three factors called *perspective taking* (10 items), *compassionate care* (7 items), and *putting oneself in the patient's place* (3 items). The JSE-S has been used in the Colombian population (23); however, Confirmatory Factor Analysis (CFA) was performed to ensure validity. The process led to the elimination of the third factor due to low factor loadings of the items ($\lambda <$ 0.40). In addition, the revised version consisted of 11 items, seven (2, 4, 9, 13, 15, 17, 20) for perspective taking ($\alpha = 0.818$, $\omega = 0.819$) and four (7, 11, 14, 19) for compassionate care ($\alpha = 0.729$, $\omega = 0.741$). The factorial model was satisfactory ($x^2 = 63.142$, gl = 33, $x^2/gl = 1.4$, CFI = 0.997, TLI = 0.996, RMSEA [90% CI] = 0.036 [0.014 - 0.055], RMSR = 0.043).

The Revised Profile of Attitudes Toward Death (PAM-R) (24) was also applied, consisting of 32 Likert-type items with a seven-point scale (strongly disagree, strongly agree), forming five subscales: approach acceptance (AA = 10 items), fear of death (MM = 7 items), death avoidance (EM = 5 items), escape acceptance (AE = 5 items), and neutral acceptance (AN = 5). Although the test has been used in Colombia with good psychometric results (25), CFA was conducted to provide evidence of measurement validity. This led to the removal of items 1, 8, 13, 17, and 27 due to low factor loadings ($\lambda < 0.40$) or shared loadings across multiple factors. The final model of 27 items showed a satisfactory factor structure ($x^2 = 255.619$, $df = 179$, $x^2/df = 1.4$, CFI = 0.994, TLI = 0.993, RMSEA [90% CI] = 0.035 [0.025 - 0.044], RMSR = 0.055), with good internal consistency scores (Global $\alpha = 0.826$, $\omega = 0.823$; AA $\alpha = 0.802$, $\omega = 0.814$; MM $\alpha = 0.808$, $\omega = 0.815$; EM $\alpha = 0.820$, $\omega = 0.821$; AE $\alpha = 0.776$, $\omega = 0.780$; AN $\alpha = 0.627$, $\omega = 0.637$).

The instruments were administered at two universities through the completion of an online form that also included informed consent. Participation was voluntary and autonomous, in accordance with the guidelines of the Helsinki Declaration. Considering the struc-

ture of the study, it was classified as low risk for participants, in accordance with Article 11 of Resolution 8430/1993 of the Colombian Ministry of Health and as stated in the approval of the ethics committee that evaluated the study (approval record CEI-2024-006-CUR).

The data were analyzed using RStudio with psychological network analysis packages such as qgraph, to calculate metrics of degree centrality (direct connections of a variable), betweenness (number of times a variable acts as a bridge for the connection of other variables), closeness (average distance of a variable from the others), and strength (total magnitude of a variable's connections).

Subsequently, the correlation structure was examined using the Spearman coefficient with the cor.test() function from the stats package. The network graph was generated with qgraph, including community analysis with the Louvain algorithm using the igraph package. This allows for the detection of subgroups of variables with strong connections within the network. Finally, the stability of the network was tested with estimateNetwork() from the bootnet package, using the EBICglasso method, which regularizes the relationships between variables. For this, the bootstrapping technique was applied via bootnet() with 1,000 iterations, which allowed for the estimation of confidence intervals for the centrality metrics. The analysis concluded with a comparison of the centrality matrix values with those obtained through bootstrapping, providing insight into the relative stability of each variable within the network.

Results

The results of the network centrality metrics are shown in Table 1. The variables related to empathy exhibit high connectivity, as revealed by their values in the Strength metric. Among the attitudes, approach acceptance (AA), escape acceptance (AE), and neutral acceptance (AN) stand out, while fear of death (MM) and death avoidance (EM) have the weakest connections. For a deeper description of the interaction between these variables, the Spearman correlation matrix was calculated, and the network graph was generated (Figure 1).

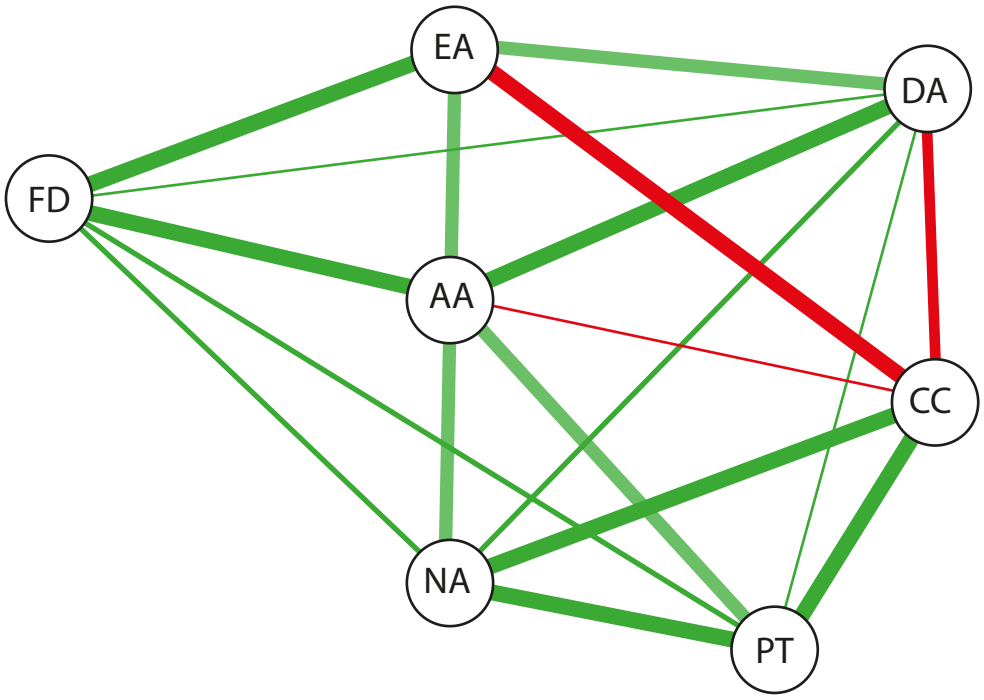
Table 1. Network Centrality Metrics

Node	Grade	Betweenness	Closeness	Strength
TP	6	0.27	11.54	1.13
CC	6	0.33	14.24	1.16
AA	6	0.00	8.56	1.40
MM	6	0.53	14.72	0.98
EM	6	0.40	14.94	0.95
AE	6	0.07	10.20	1.20
AN	6	0.00	8.21	1.25

Source: Prepared by the authors.

In Figure 1, the circles represent the variables and the edges or lines represent their relationships. Green color identifies positive correlations, red indicates negative correlations, and the thickness of the lines is determined by the magnitude of the relationship (thicker line = stronger relationship). The network shows that compassionate care (CC) correlates negatively with death avoidance (DA) ($\rho[354] = -0.218$, $p < 0.001$) and escape acceptance (EA) ($\rho[354] = -0.252$, $p < 0.001$), and positively with neutral acceptance (NA) ($\rho[354] = 0.299$, $p < 0.001$). Perspective taking (PT) shows weak positive correlations with approach acceptance (AA) ($\rho[354] = 0.221$, $p < 0.001$) and fear of death (FD) ($\rho[354] = 0.122$, $p < 0.001$). Like compassion, PT shows a moderate correlation with NA ($\rho[354] = 0.384$, $p < 0.001$). Among the attitudes, there is a direct and moderate correlation between EA and FD ($\rho[354] = 0.360$, $p < 0.001$).

Figure 1. Network Graph of the Study

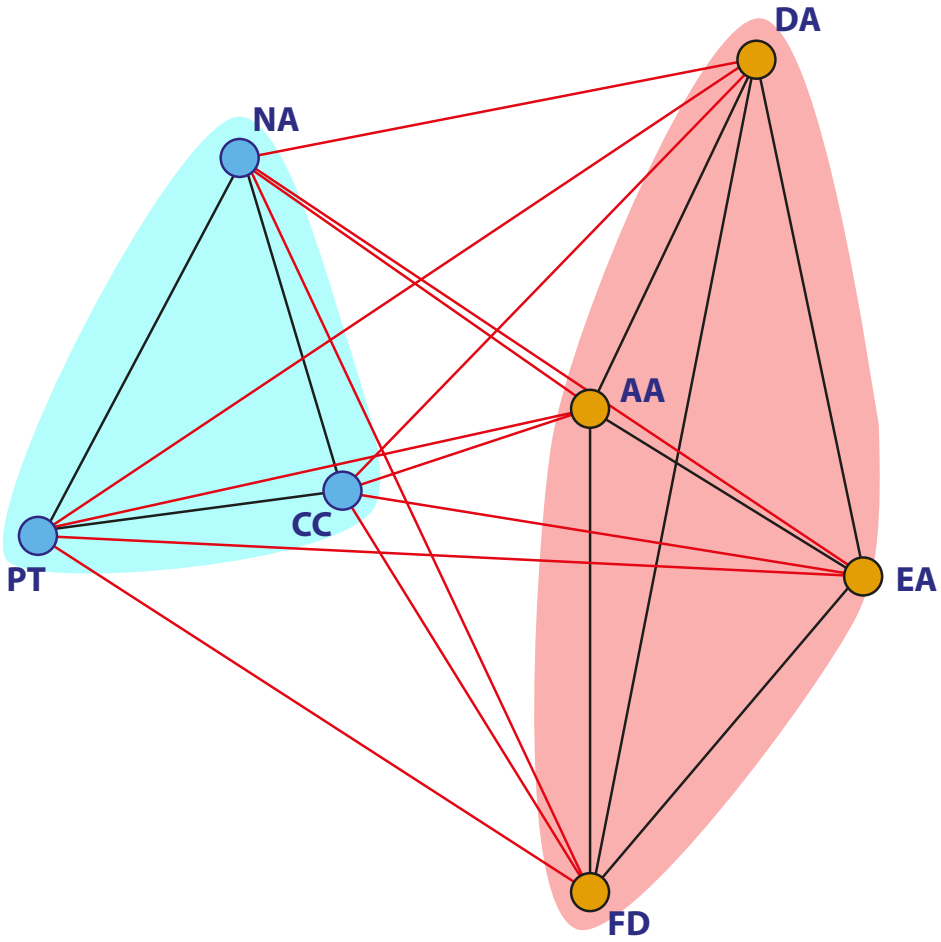


Note: AA = approach acceptance; EA = escape acceptance; NA = neutral acceptance; FD = fear of death; DA = death avoidance; PT = perspective taking; CC = compassionate care.

Source: Prepared by the authors.

These results align with the community analysis represented in Figure 2, where two well-defined subgroups are observed. The first subgroup groups the empathy variables—PT and CC, with the attitude of NA, while the second subgroup includes the remaining attitudes toward death. This finding suggests that medical empathy is more closely associated with a neutral attitude toward death, which could indicate a link between emotional regulation and balanced acceptance of patients' death.

Figure 2. Community Analysis Among the Study Variables



Note: AA = approach acceptance; EA = escape acceptance; NA = neutral acceptance; FD = fear of death; DA = death avoidance; PT = perspective taking; CC = compassionate care.

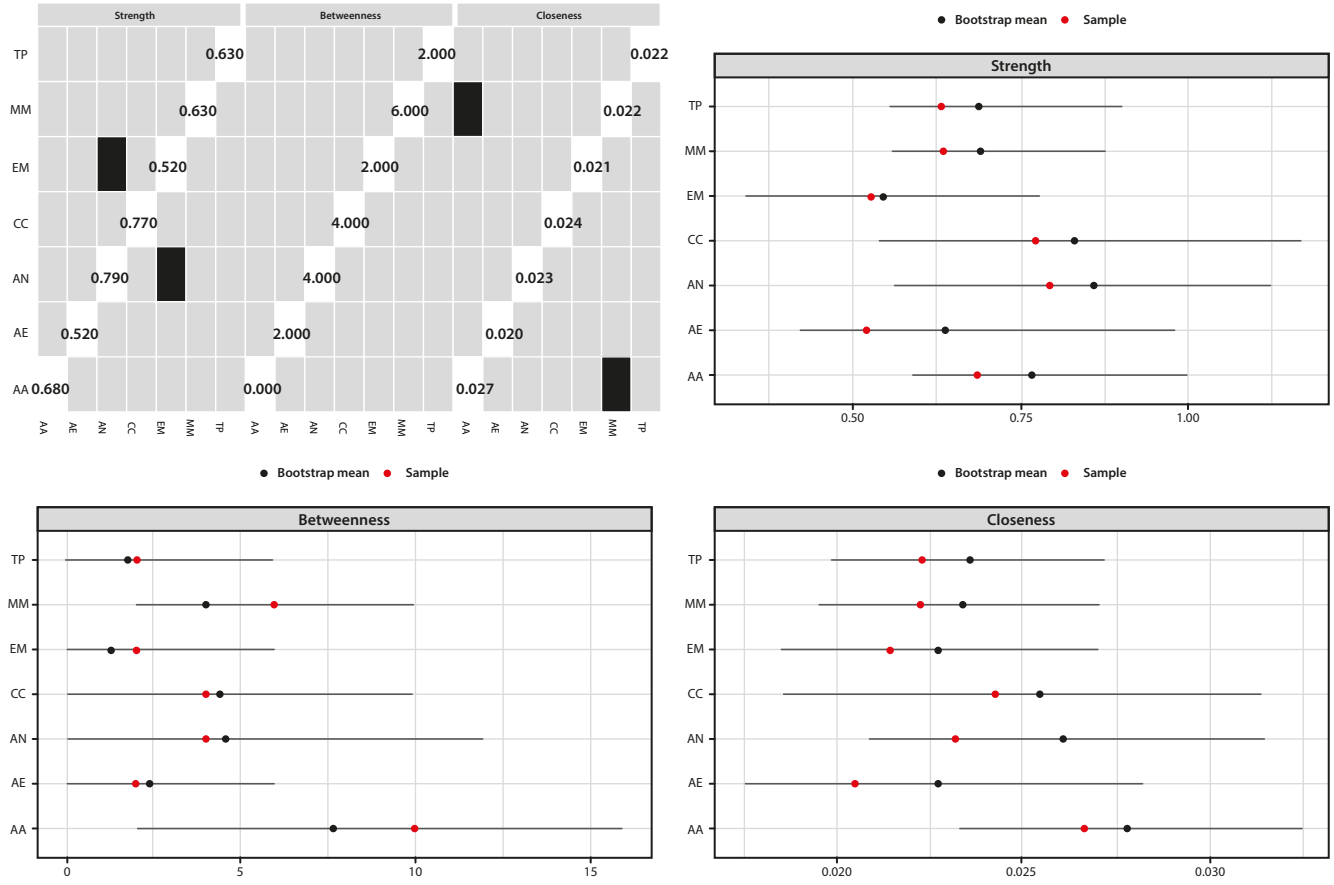
Source: Prepared by the authors

To verify these relationships, the stability of the network was evaluated using bootstrapping for the three centrality metrics. The results are presented in Figure 3, where the upper left graph represents the centrality values matrix, and the remaining graphs illustrate the stability of each metric through confidence intervals generated by 10,000 iterations.

The estimated values in the matrix show some discrepancies when compared to the bootstrapping graphs. In some cases, the confidence intervals (the size of the horizontal line) are very wide in relation to the mean calculated with bootstrapping and the mean of the original sample. In the Strength metric, the matrix identifies CC and NA as the variables with the highest weight (0.770 and 0.790, respectively), but the bootstrapping graph indicates that these values show low stability. In contrast, the most stable variables are PT and FD. In betweenness, instability was observed in FD and CC, which could indicate that when calculated in different network samples, these variables do not always act as intermediaries. In contrast, the most stable variables in the betweenness metric were PT, DA, and EA. Finally, the closeness

analysis indicates that, except for PT and FD, the relative position of the variables within the network can vary in different simulations.

Figure 3. Stability of the Network Based on Centrality Indicators and Their Estimation through Bootstrapping



Source: Prepared by the authors.

Discussion

This study provides evidence on the relationship between medical empathy and attitudes toward death in nursing students who rotate through palliative care units. We have approached this phenomenon through psychological network analysis, as it allows for the identification of relevant connection structures, providing an interpretative framework on how future professionals face death and develop empathy in the clinical environment.

Previous works have highlighted that rotation in palliative care units can expose students to negative emotional experiences (11, 16, 17). However, our results show that PT and CC, as dimensions of empathy, are more strongly related to a neutral attitude toward death than to negative attitudes. This suggests that nursing students with a greater ability to understand the patient's perspective and respond compassionately to their illness tend to accept the possibility of death more equanimously.

PT also stood out as the most influential variable within the network of relationships, as it has often been regarded as the central axis of medical empathy. In this study, this variable showed metrics that were highly stable, implying that it should be considered a key starting point when designing intervention strategies aimed at strengthening empathy and attitudes toward death.

According to the results, it seems reasonable to assume that empathy and neutrality toward death mutually reinforce each other, facilitating better emotional regulation in clinical situations that involve high emotional burdens. In other words, when students express a less polarized view of death, they may be better prepared to manage the emotions experienced while providing palliative care. These results reinforce the idea that a better attitudinal disposition favors the quality of care provided (9, 20).

This finding is further supported by the negative correlation identified between compassionate care and the attitudes of DA and EA. Both attitudes reflect strategies through which individuals avoid reflecting on the meaning of caring for terminally ill individuals. In this sense, students who evade this reality also show lower levels of compassion in their care. While experience in palliative care units has been shown to contribute to the development of empathy in nursing students (12,13), the results of this study suggest that its impact may depend on the attitudinal repertoire of the future professionals when conceiving death.

However, some of the results face limitations, especially regarding the stability of the network of relationships between variables. The resampling procedure identified that some metrics were unstable, meaning that the relationships in which they are involved should be interpreted with caution. Further studies are needed to test the stability of the variables and even to consider the role of other aspects, such as demographic characteristics and personality traits of nursing students.

Aside from that, the results provide valuable insights for considering various clinical and educational implications. In light of the findings, it is crucial that attitudes toward death and professional empathy be considered in the design of training strategies that promote reflective and experiential pedagogical approaches, fostering an understanding of patients' emotions and needs (26). Specifically, this may include: a) training modules on death, the dying process, and grief, approached from a clinical casuistry perspective; (b) experiential seminars or discussion groups where students can process their emotional experiences and beliefs about the impact of end-of-life care; and (c) training in communication and empathy skills through role-playing, simulations on communication, and handling bad news and terminal prognoses.

Nursing schools are called to incorporate affective and cognitive content related to palliative care into the curriculum (26, 27,

28), and even to evaluate how teaching might influence students' attitudes through the effect of instructors (19). In this regard, faculty development activities are also valuable, such as workshops on self-care, reflective teaching, and modeling humanized end-of-life care, which provide teachers with more tools for effective guidance in this clinical context. Finally, the curriculum design of nursing programs should include supervised clinical practice in palliative care settings, accompanied by systematic interdisciplinary debriefing sessions, aimed at strengthening students' tolerance for uncertainty and their emotional coping in end-of-life contexts.

Conclusion

There is an intrinsic relationship between empathy in palliative care and nurses' attitudes toward death. Nurses who develop greater empathic ability tend to show a more positive and less fearful attitude toward death, which allows them to provide more effective and compassionate support. This emotional connection benefits the patient and also contributes to the emotional well-being of the nursing students themselves.

Encouraging these skills in students can improve the quality of the care they provide, as well as promote a healthier and more resilient work environment. Future research should delve into strategies to strengthen these emotional competencies in the field of palliative nursing, with the aim of promoting the quality of care and excellence in training.

Conflict of interest

The authors declare no conflict of interest.

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