Original research

Nursing student's experiences of taking part in a Death Café: A qualitative study

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Abstract

Aims: To explore students' experiences of taking part in a Death Café and whether they consider the Death Café as being a useful educational tool.

Background: Talking about death remains a taboo for both nursing professionals and students. Recognizing the importance of open dialogue, Death Cafés were established to provide safe spaces for individuals to share thoughts and feelings on this topic.

Design: A qualitative, exploratory, and descriptive study employing a descriptive analytical approach.

Methods: This study was conducted between April 2025 and July 2025 at a public university in Catalonia. The Death Café was a mandatory activity within the palliative care course for all third-year bachelor/undergraduate nursing students. After the course, students were invited to participate in a questionnaire containing 12 open-ended questions, and all 39 students agreed to participate. Data were analyzed using Sandelowski's qualitative descriptive approach.

Results: Following questionnaire analysis, 24 units of meaning, categorized into 7 subcategories and 2 categories emerged: (1) death without fear: normalizing dialogue and communication. The Death Café fostered speaking about death freely and without prejudices; (2) emotional management and group support in the learning process. Students reported a sense of emotional relief when speaking about death and considered it a tool that can enhance their capacity to support patients and families.

Conclusion: Most participants regarded the Death Café as a comfortable and enriching experience that provided a respectful environment for open conversation about death. The activity reduced perceived fears and taboos, promoted emotional reflection, and encouraged the sharing of diverse perspectives.

Plain language summary

Nursing student's experiences of taking part in a Death Café: A qualitative study

Talking about death can be uncomfortable and is often avoided, even among nursing students who will one day care for dying patients. This study explored how nursing students experienced discussing death in a "Death Café"—a safe and informal setting where people can openly share their thoughts and feelings about death. Between April and July 2025, thirty-nine nursing students participated in a Death Café and later completed an open-ended questionnaire about their experiences. Researchers analyzed their responses to understand what they learned and how the activity affected them. Two main themes were identified. First, students reported feeling more comfortable talking about death and described how the activity helped to normalize this difficult topic. They appreciated the chance to speak openly and without

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judgment, which improved their confidence in communicating about death. Second, they highlighted how the Death Café supported emotional management and group bonding. Sharing experiences and emotions with classmates helped them feel relief, mutual understanding, and empathy. Overall, students found the Death Café to be a positive, enjoyable, and meaningful experience. They said it created a respectful and trusting environment that encouraged open discussion.

Keywords
Death Café, nursing students, educational tool, end-of-life communication

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Introduction

Discussing death with patients at the end of their life is challenging for nursing students. Authors such as Üzar-Özçetin et al.[1] note that sometimes students often feel inadequately prepared to discuss death, despite recognizing them as a pillar of palliative care. Along the same lines, Jeffers et al.[2] consider the need to integrate content on palliative care and communication into nursing curricula to improve the skills of future professionals in this field.

Due to the importance of being able to speak openly about death and having spaces to do so, Death Cafés were created. These informal gatherings allow participants to explore the topic of death and the dying process in a supportive group setting. The first Death Café was created in 1999 by the sociologist Bernard Crettaz and later popularized by Underwood in London. In recent years, there has been a growth in the number of Death Cafés, spreading to 34 countries in just 7 years.[3] Several authors from different countries point out that these spaces for discussion make it easier for people to talk about death and explain their experiences, perceptions, and concerns related to the process of dying.[3,4]

Speaking about death remains a challenging, complex taboo subject both for nursing professionals and students who are taking a nursing degree. Thus, several authors reflect on the importance of improving nursing students' attitudes with respect to care for the patient at the end of life and their family.[5,6] These authors refer to the effectiveness of different educational interventions such as: storytelling, simulation, and Death Cafés.[1,5,7,8] The goals of these interventions aim to promote greater reflection among students, improve clinical attitudes toward the care of both patient and their family, and improve their skills for dealing with the end of life.

The importance should be underscored for future nurses to feel able to talk about death with patients and family members.[9] They must also acquire the ability to hold calm, empathic conversations while being able to apply appropriate coping strategies.[10] Authors such as Chen et al.[10] examined nursing students' anxiety regarding death during their time at university, relating it to prior experiences, age, and religious beliefs. In their study, it was observed that students with previous experience reported significantly greater fear of the death process than students with no such experience. In addition, early exposure to death may be associated with greater anxiety, and religion may provide reassurance in death-related matters. On the other hand, Chua and Shorey[6] point to the effectiveness of end-of-life educational interventions in improving the attitudes of nursing professionals and students toward end-of-life patient care. Continuing with nursing students' perceptions of death, Petrongolo and Toothaker[11] stress that students with less clinical experience were more afraid of death. Likewise, students who avoided talking or thinking about death had a less positive attitude toward caring for patients at the end of life. Hence, the importance of providing palliative care training to nursing students is reinforced, since it helps to better understand death and the meaning of life.[11]

While the benefits of the Death Café model are recognized, its implementation within undergraduate nursing education remains an emerging field of inquiry. Preliminary studies refer to the benefits of talking with students who are studying nursing about death and the process of dying.[7,8,12] A recent study by Wang et al.,[8] in which they used the Death Café model on nursing students, reveals that they deepened their understanding of the meaning of life and acquired strategies to deal with death effectively. The students highlighted the importance of valuing the present and of observing and managing the stress of nursing professionals engaged in palliative care. Also, the experience of implementing the Death Café for medical students[13] yields interesting results, including the recognition of the fragility of life, the role of health professionals in end-of-life care, and the personal and professional growth resulting from the reflections that emerged in the Death Café. Along the same lines, Mitchell et al.[14] highlight students' preference for talking to an expert facilitator about their feelings and underline the importance of a safe, non-judgmental environment in which to do so. Likewise, students value the presence of expert facilitators and the non-judgmental environment a Death Café provides, which allows them to analyze clinical experiences more deeply.[14]

Death Cafés have proved to be a beneficial option for people to express their feelings, perceptions, and concerns

about death and the process of dying.[14] Nevertheless, nurses' current academic training devotes limited time to contents related to palliative care and the dying process.[15] In view of the evidence concerning the difficulties presented by nursing students in communicating with patients at the end of life and family members, there is a need to promote greater scientific production that addresses this problem from formative and experiential approaches.[16]

Although there is literature supporting the use of Death Cafés in educational settings, further research is needed to optimize their educational impact.[13] Some aspects that remain unclear include the actual effect on clinical confidence and communication skills, and the best way to design and optimize the intervention to maximize its educational impact. Therefore, it is important to understand what Death Café offers nursing students and how it can help them in their future clinical practice.

The main goals of the present study were (a) to explore students' experiences of taking part in a Death Café; (b) explore nursing students' perceptions of any changes following participation in the Death Café; and (c) identify whether students consider the Death Café to be a useful educational tool in the university setting.

Method

Design

Given the limited evidence on this topic, an exploratory qualitative design with a descriptive analytical approach was adopted, following the framework outlined by Sandelowski.[17,18] This approach was selected because qualitative descriptive analysis provides a comprehensive, data-near account of participants' perspectives. It is characterized by a low level of interpretative inference, ensuring an accurate and faithful description of students' perceptions. This methodological orientation is particularly suitable for exploring nursing students' experiences after participating in a Death Café and identifying perceived shifts in perspective resulting from their participation.

Participants' data were collected by means of an open-ended questionnaire designed to gain an in-depth understanding of the subject of interest. The nursing students' reflections were elicited through open-ended questions, a procedure also employed by other authors in comparable studies.[13] Its use facilitated access to the entire sample within the educational setting and ensured the logistical feasibility of the data collection process. These features reduced potential biases associated with direct interaction with the researcher and supported a freer/more candid expression of students' experiences and perceptions.

Scope of study and participants

This study was carried out from April 2025 to July 2025 at a public university in Catalonia. During these months, the self-developed questionnaire was created, provided to students to complete, and subsequently analyzed.

The University where the Death Café was held considers the curricular subject Palliative Care as being compulsory on the syllabus of the Bachelor of Science in Nursing. The studied population included all third-year students of said degree, since Palliative Care is taught during said academic year. The Death Café was conducted as an activity within the Palliative Care course, and attendance was mandatory. However, participation in the study was voluntary, and the principal investigator (PI) subsequently offered students the opportunity to participate by completing the questionnaire. All students agreed to participate voluntarily, and none were excluded.

The Death Café

Three faculty members from the research team, who were known to the students, attended as moderators in an organizational capacity. They had no academic evaluative role and did not intervene in the students' discussions, which helped minimize potential power dynamics.

The students were divided into three groups of 13 participants each. Coffee, tea, and pastries were offered, creating a calm and pleasant atmosphere. The sessions were held in three university classrooms. Each session lasted an hour and a half, during which three professors explained what a Death Café is, and students shared their arguments, experiences, and situations while enjoying refreshments. The session concluded with thanks to the students for their participation. The professors' main role was to explain what a Death Café was and the duration of the activity. Afterward, the students engaged in open dialogue among themselves.

Procedure

After the Death Café session, nursing students who volunteered to participate in the study received an information sheet and an informed consent form, which they duly signed. Following the signing of the informed consent, participants were provided with the open-ended online questionnaire. The PI created a self-developed questionnaire online with 12 open-ended questions based on the proposed research objectives and the needs identified in the reviewed literature. Open-ended items were selected because they generate deep and authentic narrative data. Their format provides a safe and autonomous context for participants. Nursing students completed the online questionnaire, which was available on the university's One Drive, accessible only to students and the PI. The questionnaire was reviewed and agreed upon by the group's researchers before its application. No pilot test of the questionnaire was conducted beforehand (see Supplemental File 1).

Participants completed the questionnaire on their computers, and anonymity was ensured by assigning a code to

each participant. The code list was temporarily retained in accordance with the requirements of the Ethics Committee, which mandates non-identifiable participant codes to allow individuals to withdraw their data at any point during the study. These numerical codes, which contained no personally identifiable information, were used to prevent duplicate responses. The list was stored separately from the questionnaire data and accessible only to the investigator responsible, thereby ensuring full confidentiality and preventing any linkage between responses and personal information.

Data analysis

Data analysis followed the principles of qualitative description as outlined by Sandelowski,[17] maintaining a data-near orientation trough an inductive, low-inference approach. It began with a thorough examination of the data, followed by initial inductive coding in which relevant units of meaning were identified. The codes were independently reviewed by two researchers to ensure reliability. The PI (J.M.) was responsible for the initial coding and development of the code book, and a second analyst (A.B.) independently reviewed all codes to reinforce the reliability of the process. Based on the emerging codes, a preliminary code book was developed to ensure its systematic application. Subsequently, they were grouped into categories describing essential aspects of the problem. This iterative process was complemented by frequent consensus discussions to reinforce the credibility of the analysis. Finally, a detailed description and a coherent synthesis of the categories and subcategories were developed, adhering to the criteria of clarity, transparency, and methodological traceability. Data saturation was reached when the analysis no longer generated new categories. This point was identified around questionnaire 25 (out of 39), when responses began to show clear repetition of meanings and no new thematic elements emerged. Saturation was assessed by comparing successive questionnaires and evaluating redundancy in the open-ended responses during the coding process. The teachers who facilitated the Death Café were faculty members who had previously taught the students. This may have introduced a response bias, as noted in the study's limitations. However, none of the facilitators had academic interests or evaluative responsibilities at the time of the study.

Rigor

To ensure the study's rigor, the four criteria proposed by Lincoln and Guba[19] were applied: credibility, transferability, reliability, and confirmability. Concerning the credibility of the study, the research team consisted of nurses with extensive clinical experience in issues related to death and the dying process. Furthermore, the PI has extensive experience in end-of-life processes and specific training in palliative care. The other two researchers are experts in qualitative methodology. Analytic rigor was ensured through independent coding by two researchers, followed by consensus meetings to resolve discrepancies, strengthening credibility, and minimizing potential individual biases. In relation to transferability, the researchers provided a description of the participants, the context, and the subject of study. To ensure reliability, the research team provided a detailed description of the study method, ensuring consistency between the research objectives, data collection techniques, and analytical framework. Finally, for confirmability, findings were cross-referenced with previously published literature conducted in similar contexts, particularly with student samples and educational settings in the health sciences. In addition, the results were verified with the participants to confirm the accuracy of their interpretation and description. During the final session of the course, the PI presented the main results, categories, and subcategories. The students reviewed this information and agreed that it accurately reflected their experiences.

Ethical considerations

This study was approved by the Ethics Committee for Research into People, Society and the Environment (CEIPSA). To ensure confidentiality, all information that would allow participants to be identified, such as names and locations, was removed from the questionnaire. In addition, numbered identifiers were randomly assigned to each participant. The data obtained were accessible only by the professors and researchers who participated in the study and the PI, ensuring the anonymity of the participants' responses.

This manuscript adheres to the Equator network guideline SRQR ("Standards for reporting qualitative research"; see Supplemental File 2).

Results

A total of 39 students participated in the Death Café as part of the curricular subject, Palliative Care and voluntarily completed the open-ended questionnaire. The majority were women aged between 20 and 35 years and studying the third year of the Bachelor of Science in Nursing.

Following questionnaire analysis, 24 units of meaning, 7 subcategories, and 2 categories were identified: (1) death without fear: normalizing dialogue and communication and (2) emotional management and group support in the learning process, as shown in Table 1.

Category 1. Death without fear: Normalizing dialogue and communication

The students' participation in the Death Café provided a space where they could talk freely and without prejudice about death and the process of dying. Most participants

Table 1. Summary of the quotes, units of meaning, subcategories, and categories identified from the analysis of the results.

Categories	Subcategories	Units of meaning	Quotes
Category 1. Death without fear: normalizing dialogue and communication	1.1 Talking about death from a position of comfort	The students felt very comfortable participating in the Death Café The session allowed students to freely express their emotions and opinions It helped students overcome their fears and break down taboos It was a safe space for students to talk about death and the dying process	"*I felt very at ease with the group and I felt very reassured*" (E22) "*Thanks to the people in my group, I felt very welcome and at ease. I gave support and was supported. I think it has been very useful and liberating for everyone*" (E32) "*I felt very at ease because the group was very open and calm, or they left a very nice space to be able to give your opinion and express your emotions*" (E4)
	1.2 Improve facing death in the health field	They consider Death Café to be a useful tool for sharing personal and professional experiences An activity that helps normalize the subject of death They believe it can help break down taboos in society They believe it can help break down taboos in the healthcare sector The students felt they were in a safe space The students felt that there was no prejudice or criticism during the session	"*Yes, I see it as being really important, especially in our health field, also for the future to be able to handle this type of situation with patients and family members*" (E27) "*Yes, because society views death as a taboo subject, and we as professionals must speak about it naturally, since these situations will occur in our work and we must face them*" (E5) "*Yes, because as professionals we will see and experience death very closely and it is important to know how to talk about it*" (E6)
	1.3 Losing the fear of talking about death	It was an opportunity to learn about different perspectives from the students An opportunity to normalize death among them The Death Café allowed them to break down taboos The Death Café allowed them to dispel misconceptions	"*Yes, it is a pleasant and dynamic way to let go of your fear and taboos*" (E3) "*It really helps to lose your fear and to integrate it as something natural because taboos and misbeliefs are broken*" (E13) "*Yes, since we have it as a taboo subject and we should normalize it more like they do in other countries*" (E23) "*It could help a lot. Death isn't a topic that's often discussed in society; it needs to be brought into the open. So, if you at least have these sessions and work on it, it can be very helpful in the future and help dispel this myth for future generations*" (E29)
	1.4 The Death Café as a pedagogical tool in nursing training	They consider it important to include Death Café in palliative care courses They consider the Death Café session to be a satisfying enjoyable and comfortable experience A space for students to verbalize their feelings and emotions	"*Yes, because we will all experience situations in which we will be made to react with strong emotions and if we learn to verbalize it, it will help us manage them*" (E2) "*Yes, to provide experience and tools as future nurses*" (E7) "*Yes. Through these activities, greater sensitivity and emotional preparedness can be fostered. It helps us develop essential communication skills to deal with families and patients in the most delicate moments*" (E39)
Category 2. Emotional management and group support in the learning process	2.1 From tension to relief	Some students expressed discomfort at the beginning of the Death Café Most felt comfortable and relieved	"*It was gratifying to know that we share the same fears and emotions*" (E2) "*It has been comfortable and highly enriching, it has helped me release my emotions and give deeper explanations of a complex topic*" (E3) "*The truth is that I felt very relieved since I have been able to vent and express myself at ease and I have felt the support and listening of all my classmates*" (E28) "*At first it was [an] uneasy [situation] because I don't like feeling fragile in the eyes of others or people I don't consider as being from my immediate environment and out of my comfort zone. Afterwards, I understood that it is important to share experiences, but even so, I still prefer to share my emotions with those who I really consider people I trust*" (E7)
	2.2 The group as an element of protection	They emphasize how comfortable they felt during the activity They point out that the intimacy of the group helped to make the experience easier	"*Difficult, since it affects many classmates, but easy because of the intimacy*" (E3) "*Easy because I trust my classmates*" (E19). "*Easy, because we trust each other and when one [of us] got excited, the rest supported her*" (E25)
	2.3 Managing emotions	They believe that Death Café can be a tool to help them improve the support they provide to people They believe that Death Café can help them manage their emotions and those of the people they support They emphasize the importance of talking about death They point out the importance of not trivializing death	"*Yes, because it makes you see that all the people around you, both professionally and personally, also live situations like this, and need to express the concerns, feelings and emotions they have had during tough experiences*" (E10) "*Yes, I will pay much more attention [to it], since we have touched on topics that, if you do not talk about them, such as accompanying family members, you don't pay attention to them*" (E23) "*I think that nurses trivialize the death of their patients a lot. Yes, they do talk about death but perhaps they should be more tactful when talking about death among themselves. The Death Café can help to talk about death with greater respect*" (E31)

highlighted feeling safe and considered that the activity was an opportunity to be able to talk about death and cast-off taboos and erroneous beliefs.

> Yes, I think it has opened a space for discussion to continue dealing with topics like this. I am sure that since the Death Café the topic of death will come up again among my classmates when we remember the session and will make us continue to share experiences now that the Death Café has "broken the ice." (E30)

The following four subcategories have been obtained: talking about death from a position of comfort, improve facing death in the health field, losing the fear of talking about death, and the Death Café as a pedagogical tool in nursing training.

Talking about death from a position of comfort. Most participants reported feeling comfortable taking part in the Death Café and frequently emphasized that they had the opportunity to express their opinions and emotions freely with other participants. For them, not feeling judged during the Death Café was particularly important, as it helped them to talk about death with their peers, a point they highlighted repeatedly.

> I felt very at ease with the group and I felt very reassured. (E22)

> Thanks to the people in my group, I felt very welcome and at ease. I gave support and was supported. I think it has been very useful and liberating for everyone. (E32)

> I felt very at ease because the group was very open and calm, or they left a very nice space to be able to give your opinion and express your emotions. (E4)

Improve facing death in the health field. Given that the activity was carried out by third-year nursing students on the cusp of entering clinical practice, participants will soon encounter complex scenarios requiring sensitive communication regarding death and the dying process. Notably, the majority of participants identified the Death Café as a valuable tool for bridging personal and professional experiences. They considered the activity as an initiative that may help foster more open conversations about death within healthcare setting, emphasizing the importance of communication with patients and families in end-of-life care. Furthermore, they highlighted that, as future healthcare professionals, they will encounter death closely and, therefore, will need to be able to discuss the topic of death and the dying process with patients and their families.

> Yes, I see it as being really important, especially in our health field, also for the future to be able to handle this type of situation with patients and family members. (E27)

> Yes, because society views death as a taboo subject, and we as professionals must speak about it naturally, since these situations will occur in our work and we must face them. (E5)

> Yes, because as professionals we will see and experience death very closely and it is important to know how to talk about it. (E6)

Losing the fear of talking about death. Participants regard the Death Café as a tool that assists them in overcoming their fear of discussing death and in gaining insight into the diverse perspectives held by others regarding this topic. Most participants reported that attending a Death Café session helped normalize conversations about death, enabling them to transcend taboos and misconceptions. Furthermore, several participants noted that, given the societal taboo surrounding death, participation in the Death Café may facilitate more natural and less fearful discussions about death.

> Yes, it is a pleasant and dynamic way to let go of your fear and taboos. (E3)

> It really helps to lose your fear and to integrate it as something natural because taboos and misbeliefs are broken. (E13)

> Yes, since we have it as a taboo subject and we should normalize it more like they do in other countries. (E23)

> It could help a lot. Death isn't a topic that's often discussed in society; it needs to be brought into the open. So, if you at least have these sessions and work on it, it can be very helpful in the future and help dispel this myth for future generations. (E29)

The Death Café as a pedagogical tool in nursing training. Another noteworthy aspect is that most participants consider the Death Café activity to be an interesting addition to the Palliative Care course. Participants reported that participating in the Death Café was a satisfying, pleasant, and comfortable experience. Most participants indicate that, as future nursing professionals, they are highly likely to encounter experiences related to death in their clinical practice, and that this space may help them express their feelings and emotions.

> Yes, because we will all experience situations in which we will be made to react with strong emotions and if we learn to verbalize it, it will help us manage them. (E2)

> Yes, to provide experience and tools as future nurses. (E7)

> Yes. Through these activities, greater sensitivity and emotional preparedness can be fostered. It helps us develop essential communication skills to deal with families and patients in the most delicate moments. (E39)

Category 2. Emotional management and group support in the learning process

After the Death Café, participants shared that the experience allowed them to talk about death without trivializing it, enabling them to be emotionally moved and to express their different perspectives on death and end-of-life care. Most participants perceived the Death Café as a tool that could help them improve the support they provide to individuals in healthcare practice.

> Yes, I think it is very important to know your view of death and grief, as well as the necessary resources and techniques that are essential in the future to give this help to patients. (E36)

The following three subcategories have been obtained: From tension to relief, the group as an element of protection, and managing emotions.

From tension to relief. The only negative aspect highlighted following the Death Café was that some participants expressed discomfort at the beginning of the session. Despite this initial unease, most participants ultimately described the experience as rewarding, as it allowed for the creation of a space to share fears and emotions. Many participants felt relieved after sharing their experiences and viewpoints with the group.

> It was gratifying to know that we share the same fears and emotions. (E2)

> It has been comfortable and highly enriching, it has helped me release my emotions and give deeper explanations of a complex topic. (E3)

> The truth is that I felt very relieved since I have been able to vent and express myself at ease and I have felt the support and listening of all my classmates. (E28)

> At first it was [an] uneasy [situation] because I don't like feeling fragile in the eyes of others or people I don't consider as being from my immediate environment and out of my comfort zone. Afterwards, I understood that it is important to share experiences, but even so, I still prefer to share my emotions with those who I really consider people I trust. (E7)

The group as an element of protection. The participants also noted that it was a difficult topic to talk about among themselves while stressing that the experience was made easier by feeling at ease in the small peer group.

> Difficult, since it affects many classmates, but easy because of the intimacy. (E3)

> Easy because I trust my classmates. (E19)

> Easy, because we trust each other and when one [of us] got excited, the rest supported her. (E25)

Managing emotions. Finally, participants reported that the Death Café could help create spaces where situations and concerns related to the dying process can be shared among different individuals, whether in personal or professional contexts. Some participants emphasized the importance of avoiding the trivialization of death within the nursing profession, noting that the Death Café could serve as a reminder of the importance of respecting death and the dying process.

> Yes, because it makes you see that all the people around you, both professionally and personally, also live situations like this, and need to express the concerns, feelings and emotions they have had during tough experiences. (E10)

> Yes, I will pay much more attention [to it], since we have touched on topics that, if you do not talk about them, such as accompanying family members, you don't pay attention to them. (E23)

> I think that nurses trivialize the death of their patients a lot. Yes, they do talk about death but perhaps they should be more tactful when talking about death among themselves. The Death Café can help to talk about death with greater respect. (E31)

Discussion

Through the implementation of the Death Café, we introduced an innovative method that enabled students to engage in open discussions about death within a relaxed environment, breaking social taboos and facilitating personal and professional reflection on a central theme of life. Above all, in the health sciences teaching environment, it has yielded interesting results as a pedagogical technique, as indicated by other authors.[13]

Regarding the students' experiences after their participation in the Death Café, most of them characterized their participation as satisfying, pleasant, and comfortable. In addition, they emphasize that it was an enriching activity that gave them the opportunity to talk openly about death, express their feelings and emotions, and share different perspectives among students. It should be noted that some participants expressed discomfort at the beginning of the session, but later, as other authors describe, they felt at ease thanks to the creation of a safe and non-judgmental space.[20]

Most students viewed the intervention as an opportunity to overcome fears and taboos related to death. These results are consistent with those of authors such as Nelson et al.[7] and Wang et al.,[8] who point out that the implementation of Death Café was beneficial in helping students talk about death and the dying process. Likewise, Wang et al.[8] highlight that student participation in Death Café helped them acquire effective coping skills after the program. Unlike traditional, theoretical-centered methodologies, Death Cafés employ an active and participatory dynamic, in line with current trends in teaching innovation that place

the student at the center of the learning process. Likewise, Kolb's experiential learning theory supports the idea that these structured conversations provide a "real-world experience" of death, followed by reflective observation and active experimentation, which facilitates the integration of emotional and cognitive knowledge into future practice.[21]

Regarding students' perceptions of personal changes experienced after the Death Café, participants mentioned that it helped them eliminate taboos and misconceptions they had held. They also reflected that thanks to the Death Café, they had conversations about death with their peers that they would not have had before, leading to an enhanced awareness of death.

Participants regarded the Death Café as a tool to improve their accompaniment of people who are at the end of their life, as well as an aid to manage their own emotions and those of their future patients. Our results agree with other authors' regarding the fact that the students learned strategies to deal with death effectively and the activity helped them delve into the meaning of life and its fragility.[8,13,22]

Therefore, we believe that offering Death Cafés as part of undergraduate nursing training could respond to the need to emotionally prepare future nursing professionals to deal with end-of-life situations, an aspect that is often overlooked in traditional teaching. Our results verify that the experience allows students to become aware of their own emotions concerning death, identify taboos, listen to different experiences according to the culture of the person, and recognize the importance of managing emotions for the professional practice. Likewise, the reflective practice described by Wilding[23] in nursing students highlights that interventions such as the Death Café promote critical reflection on personal and professional experiences, improving self-awareness, and the ability to manage complex palliative care situations.

Regarding the communication difficulties that appear in the end-of-life process, De Araújo et al.[24] point to this issue as one of the most challenging and one that generates frustration and anxiety among nursing professionals. Along the same lines, Serafin et al.[25] note that Generation Z nursing students have some communication difficulties, especially when it comes to dealing with sensitive topics such as death. Although this generation is characterized by its digital competency and its ability to access information quickly, its preference for virtual communication and less experience of face-to-face interactions can translate into shortcomings when it comes to expressing and managing emotions in difficult conversations. This is especially reflected in the clinical setting, where communication about the end of life requires interpersonal skills, empathy, and managing emotions. Thus, Generation Z nursing students may feel insecure or unprepared to hold honest and compassionate dialogues with patients and families about death, which underlines the importance of incorporating activities like the Death Café that strengthen these skills during academic training, as reflected in the results of this research. In our study, we cannot say that Death Café has improved students' communication, but it has encouraged them to talk more about death and the dying process among peers, giving rise to skills necessary for their future clinical practice.

Finally, in relation to whether the Death Café was considered a useful educational tool, the participants stated that it helped mitigate the fear of discussing death and exposed them to different perspectives. They also mentioned the importance of continuing to hold Death Café sessions in the Palliative Care course because, as future nursing professionals, having these spaces in the future can help them verbalize their feelings and emotions when faced with difficult situations in their professional practice. Our results agree with those of authors such as Mitchell et al.[14] highlighting that a safe, non-judgmental environment is essential for analyzing clinical experiences. Similarly to our study, they found the Death Café highly useful, and the students showed a positive attitude toward participation, allowing them to acknowledge the impact of reflection on their clinical practice. Finally, they manifest that it could be useful for the students if others from lower years were to attend in order to learn to hold difficult conversations.[14] Finally, in their study, Olives et al.[26] also support how the Death Café methodology fosters trust, communication, reflection, and the expression of feelings by the participating students.[26]

Limitations

The present study is not without limitations. First, it has only been conducted at a single university; therefore, it would be advisable to carry it out in others to be able to compare results. It should be noted that the professors who moderated the Death Café were familiar with the students from other courses, which could have introduced response bias by potentially encouraging affirmative answers in the questionnaire. Although this study is part of a broader investigation, the findings provide valuable insights for identifying key aspects to be addressed in future research on nursing students' perceptions of death and the dying process. Finally, the use of an open-ended questionnaire may have constituted a limitation of the study. This method typically provided less narrative depth and offered fewer opportunities for clarification or probing than individual interviews or focus groups. These constraints may have limited the richness and level of detail in some of the responses. Nevertheless, this methodological choice was consistent with the qualitative descriptive approach proposed by Sandelowski and was appropriate for ensuring privacy, anonymity, and the logistical feasibility of the study. Finally, it should be noted as a limitation that no pilot-tested was conducted on the open-ended questionnaire. This questionnaire was created by the PI and revised by the team.

Conclusion

Most participants reported feeling at ease when participating in the Death Café and saw the activity as an opportunity to freely express their opinions and emotions. Some participants mentioned that the Death Café allowed them to cast off fears and taboos around death and that it provided them with a safe space to reflect and to share different perspectives. Most participants reported that the Death Café was a satisfactory, pleasant, and comfortable experience. The majority stipulated that it was an enriching activity that gave them the chance to talk openly about death in an atmosphere of respect and listening. It should be noted that the comfort and intimacy of the group made the experience easier and more agreeable. Participants identified the Death Café as a valuable tool for enhancing clinical accompaniment and empathy toward patients and families. They also pointed out that it can be useful for managing their own emotions and those of other people, allowing them to talk about death with respect. Given the methodology used, we cannot corroborate that the use of Death Café improves communication or whether it should be implemented in the Palliative Care course as an educational tool. Therefore, future lines of research using educational designs to evaluate the effectiveness of Death Café, as well as its implementation in the university, would be interesting.

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Ethical considerations

This study was approved by the Ethics Committee for Research on People, Society and the Environment (CEIPSA) with the identification code: CEIPSA-2024-PRD-00288.

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Data availability statement

This study has absence of shared data. Data available on request from the authors.*

Supplemental material

Supplemental material for this article is available online.

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