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Research

Supervising in the presence of death: A qualitative study of registered nurses' experiences of supervising undergraduate nursing students in palliative care

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ABSTRACT

Background: Nursing students often feel unprepared for end-of-life care, and education, and clinical experience can enhance their confidence. Clinical supervisors are crucial in this process, yet knowledge of their experiences is limited.
Aim: To explore supervisors' experiences of tutoring undergraduate nursing students in the care of dying patients.
Methods: A qualitative study with individual semi-structured interviews with eight registered nurses. Data were analyzed using qualitative content analysis.
Results: Themes: adapting supervision to student preparedness; equipping students; and nurturing wings for secure exploration were identified. The findings underscore the multifaceted nature of palliative care supervision and highlight the need to tailor support to students' levels, experiences, and expectations through reflection, preparation, end-of-life care knowledge, and emotional coping skills. It shows how supervisors foster student growth while maintaining safety for students, patients, families, and themselves.
Conclusion: Supervisors support both students' learning and well-being while balancing patient and family safety. They play a key role in preparing future healthcare professionals to deliver high-quality end-of-life care.
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Background

Nursing plays a significant role in end-of-life (EoL) care, and nurses need to possess the knowledge to be able to assess and meet different EoL unique care needs (Arribas-García et al., 2026; World Health Organization [WHO], 2020a). This involves providing nursing care, being present and dedicated, providing symptom management, engaging in conversations with patients and their families, and offering support (Arribas-García et al., 2026). EoL-care nursing education commonly encompasses principles of EoL care, management of physical symptoms, communication skills, psychosocial and spiritual dimensions, ethical considerations, and care after death (Taheri-Ezbarami et al., 2024). Palliative care (PC) is a specialist area of care during a person's dying and death. However, there is unequal access to PC, as well as limited knowledge and insufficient education regarding PC (Axelsson, 2022; Martins Pereira et al., 2021; Muliira et al., 2023; Yoong et al., 2023).

To become a registered nurse (RN) differs around the world. In Sweden, RNs must complete a 3-year Bachelor of Science degree in nursing before they can be registered to practice. Universities have the autonomy to design their educational programs regarding

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content and focus within overarching frames defined in the curriculum (Ministry of Education, 2022). This has resulted in divergent approaches to EoL and PC education in terms of content and duration (Henoch et al., 2017; Lundh Hagelin, 2021), ranging from a few hours of theoretical education to a structured course comprising both theoretical components and approximately 160 hours of clinical training (Lundh Hagelin, 2021). Previous studies demonstrate that nursing students frequently feel unprepared for EoL care (e.g., Jones et al., 2023; Melin-Johansson et al., 2021). This includes difficulties in managing suffering, ethical challenges, and their own emotional responses (González-Pérez et al., 2025), as well as communication with families (Yoong et al., 2023) and participation in EoL discussions (Dorney & Pierangeli, 2021). Jones et al. (2023) also report that students feel unprepared for physiological changes in the dying patient and postdeath care.

Education and clinical experience in EoL care and PC can positively influence students' perceptions (Petrongolo & Toothaker, 2021), leading to increased comfort when caring for the dying (Schenell et al., 2023). Henoch et al. (2017) found that nursing students' attitudes towards caring for dying patients improved during their undergraduate education program. However, only half of the students felt adequately prepared to take care of a deceased person's body. This, together with aspects of individual backgrounds, such as age, earlier care experience, and education, experiences of meeting a dying person (Arribas-García et al., 2026), can put a burden on clinical supervisors whose role runs parallel to their clinical responsibilities as an RN and is, therefore, integrated into their daily work (International Council of Nurses, 2021). Previous studies have, to some extent, described the supervisor's role in EoL care from the perspective of nursing students, highlighting how supervision shapes their learning experiences in this context (Jones et al., 2023). While supervision in nursing has been studied extensively, particularly from the supervisors' perspective, research on supervisors' experiences of supervising undergraduate nursing students providing EoL care remains limited. Addressing this gap is important for strengthening supervision practices and educational approaches to better prepare nursing students for the complex demands of EoL care.

Aim

The aim of the study was to explore supervisors' experiences of tutoring undergraduate nursing students in EoL care.

Methods

Data Collection and Participants

A purposive sampling strategy was applied to capture variation in experiences, with informants recruited from different hospitals and from different specialized clinics: palliative, neurological, geriatric, pulmonary/lung, and medical wards. These were selected on the basis that they admitted and trained undergraduate nursing students, and that the wards could care for patients expected to die. The heads of the departments gave approval for the interviews with RNs at the respective workplaces and identified RNs with experience of supervising undergraduate nursing students in a situation where a person was dying or had died. The latter was also determined by participants' own assessment of having sufficient experience in supervising undergraduate nursing students in EoL care. Semi-structured interviews were conducted with eight RNs in 2017. All identified RNs agreed to participate. The informants, seven women and one man, worked as RNs for 3.5–23 years, and all had experience supervising undergraduate nursing students in EoL care. The interviews were carried out individually by one of three researchers (JÖ, CMJ, and CLH), with extensive clinical and research experience in the field and in qualitative interviewing. The interviews were audio recorded, with permission, and lasted between 27 and 60 minutes each, with a total time of 349 minutes (mean 43 minutes). They were conducted at the informants' workplaces during allocated time in a room where the interview would not be interrupted. The interviewers had no prior relationship with the participants. The interview guide consisted of one opening question: *Can you tell us about your experiences of supervising nursing students in encounters with dying patients?* Followed by four main questions: *Is there anything you, as a supervisor, think about before the supervision situation? Is there anything about the student that might affect your supervision? Can you describe a situation that was particularly good for both you and/or the student when caring for a dying person?* And *can you describe a situation that was less good for you and/or the student when caring for a dying person?* Follow-up questions were used to clarify and elaborate on the answers.

Data Analysis

An inductive qualitative approach was applied to allow findings to be derived directly from the data and capture the participants' experiences. In qualitative research, sample size is determined by the aim of the study and the richness of the data (Graneheim et al., 2017). In this study, the interviews were detailed and comprehensive, which was considered to provide rich empirical material. The audio files were transcribed verbatim and analysed using qualitative content analysis as described by Graneheim and Lundman (2004) and Graneheim et al. (2017). The analytical process entailed interpreting the text through two phases: de-contextualizing (into meaning units, condensing, and coding) and re-contextualizing (sorting codes into sub-themes and themes). The initial coding of segmented and condensed meaning units was carried out by three members (CGN, EvM, and CLH) of the research team. The analysis was then further developed by (SP and CLH), who grouped the codes into sub-themes and abstracted overarching themes (cf. Graneheim & Lundman, 2004; Lindgren et al., 2020). All researchers involved in the analysis had extensive clinical experience in palliative and EoL care, of whom two also had substantial experience in qualitative analysis. Preunderstanding was continuously reflected upon and discussed throughout the analytic process to enhance reflexivity and trustworthiness (cf. Graneheim et al., 2017). The analytic process was characterized by ongoing discussions among the researchers to critically reflect on interpretations and achieve consensus. As part of the verification process, the results were reviewed and discussed in 2025 with two of the informants, who endorsed the authenticity of the findings. The COREQ guidelines (Tong et al., 2007) were used to report the study.

Ethical Approval and Consent to Participate

The study was approved by the Regional ethical review authority (Dnr: 997-15) and conducted in accordance with the Declaration of Helsinki (World Medical Association, 2024). Informants received written and verbal information about the study and gave written consent. They were informed about voluntary participation, confidentiality, data management, and provided with contact information for the researchers.

Results

The result comprises three themes, which are built on ten subthemes. Together, they visualize supervisors' experiences of tutoring undergraduate nursing students in EoL care (Table 1).

Table 1
Overview of themes and sub-themes.

Themes	Sub-themes
Adapting supervision to student preparedness	Exploring theoretical understanding An inquiring readiness to confront death Managing students' expectations
Equipping students	Fostering reflection space Walking it through before taking it on Unveiling the essence of end-of-life care Cultivating emotional handling skills
Nurturing wings for secure exploration	Supporting autonomy through cultivating assurance Balancing student learning with patient and family protection Unpacking one's own assumptions and easing control

Adapting Supervision to Student Preparedness

The supervisor's role was to identify and meet each student's individual understanding and knowledge about EoL care, and their experiences and learning expectations.

Exploring Theoretical understanding

Supervisors needed to understand students' understanding to adapt their tutoring. Identifying the student's knowledge regarding EoL was necessary to be able to customize clinical training and offer personalized guidance based on student knowledge and needs rather than their current academic semester. The supervisors found that students' understanding for caring for dying patients varied; in some cases, the theoretical knowledge was insufficient, whereas in others the students appeared well prepared.

Despite differing opinions on understanding, students' knowledge about EoL care or PC was perceived as quite high, including the ability to engage in meaningful discussions about death. The supervisors described that it was important that the students had a reflective capacity and were able to shift focus from primarily pharmacological treatment to a more comprehensive understanding of patients with EoL needs.

> *Mm. . .yes, it's. . .you ask questions first. I mean, you're curious about their [preunderstanding]. . . how they themselves explain, yes, [palliative care]. . .what they think about this* [RN A, palliative care]

An Inquiring Readiness to Confront Death

The supervisors experienced that some students had encountered death and dying during previous clinical practices or in their private lives, while other students had no prior experience of such situations. The supervisors thought that older students had more general healthcare experience than younger students, and that students in their sixth semester had experienced dying and death more often than students from earlier semesters. The supervisors stated that the students generally showed a great interest in EoL care. Encounters with death evoked mixed feelings, and the supervisors described that some students found it difficult to accept that not all patients survive. Additionally, in such cases, there was a desire to protect the student from experiencing situations that could evoke additional sorrow. Understanding each student's unique background was vital, since experiences varied, influencing how they perceived different situations. Armed with some knowledge about students' past experiences, supervisors could proactively address challenging situations and guide students in applying personal experiences to compassionate caregiving.

> *What have they brought with them from before? Have they had any previous encounters with death and. . . maybe a war-torn country?* [RN B, geriatric care]

Managing Students' Expectations

Supervisors highlighted the significance of early exploration and of handling students' expectations and goals during the clinical training. They observed that students perceived encounters with death and dying as essential preparation for their future roles as RNs. However, following the same patient throughout the entire process was not always feasible. When the patient's condition deteriorated, they were often moved to private rooms or PC-units, away from the student's assigned ward. Consequently, students sometimes lost the possibility of being present in the final stages of a patient's life. It was, therefore, considered important to take advantage of opportunities for supervision during the care of dying patients. The shortness of the placement, limited to a few weeks, posed a challenge in gaining comprehensive practical experience. Overall, it was important to understand the expectations of the students, which helped the supervisors tailor communication and guidance accordingly.

> *Yes, it's somewhat aligned with their goals as well, and what they are lacking. Can we steer the supervision toward that? Do we have the possibilities here to meet those. . . goals. . . like that. Otherwise, we'll offer what we have.* [RN C, Medical care (hematology)]

Equipping Students

This theme covers the supervisors' endeavors to empower students with the wisdom and resilience needed to navigate the profound complexities of caring for patients and their relatives in EoL care. By creating space for reflection, providing preparatory guidance, unveiling the essence of EoL care, and fostering the ability to manage emotions, the supervisors endeavor to provide students with the wisdom and resilience to navigate the deep complexity of caring for patients and their families at the end of their lives.

Fostering Reflection Space

Reflection was viewed as a valuable tool utilized throughout various aspects of the supervision process. Reflections, including discussion and assessment of observations following interaction with a patient, were emphasized as a crucial aspect by the supervisors. After the student had identified various conditions in consultation with the supervisor, it was also essential to pinpoint appropriate interventions. This process was deemed significant, emphasizing the importance of keeping it dynamic, continuously reflecting on changes, scenarios, and expectations. Being receptive to the students' thoughts and acknowledging the absence of absolute certainty were underscored. Engaging in reflective discussions with the student to arrive at solutions, thereby harnessing the student's perspectives, was described. The value of reflection extended beyond interactions between the supervisor and the student. Peer-to-peer reflection among the students, as well as involving physicians in discussions after complex situations, created valuable learning opportunities for students, fostering comprehensive discussions that included the entire healthcare team.

> *Even if you can brief beforehand or discuss what you're going to do, it doesn't always turn out that way when you go in. Instead, you just. . .well. . .you can address it afterwards, as there will always be questions and reflections when you leave.* [RN C, Medical care (hematology)]

Applying ethical discussions as a part of reflection was highlighted by the supervisors as a method to prepare students for patient encounters on the ward. The focus was on mental preparation of the students and an understanding of the RN's demanding role in EoL care. Through these discussions, students were empowered to address the challenges associated with patient deaths, including engaging in dialogue about patient needs, the physiological processes during the dying phase, and the respectful handling of deceased bodies.

Walking it Through Before Taking it on

The supervisors shared their experiences of preparing students for an impending encounter with a dying person or a deceased body. They emphasized that patients quickly notice students' uncertainty and stressed the importance of addressing this uncertainty with the students beforehand. This involved talking through signs to look for in a dying patient, the necessary nursing interventions, and the students' reflections on the upcoming situation. The supervisors recognized the weight of the responsibility of ensuring that students were well-prepared for these sensitive moments, acknowledging the need to be a comforting presence for them. Before entering the room of a deceased patient, discussions revolved around showing respect to the patient and postmortem procedures, including legal considerations, how to prepare the deceased patient's bed, the urgency of the preparation process, and the protocol for patient identification. Supervisors also perceived that describing the appearance of the deceased patient can help the student visualize and prepare accordingly.

Communication with the students was described as essential to prepare them for meeting death and dying. Supervisors asked the students if they felt ready to accompany them, and that it was entirely acceptable to discreetly leave if the situation felt overwhelming. Consequently, before entering the room, it was essential to clarify the role that the students wanted to assume, the level of involvement they desired, and to always emphasize through clear communication that the supervisor held responsibility for the situation.

> *. . .well, information, as much as possible. Prepare. . .prepare them mentally as much as possible for. . .upcoming situations. . .* [RN G, palliative care]

Unveiling the Essence of End-of-Life Care

Unveiling the essence of EoL care was described as informing about and discussing the nurse's role. Students are helped to understand the transition between life and death and that they should care for the patient both before and after death. In addition, it was considered important to foster an environment of honest communication and to talk about death without euphemisms. In the face of death, honest communication is where the true art of nursing reveals itself, weaving compassion and empathy into the complex tapestry of human connection. Furthermore, students are helped to understand that both the living and the deceased person are to be treated with the same respect and dignity. For instance, it was deemed important to remind students that even a deeply unconscious patient requires information about what is to come and the student's planned course of action. Encouraging students to provide this information was described as an essential aspect of maintaining respect and dignity at the EoL. Additionally, supporting students in their role of meeting relatives' needs was considered imperative. One effective approach involved students reading a brochure aimed at relatives addressing EoL matters and death. This was perceived to foster a shared knowledge base, facilitating students in better engaging with the concerns and emotions of the relatives, thereby enabling the students to take initiatives more easily. The purpose was to equip students with the ability to navigate discussions with relatives and address their questions and feelings, fostering a more compassionate and informed caregiving experience.

> *The ability to talk with relatives, that's an important part. Because often, in these late phases, the patient is usually asleep, so it's very much about how you. . .how you interact with the relatives, how the student does it* [RN D, neurological care]

Cultivating Emotional Handling Skills

Addressing the emotional dimension of PC was perceived as important, recognizing that it evokes feelings not only among the nurses but also in patients and their relatives. While emphasizing the significance of emotional handling skills, it is essential to convey that being affected by the emotional aspects of palliative care is entirely acceptable. Even if students did not feel uncertain, scared, or find the situation distressing, it is recognized that engaging in PC discussions can still elicit a range of challenging emotions. This underscores the importance of acknowledging and navigating these feelings as an integral part of providing compassionate care in PC situations. Recognizing the challenges, supervisors shared the view that students should be allowed to step back if they felt uncomfortable or emotionally overwhelmed, acting as shadows to the supervisors in these situations. Preparing students by reassuring them that they are allowed to feel sadness and that they should not carry the burden alone was also emphasized as important. The supervisors stated that a student's first encounter with a deceased person is a significant and unique event, where the supervisor's role is perceived as essential. This is particularly evident as some students find it challenging to confront the reality of death.

The supervisors observed that some situations could be uncomfortable for students, leading to profound sadness, especially when patients brought up existential reflections. Handling such situations was deemed important, encouraging students to remain present and listen to the patient. Staying engaged in the conversation was seen as meaningful, recognizing the value of continuing the dialogue. At the same time, it was emphasized that students should feel empowered to step away if the situation became overwhelming. Despite the challenging nature of existential discussions, supervisors found a positive aspect in them, describing these conversations as opportunities for a genuine connection where both parties could engage at a level, they deemed acceptable, conversations that could deeply resonate with the students.

> *It could be anxiety, worry, aggression, but daring to stay with it. And there, I think, you need to build your own sense of security, and. . . many students have no experience, so you have to be a steady rock for them. That it's okay to feel, but maybe you should reflect beforehand. How do I feel? What do I think I'm feeling?* [RN E, medical care]

Nurturing Wings for Secure Exploration

The supervision of encounters with dying and deceased patients was described as a gentle balance, wherein the supervisor sought to "nurture student wings" while simultaneously considering and making judgments that would ensure a positive experience for all parties involved—the student, the patient, the relatives, and the supervisor. It was seen as walking a delicate tightrope.

Supporting Autonomy Through Cultivating Assurance

The objective of the clinical training was to gradually foster the student's independence until the supervisor could eventually serve as a mere shadow in the background. To achieve this, it was important to preserve the student's self-esteem and confidence, ensuring they were not discouraged from their future profession. The supervisor aimed to be a source of security, supporting the student in the EoL care process and postmortem care. Their role was perceived as easing the student's experience, providing support to make situations feel as natural as possible. For instance, if a student found handling a deceased patient challenging, the supervisor would demonstrate the proper approach, such as taking the deceased patient's hand to illustrate that it is not threatening.

> *And then you also serve an important function. If I'm on the other side of the bed and I'm more experienced and accustomed, I can. . .then you can show them. You can normalize the situation by being calm . . .so in that way, you play a huge role.* [RN B, geriatric care]

One challenge that was highlighted was discussing aspects of the student's personality and behavior. It was considered important to courageously "push the student out of their comfort zone," which led to the tutor being alert to, and carefully analyzing, the student's every action. In their unwavering commitment to fostering student autonomy and development, the tutors were dedicated to inspiring a deep and comprehensive understanding of PC. Their aim was to enable students to gain as much experience as possible while actively participating in the complex processes of PC. At the same time, the supervisors acted as guardians, aware of the delicate balance between promoting growth and protecting students from the potential overwhelming responsibilities beyond their current capacity. This dual commitment emphasized an approach in which encouraging independence and protecting student well-being coexisted in order to create a supportive, safe, and enriching learning environment. For example, while tutors asked if students were ready to accompany them, they emphasized the importance of student participation. They considered encounters with deceased patients during clinical training as an important preparation for their future role as nurses. Supervisors emphasized the importance of these initial experiences taking place in a safe environment during the clinical placement and acting as a positive preparation for students during their training.

Some students initially declined participation during their first days on the ward, a decision seen not as a disadvantage but as beneficial. This choice allowed students to reflect and decide to become more comfortable before engaging in such experiences. The supervisors sought insights into the students' perceptions of different situations and their sense of security. However, a lingering uncertainty arose regarding the handling of situations in which students felt uneasy, and when there was a notable absence of prior experience.

> *It's important that they leave here—I think most of them say they do—feeling strengthened in their future professional role, actually, because they've had an experience that has made them. . .more confident.* [RN F, pulmonary care]

Balancing Student Learning With Patient and Family Protection

The tutoring process in EoL care entailed a delicate balance between fostering student growth and protecting the patient and their relatives. Supervisors expressed a dual objective: allowing students the autonomy to experience and develop while safeguarding the well-being of patients and their families. Allowing students to enter patient rooms alone, although challenging, was seen as a necessary step in their learning journey. The supervisors recognized the importance of protecting patients and relatives from potentially overzealous or uninformed actions by students, creating a need for a nuanced approach. The supervisors felt a responsibility to shield patients and relatives, especially when students exhibited bold or unfamiliar behavior. Instances where a student made inappropriate remarks highlighted the potential risks. While encouraging student independence, supervisors preferred situations where they knew the patient had accepted death, simplifying the student's role in providing support. However, the unique needs and privacy concerns of younger patients added complexity to the supervision dynamic.

To address these challenges, supervisors engaged in consultations with patients and their families to determine whether students could handle communication independently during their shift. Establishing familiarity between the supervisor and the patient or family beforehand was key to this approach. Despite this, supervisors might still opt to manage communication with relatives personally due to the sensitive and fragile nature of these interactions. In contacts with relatives, supervisors advised students to adopt a reserved approach, refraining from assertiveness, discussions, or answering questions. This advice extended to postdeath situations, emphasizing the importance of attentive listening over active engagement. A supervisor's experience, where a student provided incorrect information, leading to feelings being hurt, further reinforced the preference for personal management of such interactions. The option of approaching patients and relatives together, providing students with the security to converse while supervisors remained in the background for support, was presented as an alternative approach. The delicate balance in supervising between protection and autonomy was further underscored by the need to assess the readiness of both students and patients, aiming for a positive and supportive learning environment in EoL care.

> *Yes, well, as I said, it's about finding a balance between the patient's needs and the student's needs, really. As a supervisor, I want it to be rewarding for the student, for them to learn a lot and find it enjoyable and. . .yes, face the things they find challenging. At the same time, I. . . I also have to protect my patients* [RN A, palliative care]

Unpacking One's Own Assumptions and Easing Control

The supervisors reflected on being aware that students' learning could be hindered when they themselves struggled to relinquish control, leading to reluctance in allowing students to take a more leading role or manage patients independently. Both older and younger supervisors perceived finding it "challenging" to allow students to be independent. They also acknowledged variations in students' opportunities based on the supervisors they had, creating uneven or unfair learning possibilities for students. Having an awareness of one's own beliefs, assumptions, and potential biases regarding students' knowledge and abilities was emphasized. For instance, an inherent challenge surfaced as supervisors grappled with their own biases regarding students' life experiences and knowledge. The age of the students was considered irrelevant for supervision, as it was not an indicator of either maturity or experience. However, at the same time, supervisors described being more attentive to younger students, driven by the assumption that the younger ones might lack experience with death and dying, while the older students were presumed to have such experience. Furthermore, supervisors found themselves inclined to shield younger students, despite recognizing the fallibility inherent in such a protective stance. In addition, preconceived notions and expectations about how the supervision process would unfold and how students would develop were evident among the supervisors.

Well, mm, yes, everyone has prejudices // I wouldn't treat the person differently, but I would probably reflect, I mean, be more aware of things like cultural beliefs or perhaps. . .be more inclined to assume that a young person has no experience with death, and the opposite for an older student, that, yes. . .because of life experience. . .but that doesn't necessarily have to be the case [RN A, palliative care]

Discussion

This study aimed to explore supervisors' experiences of tutoring undergraduate nursing students in EoL care. The results demonstrate how the supervisors work to understand each student's readiness, background, and expectations in order to adapt their supervision accordingly. This can be understood as teachers integrating their own experience when teaching about EoL care in a theoretical way (Lundh Hagelin et al., 2021). The responsibility to meet each student at their individual level of understanding and consistently engage in reflections based on the student's existing knowledge and experiences seems, therefore, to be that of the individual teacher and supervisor. Henoch et al. (2017) showed that the combination of theory and clinical education impacted students' attitudes toward caring for the dying. The variations in students' attitudes, preparedness, and exposure to death and dying may also be a result of the differing amounts of education in this topic in undergraduate nursing education (Axelsson, 2022; Martins Pereira et al., 2021; Muliira et al., 2023; Yoong et al., 2023), and that death and dying are a "closed" concern and topics not always discussed openly in society.

The themes identified in the study can be understood in relation to the developmental process described by Stokman et al. (2021), where baccalaureate nursing students engaged with EoL education by moving from being afraid to becoming aware and ultimately becoming accomplished. Our theme "Adapting supervision to student preparedness" resonates with the initial phase of being afraid, as supervisors acknowledged and responded to students' uncertainties and fears in EoL care. Further, the theme "Equipping students" resonates with the transitional stage of becoming aware, reflecting how supervisors supported students in developing knowledge and skills to manage complex situations. Finally, the theme "Nurturing wings for secure exploration" mirrors the progression toward becoming accomplished, as supervision created a safe context for students to explore, practice, and grow in confidence. Together, these findings resonate with Stokman et al. (2021) by illustrating how supervision supports students' progression in EoL education. In the present study, it became clear that supervisors need to take responsibility for the students' learning, as well as their personal well-being in particular situations. Providing quality EoL care is fundamental to nurses' professional practice, but caring for patients in EoL care and meeting family needs is challenging without the appropriate knowledge and experience (Durojaiye et al., 2023). EoL and palliative care are areas that are difficult to work in, to learn (Murnane et al., 2023), and to teach (Lundh Hagelin et al., 2021). The International Association for Hospice and Palliative Care (International Association for Hospice and Palliative Care IAHPC, 2019) asks for collaborations between governments, agencies, universities, and teaching hospitals to integrate EoL and PC training into undergraduate education.

The results in this study show aspects beyond both theoretical and clinical education, such as the importance of students reflecting on EoL situations and their emotions about these, with a supervisor who is comfortable with asking questions about the students' knowledge and expectations. Central to the learning process is reflection, where students discuss their experiences and receive mental preparation for encounters with dying patients (Yoong et al., 2023). Ethical discussions and effective communication about death and dying are vital for reinforcing students' responsibilities in EoL care. Emotional coping is another critical focus, as supervisors support students in recognizing and processing their feelings, providing a safe space for them to step back if overwhelmed. It is important that extra time is set aside to supervise students when meeting dying patients and their families, and this again points to a need for well-educated and specialized RNs for each learning situation. This is in line with the WHO's (2020b) statement that PC is to be seen as a human right and that all healthcare professionals should provide quality PC.

This study highlights the dual role of supervisors in promoting student autonomy while safeguarding the well-being of patients and families. It also emphasizes the importance of supervisors being mindful of their own biases and fostering an equitable learning environment that prepares students for complex patient interactions. Previous research shows that nursing students generally hold a positive attitude towards PC even though they lack essential knowledge in this domain (Wang et al., 2022). Taken together, these insights underscore the importance of encouraging open dialogue with students about their thoughts and feelings regarding their future role, thereby cultivating competent and compassionate caregivers. Preparing future nurses to care for dying patients and their families remains a challenge for nursing education and warrants further research and development of innovative pedagogical approaches.

Methodological Considerations

The demographic data and background characteristics of the informants are not thoroughly described. However, since all were RNs with extensive experience in supervising students in EoL, it was, therefore, considered possible to fulfill the aim of the study. The data was collected some time ago, which must be considered a limitation. To support the credibility of the findings, two of the informants were consulted in 2025 and confirmed the authenticity of the results. Nevertheless, we understand that working circumstances for RNs might have changed, which could affect supervision situations. Future studies are needed to secure education in EoL care for undergraduate nurses, where the results from the present study can provide a starting foundation.

Conclusions

The results shed light on the intricate responsibilities supervisors face when guiding undergraduate nursing students in EoL care. Beyond supporting students' clinical and theoretical learning, supervisors must also address the emotional challenges that students encounter in this sensitive context. Balancing patient and family safety with educational objectives, supervisors significantly influence the development of future nurses who can provide empathetic and skilled care to dying patients. This highlights the need for clinical RNs in EoL care to provide supervision and support to students during their clinical training in this area.

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Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Declaration of competing interest

The authors declare that they have no known competing personal relationships or financial interests that may have influenced the study reported in this paper.

CRediT authorship contribution statement

Susanna Pusa: Writing – original draft, Visualization, Methodology, Formal analysis. **Jane Österlind:** Writing – review & editing, Investigation, Conceptualization. **Christina Melin Johansson:** Writing – review & editing, Investigation, Conceptualization. **Clara Göranzon Nord:** Writing – review & editing, Formal analysis. **Erica von Mühlenfels:** Writing – review & editing, Formal analysis. **Anna-Maria Abel:** Writing – review & editing, Conceptualization. **Fanny Vestling:** Writing – review & editing, Conceptualization. **Maria Giovinazzo Brovall:** Writing – review & editing, Methodology, Conceptualization. **Carina Lundh Hagelin:** Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Conceptualization.

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