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Research article

"Qualitative study on nursing students' perspective on ethical conflicts at the end of life: "We are not prepared"☆

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ABSTRACT

Background: Nursing care for people at the end of life is a crucial aspect of health care that involves challenges and responsibilities. In this scenario, ethical conflicts often arise resulting in situations of great suffering and high-level emotional impact, for which nursing students do not feel sufficiently prepared.
Objective: The aim of this study was to find out how nursing students perceive the ethical conflicts present at the end of life and their reflective and deliberative capacity in the face of these conflicts.
Design: Descriptive qualitative study.
Setting and participants: Between February and March 2023 with nursing students at the University of Huelva in Spain.
Methods: Sixteen in-depth interviews were conducted. The data analysis was carried out using Giorgi's method and Atlas.ti 22 software as a support.
Results: The students reported that they had encountered ethical conflicts in the end-of-life phase during their internship care period. The main causes they mention are: the management of ethical conflicts, the position on euthanasia and conscientious objection, and the influence of values and beliefs about care. They highlight the lack of training in coping and emotion management in end-of-life care.
Conclusion: Nursing students feel unprepared to deal with the suffering and ethical conflicts involved in end-of-life care, as well as the management of their own internal conflicts. There is therefore a need for the implementation of high-fidelity simulation-based training that generates the learning of the necessary competencies in bioethics and defensive palliative care through appropriate competencies.

1. Introduction

The care provided by health professionals at the end of life is a crucial aspect of healthcare that involves challenges and responsibilities and is often a complex and vulnerable situation for patients and families (Thompson et al., 2022), in which the health professional has a great responsibility to ensure that decision making and care planning are aligned with the values and preferences of the person at the end of life. It must be ensured that their last wishes are respected, and care is personalized in response to their needs (Chen et al., 2023).

The care that nurses provide to people at this stage of life is complex and multifaceted. The fundamental goals are to manage physical, emotional and spiritual symptoms, to provide comfort measures for the person and their loved ones, and to promote respect for dignity and the alleviation of suffering (De Vries and Plaskota, 2017; O'Brien et al., 2019. On the other hand, in the end-of-life scenario, situations of ethical conflict often arise that generate great emotional impact and suffering. The most common conflicts in these processes are those related to the

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autonomy of the sick person, information management, privacy and confidentiality, respect for human dignity, clinical safety and requests for medically assisted death (euthanasia and assisted suicide) (Metaxa, 2021; Rainer et al., 2018).

Euthanasia has been legalized in countries such as the Netherlands, Belgium, Canada, and New Zealand (Dierickx et al., 2020; Kannan and Thottath, 2021). In Spain, euthanasia is regulated by Organic Law 3/2021, 24 March, which finally came into force on 25/06/2021 and defines euthanasia as the action of a health professional to put an end to a person in an intentional way with an express and voluntary, unequivocal and informed request in a situation of serious, chronic, incurable and incurable suffering that causes intolerable suffering (Ministry of Health and Social Policy, 2021).

Several studies show that nurses' attitudes towards euthanasia are influenced by and linked to variables such as the professional's speciality, age and religion (Goligher et al., 2017; Lavoie et al., 2016). Nurses' main arguments in support of euthanasia are often the right to a dignified death, the desire to relieve unbearable pain, and the right to the patient's own autonomy to have a say over their life (Cayetano-Penman et al., 2021). On the other hand, opposing arguments include the focus on pain management rather than end-of-life care, reliance on the services provided like palliative care and objections to the risks of its implementation such as the administration of euthanasia without the patient's prior consent (Verpoort et al., 2004).

Like qualified nurses, nursing students experience situations of ethical problems when they undertake their first clinical practice as they are just beginning to develop their capacity to make moral decisions (Ortega-Galán et al., 2022). These conflicts are related to confidentiality and privacy, lack of informed consent in clinical procedures, respect for patient dignity and autonomy, and moral conflicts in patient care and in interprofessional teamwork relationships (Khatony et al., 2022; Salsali et al., 2013; Sinclair et al., 2016). These situations can cause students to lack confidence and make them afraid, which can lead them to become passive and withdrawn because they do not really know how to act as there is no prior training in conflict resolution (Yoshioka and Kaneko, 2019).

In any case, end-of-life care and the issue of euthanasia pose complex ethical dilemmas in the health care setting (Terkamo-Moisio et al., 2017). Bioethical training for students involves identifying how prepared they feel to handle situations that may challenge their values and beliefs, and how capable they are of sustaining a deliberative process that respects both legal regulations and fundamental ethical principles (Martins et al., 2020). Euthanasia, in this sense, becomes a key focus for analyzing ethical conflicts, providing a critical perspective on the ethical competencies students must develop to face the challenge of making complex decisions in end-of-life care (Ortega-Galán et al., 2023; Green et al., 2022). This exploration is crucial to strengthening nursing students' ability to face ethical conflicts in clinical practice, as it places them at the heart of decisions that not only affect patients but also themselves as professionals committed to ethical values. In contrast to previous studies that analyze ethical conflicts in end- of- life in trained professionals and nursing students (Ortega-Galán et al., 2023; Schneider et al., 2022; Yoshioka and Kaneko, 2019) there are studies that provide a perspective from nursing students, highlighting the training ethical gaps and challenges perceived by those beginning clinical practice. Therefore, the research question was: What are the ethical conflicts nursing students face in end-of-life care, and how do they perceive and navigate these challenges, including but not limited to decisions related to euthanasia. As a result, the aim of this study was to find out the most common ethical conflicts perceived by nursing students in end-of-life care and how they assess their reflective and deliberative abilities when facing these ethical conflicts.

2. Methodology

2.1. Design

A descriptive qualitative study that allows the study of the experiences and perceptions of the participants from the subject's perspective (Fernández-sola et al., 2020). This model allowed us to explore and understand the ethical and moral suffering experienced by nursing students in the clinical-care setting. This approach is suitable for exploring and understanding the experiences of students who cared for patients in their nursing practice. In writing this manuscript, the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007) was applied.

2.2. Participants

The participants were fourth year students from the University of Huelva in Nursing degree. Students with reflective and expressive abilities were selected through an interview proposal with the help of the researchers by using the snowball technique (Fernández-sola et al., 2020). This allowed us to identify participants with relevant experiences as this technique relies on the social networks of initial participants. This method is suitable because accessing nursing students is challenging due to the specificity of the study, as not all students feel comfortable sharing their experiences regarding ethical conflicts related to end-of-life care and euthanasia. Once the students were selected, we contacted them in person and explained the aim of the study. Their participation was requested by agreeing on a place, date and time. The inclusion criteria were: (1) fourth year nursing students at the University of Huelva; and (2) students with reflective and expressive capacity. The exclusion criteria was: (1) refusal to participate in the study. A total of 26 undergraduate nursing students were invited to participate in the study and 10 students declined due to factors such as scheduling conflicts and the sensitivity of the study topic. A total of 16 students were interviewed, with a mean age of 26 (SD = 26.18) years. The socio-demographic data can be seen in Table 1.

2.3. Data collection

Semi-structured open-ended in-depth interviews were used as a data collection technique. The interview guide was developed following an extensive literature review and was piloted to assess its effectiveness and enhance its clarity in capturing the perceptions and experiences of the students. The interviews took place between February and March 2023 during the last internship period of the degree. The interviews were audio-recorded with prior informed consent. They were conducted in the facilities of the University of Huelva in order to provide a

Table 1
Socio-demographic variables.

	Gender	Age	Area	Religion
1	Female	31		Catholic
2	Female	21		No
3	Female	23		No
4	Male	22		Catholic
5	Female	40		Catholic
6	Male	21		Catholic
7	Female	21		No
8	Female	22		Catholic
9	Male	24		Catholic
10	Female	31		Catholic
11	Female	22		Catholic
12	Male	23		Catholic
13	Female	21		Catholic
14	Female	25		Catholic
15	Female	24		Catholic
16	Female	48		Catholic

comfortable, warm and private environment for the participants to express themselves. They lasted between 30 and 60 min and began with an open question to facilitate informal conversation followed by a hidden script collecting information that could not have been answered previously by the student.

2.4. Analysis

The analysis of the information from the discourse was carried out following the method of Castro (2003), was selected due to its ability to explore and capture the lived experiences of participants in depth, allowing for a thorough analysis of students' perceptions of ethical conflicts at the end of life, which is characterised by the development of categories and subcategories through various stages. A literal transcription and comprehensive reading of the interviews was carried out in order to obtain a global sense of the information. Subsequently, a second reading was made in order to extract the units of meaning and give them an order (categorisation). After careful examination, fragments could be extracted that revealed important information regarding the aim of the study. The different units of meaning were examined and transformed into statements or dimensions of meaning, and finally the conclusions were interpreted and written up. The Atlas.ti 22 software was used as computer support to assist in the analysis of the testimonies collected in the interviews and to organize the categories.

2.5. Rigour

The following quality criteria were used to ensure the rigour of the study. The researchers, with extensive experience in qualitative analysis, conducted data triangulation and verification of key themes to ensure the rigour of the analysis. Credibility: data collection and interpretation were obtained and reviewed by two independent researchers. Transferability: detailed description of participants, method and context through triangulated data analysis. Reliability: data collection and analysis were verified by two experts who interpreted the themes and sub-themes. Conformability: researchers independently agreed on meaning units, sub-themes and themes.

2.6. Ethical aspects

The study was approved by the Ethics Committee of Huelva health area, which issued an agreement in relation to the DIPA-2020 research. Participants were informed of the aim of the study and voluntarily signed their informed consent using the "Research subject information sheet" and the "Informed consent form for the research subject". During the interviews, a safe environment was ensured, and emotional support was offered to minimize the impact of discussions on sensitive topics such as death and euthanasia. The confidentiality and anonymity of the participants was maintained, in accordance with the Organic Law 15/1999, 13 December, on the Protection of Personal Data. Participants were assigned unique codes to protect their identities, and any personally identifiable information was removed from the data before analysis. All data were stored in password-protected files on secure servers, accessible only to authorized research team members. Additionally, any reports or publications derived from the study ensured that no individual participant could be identified. This process was explained to participants during the informed consent process, and their consent was obtained before data collection began. The data have not been used for purposes other than those described in the research objectives. Thus, the ethical rules and principles according to the declaration of Helsinki are ensured (Li et al., 2018).

3. Results

The themes and sub-themes that emerged around the ethical conflicts and thoughts of students on the end of life are showed in Table 2.

Table 2
Themes, sub-themes and codes.

Themes	Subthemes	Codes
Ethical conflict management	Ethical conflicts identified	I see no conflict, a pact of silence, euthanasia, a lack of information, no respect for autonomy, post mortem dignity, ICU dehumanization.
	How do I deal with conflict?	I would give my opinion, I would try to stop it, I would talk to my colleagues, I would talk to the family as students there is nothing we can do.
Students' views on euthanasia and Conscientious Objection	Position on euthanasia	For, against, all for the patient, professional duty and responsibility in the face of conscientious objection, abortion, in favour of conscientious objection.
	Assessment of conscientious objection	Professional duty and responsibility vis-à-vis conscientious objection, in favour of conscientious objection.
	Influence of values and beliefs in caregiving	Religions do not influence. Religions do influence.

3.1. Ethical conflict management

The participants discussed the different ethical conflicts that arise at the end of life of their patients, detailing their position and the way in which they deal with these conflicts.

3.1.1. Identified ethical conflicts

Most of the nursing students reported recognizing ethical conflicts in a clinical situation, saying that they had witnessed situations that they identified as such during their clinical practice or even through personal experiences. They express the discomfort they feel in situations of therapeutic incarceration, pacts of silence, lack of information and lack of respect for the patient's autonomy.

> "Yesterday a 91 year old man came to us with a blood pressure of 90/40, with swollen hands and water coming out of his pores, and they have been transfusing him with blood since yesterday. That seems to me to be an incarnation, these things shock me a lot" (E5).

> "Once I saw a pact of silence. I really wanted to break it (...) I was totally powerless. It really affected me a lot" (E8).

Likewise, a dehumanized atmosphere is described in the more technical units, where professionals act as if the sick person were not present. According to the perception of the informants, in these units every effort is made to maintain the life of the patients, sometimes going beyond what is appropriate and entering a field that exceeds the therapeutic. On the other hand, they describe the lack of communication with the family or their inclusion in shared decision-making.

> "Entering with your nurse and seeing that they don't even address the patient... or the fact of having conversations in front of them as if the patient were not there... about them or maybe about their condition, that they are dying. And talking to the relatives in front of them, which is a bit unpleasant (E2).

> "Above all, I have seen it in the ICU, where they try to do everything to the patients, they are sedated and anesthetized, they lose consciousness and lose everything, and the family is not present, they are dying little by little without knowing it" (E13).

Finally, it is worth noting that several students refer to the fact that some professionals do not treat deceased patients or their families humanely or do not provide what they would consider post mortem care

that respects human dignity.

"And we were there shrouding him (...) and that was really bad. The nurse was there talking to us and laughing with a corpse (...) and I think that says it all (...). If his relatives knew about this, how would they take it (...). Then the man from the funeral parlour came to sort out the papers, and the assistant said something like "What a pain in the ass about the dead person, he's already dead, stop crying! (E1)

"They don't give him dignity at the time of his death" (E8).

3.1.2. How do I deal with conflict?

The majority of the participants argue that despite the impossibility of acting as trainees, they would do so when they were professionals, agreeing that they would express their professional judgement in one way or another, taking an active part in conflict management and even acting as mediators in these situations.

"I would give my opinion about the situation" (E1).

"I would try, yes, at least now that I'm really looking forward to it, yes. You are not going to arrive and tell the doctor to stop treatment, but well, you try to talk to the family, you try to talk to the doctor, you try to get the patient to talk directly to the doctor because (...) often due to lack of communication and not knowing how to express it to them, they keep quiet and put up with it and you see a lot of it. So, at least, I try to act as a mediator" (E3).

3.2. Students' views on euthanasia and conscientious objection

In the interviews participants elaborate on their position on euthanasia and express how they consider that personal beliefs may affect their position.

3.2.1. Position towards euthanasia.

During the interviews, two opposing positions on euthanasia emerged, but most of the nursing students were in favour. Moreover, they reported that they would take part in the process, even if it caused them pain. They stress the importance of it being a legal and personalized procedure to which other therapeutic options such as palliative care have already been offered.

"If they want to die, why can't they do so (...) You are the one who decides about your own life (...) I'm totally in favour of euthanasia, in cases where it is clearly justified, yes, yes, I'm in favour" (E1).

"I would take part because I think it is a procedure that is right, that you have to fulfil certain requirements stipulated by law, and I think that at the end of the day it is the decision of each person, and you have to respect it" (E13).

Some say that euthanasia is a more complex issue that requires considerable reflection. The importance of considering other therapeutic options and, in any case, the need for deliberation in each situation is stressed. In addition, the students talk about the consequences that participating in these processes could have at a professional level and the need to take this into account.

"With the issue of euthanasia, we must also be very careful as it is not something to take lightly (...) there are many other options, there are palliative treatments, there are therapeutic options that are a little more affordable or more bearable. You have to think about it a lot" (E3).

"Each person in their beliefs is free to act as they want, but it is also true that you are a professional and you have to adapt to the law, but these are very complicated situations that sometimes transcend the professional sphere and can generate an important personal conflict" (E16).

3.2.2. Assessment of Conscientious Objection.

With regard to conscientious objection, the students recognize it as a right in most of the interviews but rigorously question it as they consider that professional duty should prevail over personal beliefs. On the other hand, some of the informants are against euthanasia and fully defend and respect conscientious objection, as they consider that the value of personal beliefs is unavoidable.

"Well, it's their right... but I don't know, I don't think it's right. I think you have to get involved and if you think that person needs it, but you don't want to get involved... I think you have to get involved (...) and even more so for us as health professionals who should be at the top of the agenda" (E1).

"Whether you like it more or less, you have to position yourself on the side of the patient, always following a legislative validity and never outside it, and always following standardized moral and ethical values" (E4).

"I think it is very important to respect the decision of professionals, regardless of whether it is their job or not (...) and that values and beliefs should not be separated at work as they are the deepest part of the person and what we are (...). I really believe in conscientious objection" (E6).

3.3. Influence of beliefs and values on caregiving

The majority of students say that their spirituality, values, way of seeing life or religion do not affect either their position in situations of ethical conflict or their care, saying that there is a separation between their beliefs and the decisions they make in their work. They believe that these elements are personal and do not have to be related to their work.

"You have to know how to separate your beliefs or your religion from how to treat people or how to know what people want" (E3).

On the one hand, there is religion, and on the other hand there is the person, because if they decide to have an abortion or euthanasia or go through any of these situations of conflict, I respect that because that is what the person wants" (E11).

However, some informants express just the opposite, stating that these factors condition their position and their way of caring, always trying to maintain professionalism and respect the individual personal beliefs of each patient. Some emphasize in their discourse the influence that religion has on end-of-life patient care or on the way of managing or dealing with the conflicts that may arise at this stage.

"I think it has everything to do with it. More than with my religious vision, I would say with my way of seeing life, my religiosity or my spirituality. It affects how I see life, it is part of me" (E5).

"If I support the fact that values and beliefs are necessary to be able to accompany, I think that these values and beliefs must also be respected in order to make any kind of decision in practice (...) and that values and beliefs should not be separated in the work as they are the deepest part of the person" (E6).

"I think that religion has a lot of influence on these aspects (E1).

4. Discussion

The aim of this study was to explore the perception of final year nursing students of the ethical conflicts present at the end of life and their reflective and deliberative capacity in the presence of these conflicts. Adopting a qualitative approach allowed us to gain a deeper understanding of the students' experiences. The interviews conducted enabled us to gain personal and emotional insights into experiences related to end-of-life care. The data collected during the interviews

confirm that students are able to recognize the existence of ethical conflicts in healthcare practice. The majority of participants in this research identified themselves as Catholic, however, although some participants acknowledged the influence of religious beliefs on ethical conflicts at the end of life, support for patient autonomy predominated over individual religious convictions. Previous studies consistently show that nursing students and practicing nurses tend to approach ethical conflicts, particularly regarding euthanasia, with caution, often guided by personal values and religious beliefs (Yildirim, 2020; Cayetano-Penman et al., 2021; Ortega-Galán et al., 2023). Khatony et al. (2022), for instance, observed that nursing students' attitudes towards euthanasia are heavily influenced by their religious beliefs, frequently resulting in a tendency to avoid or reject active participation in euthanasia, suggesting a conservative approach rooted in moral considerations. With respect to age, older participants expressed an internal conflict between their personal beliefs and their professional duties in end-of-life care situations, as has been observed in other studies. In addition to the above, other cultural and educational factors may also play a role in these ethical conflicts. For example, (Karumathil and Tripathi, 2022) observed that public and professional attitudes towards euthanasia differ across continents, shaped by cultural values, healthcare systems, and exposure to ethical dilemmas, underlining the importance of context-specific education in addressing these conflicts.

There are several ethical conflicts that the interviewees say they have faced during their clinical practice. Among the most frequently mentioned were therapeutic incarceration, pacts of silence, lack of respect for the patient's autonomy, lack of information for the family, and the lack of capacity of professionals to offer a dignified death or respectful post-mortem care. As in this study, another study carried out in Brazil (Schneider et al., 2022) shows that the greatest ethical problems observed by the students in their answers were the lack of respect for patient autonomy and those derived from the reductionism of the person to the disease, a situation that our informants especially relate to intensive care units.

These findings are of great importance and should be studied in more depth as they are not only ethical conflicts but are also connected to legislation. Their clear presence in the assistance questions compliance with the Law on Rights and Guarantees of the Dignity of Persons in the Process of Dying (2010) and the Code of Medical Ethics for Health Professionals (General Council of Official Medical Colleges, 2011). This makes it clear that professional behavior does not change in step with the law and that rigid organizational and moral cultures, which cling to outdated care practices, resist change and prevent the rights of the individual from ever being respected (Chung et al., 2016; Harrington et al., 2019; Rodrigues et al., 2023). It is therefore essential that health professionals are informed about compliance with patients' rights and that these are established as priority values to be respected within institutions, with the centers themselves being responsible for ensuring compliance with laws and promoting their dissemination (Behrens et al., 2019).

This misalignment between legal frameworks and professional attitudes has also been observed in other countries, such as Belgium, where nurses report difficulties in navigating ethical and legal ambiguities related to euthanasia, further highlighting the need for standardized ethical education (Safarpour et al., 2019). Furthermore, this study identifies a strong need for emotional preparedness among nursing students, as navigating end-of-life ethical dilemmas can result in significant emotional distress. Unlike prior studies that focus mainly on ethical reasoning, these findings emphasize the importance of equipping students with strategies for emotional coping, such as simulation-based training in bioethics (Khatony et al., 2022). This approach has been shown to improve readiness and confidence in addressing ethically complex scenarios (Velasco Sanz et al., 2022).

The participants recognize that they would act as mediators in ethical conflict and that if they have not yet done so, it is because of their role as students. They specify that they would adopt a different role when they become professionals, which makes it clear that the hierarchy of the clinical environment can hinder patient advocacy, a reality already demonstrated in the review by Heck et al. (2022). This raises new questions and reinforces the need for nurses to be patient advocates, not only by providing good patient care but also by using their professional knowledge to intercede as mediators between patients and the rest of the health care system. The aim is to ensure the fulfilment of their rights and the quality of care they receive, and this should be integrated into nursing practice so that the nurse empowers the patient or intercedes on their behalf in situations of ethical conflict in the clinical setting and protects their autonomy (Kalaitzidis and Jewell, 2020; Nsiah et al., 2019).

Another crucial point in the results of this study was the strong polarization in the opinion of students regarding euthanasia, with a majority in favour. This situation has already been contemplated by Ortega-Galán et al. (2022) and catalogued as a possible sign of a lack of consideration and capacity for deliberation on ethical conflicts in their training. In terms of conscientious objection, it is curious that although it is a legitimate right of the professional included in the Law on the Regulation of Euthanasia (Organic Law 3/2021, 24 March 2021) (Ministry of Health and Social Policy, 2021), it is viewed negatively by the majority of students as they consider it to be a practice that goes against professional commitment and ethical duty, elevating the importance of patient autonomy above their own personal beliefs as many participants specify that their personal beliefs should not influence the professional decisions they take in their work, but they also recognize the influence of these beliefs, in contradiction to what is seen in the literature.

This study's finding of a predominant focus on patient autonomy, even among those who hold strong personal beliefs, is reflective of a generational shift noted in limited recent studies, although often less pronounced. In Ortega-Galán et al. (2023), while nursing students displayed varied responses to euthanasia legislation, there was still a tendency for students to prioritize autonomy when professionally justified, albeit this was often mediated by an internal struggle between personal values and professional responsibilities. Our study adds to this by showing a distinct polarization: students express either support for euthanasia grounded in autonomy or a firm stance on conscientious objection, illustrating a clearer delineation of views compared to previous findings where ambivalence was more prevalent, where most studies show that personal beliefs affect clinical decisions related to decision-making in terms of participation in euthanasia (Brscic et al., 2021; Ortega-Galán et al., 2023; Woods and Rook, 2022). The findings of Woods and Rook (2022) emphasize that many practitioners and students endorse conscientious objection as a legitimate professional stance, rooted in the conviction that personal moral beliefs should guide end-of-life care decisions. Moreover, Sinclair et al. (2016) highlight that nursing students in previous cohorts often perceived ethical conflicts as dilemmas requiring a balance between personal morals and professional duty. This study emphasized that a lack of ethical training made students more likely to default to personal beliefs. This conservative position contrasts with our findings, where most students, despite holding personal beliefs, were inclined to override these in favour of honoring patient choices in ethically challenging scenarios. This suggests a trend among newer nursing students towards a more secular, patient-centered approach that diverges from traditional norms in healthcare ethics.

5. Limitations

Our study presents certain limitations that should be considered when interpreting the findings. Firstly, the use of snowball sampling may limit the selection of participants, however this type of sampling is useful for very deep and difficult to explore events as is the aim of this study, thus adding richness to the results. Secondly, the religious beliefs of the participants may have influenced the results, however, we should not forget that in Spain the predominant religion is Catholic. Thirdly, in

this study, 16 participants were selected. Although in qualitative research, it is not necessary to be representative of the population, this limitation must be taken into account when generalizing the results. Finally, we recognize the value of triangulation to enhance credibility and have added this observation as a limitation of the study. Specifically, we noted that the absence of additional qualitative data may limit the breadth of contextual insights. Future research could address this issue through broader designs that include observational studies to complement and validate the findings obtained from the interviews.

6. Conclusion

The presence of poorly managed ethical conflicts at the end of life is an established fact, but this does not make it any less serious. Not even the legal regulation of rights and duties at the end of life is a protective element to ensure good clinical practice as the obligation to manage the end of life with respect for autonomy and human dignity is unknown or underestimated. A paradigm shift is needed in undergraduate training and in workplaces to ensure knowledge and avoid simplification or underestimation of the consequences and implications of their actions in a legal and humanized practice.

On the other hand, it can be seen that the students are mostly in favour of euthanasia and against conscientious objection. The arguments put forward show the strong utilitarian tendency in decision-making among the new generations and the distance between the beliefs and values of professionals and healthcare practice. This is a new phenomenon with a clear moral impact on the management of ethical conflicts. Going deeper into the generational change in the ethical and moral perception of healthcare is fundamental to be able to learn from the enriching aspects of this change and to be able to compensate for those aspects of reflection and the development of moral conscience that should be incorporated.

Finally, it is significant that students think that they have to wait until they are already qualified professionals in order to react to the management of ethical conflicts at the end of life in a humanized and ethical way. This means that nursing practice is not the appropriate context for learning the basic ethical competences of the nursing professional. It is recommended to implement high-fidelity simulations to recreate realistic, complex scenarios involving ethical conflicts, palliative care, and bioethical decision-making, alongside specific modules on bioethics in palliative care. Establishing discussion and reflection groups on ethical conflicts may also be beneficial for deepening understanding and strengthening ethical skills It is essential that these experiences are monitored from the academic and clinical spheres that reverts defensive learning to an adequate development of competencies.

CRediT authorship contribution statement

Marta González-Pérez: Writing – original draft, Formal analysis, Data curation, Conceptualization. **Sheila Sánchez-Romero:** Writing – original draft, Methodology, Investigation, Conceptualization. **María Dolores Ruiz-Fernández:** Supervision. **Olivia Ibañez-Masero:** Writing – review & editing, Supervision, Software, Methodology, Investigation. **María Isabel Ventura-Miranda:** Writing – original draft, Project administration, Investigation. **Ángela María Ortega-Galán:** Validation, Software, Project administration, Methodology.

Author statement

The authors of this manuscript confirm that the first author is a young professional who has completed their bachelor's degree. Therefore, they are professionals who have only recently entered the professional field. Her studies was completed in the academic year 2023/2024.

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