Research

Learning Through Adversity: An Interpretative Phenomenological Study on Nursing Students' Experiences in Intensive Care Units

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Abstract

Introduction. Large-scale healthcare emergencies have profoundly reshaped nursing education, particularly its experiential and clinical components. The reorganization of clinical placements and the integration of nursing students into Intensive Care Units (ICUs) dedicated to COVID-19 patients exposed students to highly complex, technologically advanced, and emotionally demanding care environments. Understanding how students experienced these placements is essential to inform educational strategies that ensure both learning and well-being in crisis contexts.

Methods. A qualitative study was conducted using an Interpretative Phenomenological Analysis (IPA) approach to explore nursing students' lived experiences during ICU placements in a large-scale healthcare emergency. Eight third-year undergraduate nursing students who had completed

at least 15 days of internship in medical or surgical ICUs participated in semi-structured, in-depth interviews. Data were analysed following the IPA methodological framework, allowing for an in-depth exploration of shared meanings and individual sense-making processes.

Results. Four interconnected themes emerged from the analysis: (1) Evolution of Feelings and Emotions, describing an initial phase of fear, uncertainty, and emotional strain; (2) Challenging Reality, reflecting exposure to critically ill patients and high-intensity care; (3) Going on Side by Side, highlighting the central role of relational support from clinical tutors, healthcare teams, and family members; and (4) Deep Growth, representing the development of professional confidence, resilience, and reflective capacity. Over time, students reframed distressing experiences into meaningful learning opportunities.

Discussion. Despite the psychological and emotional challenges associated with ICU placements during a healthcare emergency, students reported substantial personal and professional growth when adequate support was present. These findings underscore the importance of structured mentorship, emotional support, and reflective spaces within clinical education. Integrating such elements into nursing curricula may better prepare students to navigate high-pressure clinical environments while safeguarding their well-being and fostering professional identity development.

Keywords: Covid-19 Unit, Interpretative Phenomenological Analysis, Nursing Students, Professional Development

Introduction

Academic education, particularly in the health professions, underwent a profound transformation during the COVID-19 pandemic, which required the immediate reorganization of teaching, assessment, and internship systems (Canet-Vélez et al., 2021). The abrupt onset of this acute situation forced universities to rethink their pedagogical models and training strategies to ensure both safety and educational continuity (Hernández-Martínez et al., 2025). Although these changes were initially conceived as temporary solutions, many of the reflections and innovations developed during that period continue to influence how healthcare education is organized today. Teaching activities were rapidly transferred to telematic platforms, using synchronous and asynchronous modalities, while examinations were conducted remotely (Martin-Delgado et al., 2021). Tutoring and mentoring activities were adapted to virtual formats to sustain the learning process of nursing students, and administrative services were provided mainly online or by appointment only when strictly necessary (Canet-Vélez et al., 2021; Hernández-Martínez et al., 2025; Martin-Delgado et al., 2021).

These transformations deeply affected nursing education, particularly its experiential dimension, which constitutes the core of professional development (Casafont et al., 2021; Hernández-Martínez et al., 2025). To comply with safety regulations and protect students' well-being, internships were suspended and experiential learning temporarily replaced by online traineeships. Nursing faculties had to reorganize their internship programmes to face an exceptional situation (Ulenaers et al., 2021), raising questions about the pedagogical value and limits of remote clinical learning. Nursing education relies on the continuous integration between theory and practice. Practical learning enables students to develop clinical reasoning,

technical skills, and professional identity, providing opportunities to apply knowledge, test competencies, and refine judgement in authentic contexts (Mahmoud, 2014; McHugh & Lake, 2010). The suspension of internships therefore limited an irreplaceable component of training, reducing students' exposure to complex clinical realities and direct patient care (Barisone et al., 2022).

The importance of maintaining practical learning in health professions education triggered an international debate among policymakers, educators, and professional bodies on how to balance safety and educational quality. In the later phases of the emergency, several countries gradually reinstated internships for healthcare students through different organizational models. In Spain, for instance, final-year nursing students were temporarily recruited to support the national healthcare system (Barisone et al., 2022); in the United Kingdom and Australia, students were integrated into care teams to assist qualified nurses in managing increased workloads (Dickel, 2021). In Italy, some universities reintroduced internships, allowing nursing students to provide care within dedicated Intensive Care Units (ICUs) (Barisone et al., 2022). These experiences, developed within a highly demanding and uncertain context, confronted nursing students with new professional and emotional challenges (Casafont et al., 2021). Students frequently reported stress and anxiety due to uncertainty about their competence (Martin-Delgado et al., 2021), fear of exposure and of transmitting infection to relatives (Fowler & Wholeben, 2020), and feelings of guilt for potentially becoming a burden to professional nurses (Hernández-Martínez et al., 2025). At the same time, they expressed pride and gratitude for being part of the healthcare response, perceiving the internship in the ICU as a meaningful learning opportunity and a chance to contribute actively to patient care (Canet-Vélez et al., 2021). They also faced emotionally distressing situations, such as caring for patients isolated from their loved ones, that generated empathy, sadness, and moral tension (Casafont et al., 2021).

In the Italian context, only one qualitative study has explored nursing students' experiences of clinical placements in ICUs. Barisone and colleagues (2022) identified three main themes – learning which surpasses technicalities, confronting dignity issues, and feeling treated as an equal in the workspace – after interviewing twenty-one second- and third-year students (Barisone et al., 2022). These findings suggest that an unpredictable large-scale health emergency can provide meaningful learning opportunities, fostering both professional and personal growth among nursing students.

Despite these contributions, limited evidence still exists regarding how students experience and make sense of clinical learning in extraordinary circumstances. A deeper understanding of these processes could support nursing educators and clinical tutors in helping students process the emotional and ethical implications of practice in critical contexts, promoting resilience, reflective learning, and the consolidation of a strong professional identity. Therefore, this study aimed to explore the lived experiences of nursing students caring for COVID-19 patients during their internships in ICUs throughout the COVID-19 pandemic, focusing on how they perceived challenges, emotions, and opportunities for growth within a highly critical learning environment.

Methods

Design, Study Population, and Data Collection

A qualitative study was conducted using the Interpretative Phenomenological Analysis (IPA) approach (Smith et al., 2021). By exploring lived experiences, IPA enables the identification of significant themes that emerge from the subjective interpretation of participants' accounts (Smith et al., 2021). A purposive sampling strategy was adopted to capture a range of experiences according to the following inclusion criteria: a) nursing students attending the 3rd year of the bachelor's degree programme; b) nursing students with an internship experience in medical or surgical CUs; c) internship experience in an ICU lasting at least 15 days; d) willingness to participate in the study; and e) fluency in Italian.

Eligible participants were identified through the head of the hospital research office where the internships were conducted, who provided them with information about the study and invited their participation. Researchers then contacted students via email to schedule either face-to-face or online interviews. After confirming participation, students completed an online

demographic questionnaire and informed consent form. All participants were interviewed approximately two weeks after completing their internship experience in a medical or surgical ICU dedicated to the care of COVID-19 patients, during the third academic year of their nursing degree. Consistent with IPA methodology (Smith et al., 2021), data were collected through semi-structured, in-depth interviews designed to elicit reflection and capture the nuances of personal meaning-making.

Interviews were conducted between January and April 2021 by two authors (FD and TN), both experienced in qualitative interviewing. Owing to restrictions related to the critical healthcare emergency, all eight interviews were carried out via videoconference. Each interview began with a broad, open-ended question to encourage reflection on the participants' learning experience: "Please, can you describe your learning experience during your internship in the Intensive Carel Unit?" Further prompts were used to explore emotions, perceptions, and learning processes related to the experience. Examples of the guiding questions are provided in Table 1.

Table 1. Interview guide for nursing students with internship experience in Intensive Care Units (ICUs)

1.	Please, can you describe your learning experience during your internship in an Intensive Care Unit dedicated to COVID-19 patients?
2.	Can you describe a situation you found particularly difficult or challenging?
3.	What aspects of this experience did you perceive as the most rewarding or satisfying?
4.	Looking back, what do you think you learned from this experience? Did you recognize any personal or professional growth?
5.	If you had to identify different stages in the evolution of your learning during the internship, how would you describe them?
6.	How did the people around you (for example, your clinical tutor, academic tutor, classmates, or family members) support you throughout this experience?
7.	If you could go back, what would you change in your training path to optimize learning? What would you keep the same or improve further?

An empathetic interviewing attitude was maintained throughout to ensure that nursing students felt comfortable and free to share their experiences. At the end of each interview, participants were invited to add any further comments. In line with IPA methodology, the sample size was intentionally small to allow an in-depth exploration of participants' lived experiences. Data collection stopped when the research team observed that no new relevant themes were emerging and that the interviews provided sufficient depth to understand the phenomenon (Corbin & Strauss, 2014). Interviews lasted between 47 and 80 minutes and were transcribed verbatim by the research team. Reporting followed the Standards for Reporting Qualitative Research (O'Brien et al., 2014).

Data Analysis and Rigor

Data were analyzed following the IPA methodological framework (Smith et al., 2021). Before starting the analysis, researchers performed bracketing to suspend preconceptions and preserve the authenticity of participants' perspectives. According to Smith's IPA procedure (Smith et al., 2021), analysis was conducted independently by two authors (FD and TN), who carried out a detailed, case-by-case qualitative examination through complete immersion in the data. The analytic process involved several stages:

1. initial descriptive, linguistic, and conceptual commenting;
2. transformation of comments into emerging themes summarizing essential meanings;
3. development of connections among themes to identify overarching patterns across cases.

A third researcher (LG) reviewed the coding and thematic structure to ensure consistency and interpretive validity. Redundant or overlapping themes were refined or merged, leading to a final set of master and subordinate themes. Rigor was achieved through established criteria of credibility, transferability, and dependability (Crowe et al., 2015). Transparency and coherence were strengthened by producing individual summaries for each case, later shared with two study participants for member checking to confirm accuracy and completeness

(Sandelowski, 2000). To ensure linguistic and conceptual fidelity, the final results were translated from Italian to English and reviewed by a bilingual expert (Van Nes et al., 2010).

Ethical Considerations

The study was approved by the Institutional Review Board of the hospital where the internships were conducted. All participants received detailed information regarding the study's purpose and procedures, which were carried out in accordance with the Declaration of Helsinki. Participation was voluntary, and students could withdraw at any time without consequences. To ensure confidentiality, an alphanumeric code was assigned to each participant, guaranteeing anonymity and the secure management of personal data.

Results

Eight nursing students participated in the study, all of whom completed their internship in medical or surgical ICUs dedicated to the care of COVID-19 patients. The sample consisted of Seven females and one male, with a median age of 22 years (range 21–25), all attending the 3rd year of the bachelor's degree in nursing. At the time of data collection, six students had completed their internship in a medical ICU and two in a surgical CU. The internship lasted a median of 24 days (range 15-30). From the interpretative analysis of the interviews, four main themes emerged, describing the lived experience of nursing students providing care in ICUs during a large-scale healthcare emergency: a) Evolution of Feelings and Emotions; b) Challenging Reality; c) Going on Side by Side, and d) Deep Growth.

Themes and subthemes are summarized in Table 2.

Table 2. Summary of themes, subthemes, and illustrative quotations from nursing students' experiences in Intensive Care Units (ICUs)

Main Theme	Subthemes	Illustrative Quotations	Interpretative Meaning
1. Evolution of Feelings and Emotions	a) Fear and anguish b) Strong psychological impact c) Gratitude and acceptance	"When I was there, I felt as locked in a cage… it made me feel scared… I was afraid of bringing something dangerous to my home mates." (NS_2) "There were tough moments… such as a patient's death… but it made me grow." (NS_6)	Emotional adaptation: from initial fear and uncertainty to awareness, acceptance, and growth.
2. Challenging Reality	a) Wearing protective equipment b) Demonstrating skills c) Being in the ICUs	"It wasn't easy being with the mask all the time… after seven hours my face was marked." (NS_2) "Day after day, I succeeded in conquering my independence… showing my abilities." (NS_1)	The demanding environment challenged students' endurance and competence, fostering autonomy and self-efficacy.
3. Going on Side by Side	a) Clinical tutor relationship b) Family and relational support	"My clinical tutor helped me not only with patient care but also from a human point of view." (NS_3) "My family was worried at first, but then they understood how important this experience was for me." (NS_6)	Supportive relationships acted as emotional anchors and learning catalysts, enabling students to find meaning and balance.
4. Deep Growth	a) Professional growth b) Personal growth	"It was a positive experience… I recognized personal growth, independently from the evaluation." (NS_1) "Now I feel surer of myself and my capabilities… I'm another person." (NS_2)	The ICU experience became a transformative learning process, reinforcing confidence, identity, and reflective practice.

Theme One: Evolution of Feelings and Emotions

Caring for patients in ICU brought out deep and intense emotions among nursing students, ranging from fear and disorientation to gratitude and fulfilment. The findings revealed an evolution of these feelings: participants described how initial negative emotions gradually transformed into positive ones as they adapted to the clinical environment and gained confidence. The subthemes identified were: a) Fear and anguish,

b) Strong psychological impact, and c) Grateful and acceptance.

Students frequently referred to their initial fear of exposure to risk and concern for their own and others' safety: *'When I was there, I felt as locked in a cage... it made me feel scared... I was afraid of getting infected and to bring this virus to my home mates... it wasn't easy at all...'* (NS_2). They also described the uncertainty and sense of chaos experienced during their first days in the ICU: *'I was scared it was too hard for me to face this difficulty... I don't know... I was scared... it was chaotic... before that... I didn't know how the unit was, which patients I could find there...'* (NS_5). Despite these challenges, the experience ultimately became a source of psychological strength and self-awareness: *'I have to say that... for the psychological aspect... there were tough moments... such as a patient's death... and I was sad after that because it was very hard to face it...'* (NS_6). Several students expressed gratitude for the opportunity, acknowledging it as a highly formative and transformative experience: *'If they told me again to go there to do an internship, I would gladly do it ... a positive experience in short...'* (NS_6)

Theme Two: Challenging Reality

Internships in ICUs were perceived as highly demanding, both physically and emotionally. Nursing students described the care environment as challenging but crucial for developing resilience and competence. Three subthemes were identified: a) Wearing DPI, b) Demonstrating skills, and c) Being in ICU.

Participants reported difficulties in wearing personal protective equipment for prolonged periods: *'(...), but it wasn't easy being with the mask all the time... because after 7 hours my face was marked... it hurt... it was as nurses in TV or on social network... it was like being in another world...'* (NS_2). The protective gear reduced dexterity and made technical tasks more difficult: *'We had two pairs of gloves, and it wasn't easy at all doing blood sampling... so at the beginning, I had some difficulties because I said: And now how can I do? and then I said: No, I must do it... and then you get used to it...'* (NS_3). These experiences pushed students to demonstrate their skills and gain autonomy: *'Day after Day... I succeeded in conquering my independence... because I succeeded in... letting them know me... my skills... and how I could face that situation autonomously'* (NS_1).

Theme Three: Going on side by side

In such a demanding and constantly changing environment, nursing students highlighted the importance of not being alone. Support from clinical tutors, mentors, and family members was essential to facing difficulties and developing confidence. Subthemes identified are a) Clinical tutor relationship and b) Family and relational support.

Students described their tutors as crucial sources of both technical and emotional guidance: *'Fortunately, I had a clinical tutor who followed me in the entire learning process in ICU, for learning taking care of COVID-19 patients but in particular for us... from the human point of view'* (NS_3). *'... She was also very patient, and I didn't see her having difficulty managing the entire ICU... I was afraid of being another part of her difficulty... as the burden of her work in such difficult scenario... but she was so nice not to feel me as a burden, she was attentive to the student who had to follow...'* (NS_4). *'I think to the clinical tutor ... who was always by my side... because I was afraid to manage the situation ... he was always with me... he could leave you to do something on your own...yeah it was possible ... but he was accommodating if you needed... if he saw you insecure about something if you needed help... anyway he was always there... he just took me by the hand and took me into the world of COVID-19...'* (NS_7)

Family support also played a pivotal role: *'Well... when I told my family I was in ICU... they were worried because... they know me... but after the first glance, they understood I wanted to learn in ICU... and how much it was important this learning opportunity for me... this because it was a precious learning possibility and unique... I hope so...'* (NS_6).

Theme Four: Deep growth

Despite difficulties, nursing students recognized the internship as a key moment for personal and professional development. We identified two subthemes: a) Professional growth and b) Personal growth.

Students acknowledged the experience as transformative: *'Well... it was a positive experience for me... I recognized personal growth... independently from the evaluation of the internship from the clinical tutor'* (NS_1). *'Well... now I feel*

surer of myself and my capabilities, as I had never done before... because... this was the first time I had the chance to demonstrate my capabilities, but... now I'm another person. I'm surer about myself and confident.' (NS_2).

The relationship with the nursing team was also central to their professional growth: *'Yes, it was an important growth because... despite difficulties... overcoming them allowed me to feel grateful of my capabilities... and so this was a fundamental personal and professional growth'* (NS_8). Students underlined how theoretical and practical learning were deeply intertwined in shaping their professional identity: *'How can I say? Well... I think it is a professional growth because the practical aspect is hardly connected with the theoretical one'* (NS_5).

Discussion

Nursing students faced numerous challenges during their internships in ICUs, and overcoming these challenges promoted both personal and professional growth. It is important to emphasize that these findings emerged from nursing students' experiences in ICUs dedicated to COVID-19 patients, a context characterized by high clinical uncertainty, infection risk, and emotional strain (Barisone et al., 2022). Our results deepen the understanding of nursing students' lived experiences in caring for patients during an acute healthcare emergency, revealing four main themes: (a) Evolution of Feelings and Emotions, (b) Challenging Reality, (c) Going on Side by Side, and (d) Deep Growth. Overall, the interviews revealed that despite the adversity of the clinical context, students experienced significant learning and transformation. In line with Barisone and colleagues (Barisone et al., 2022), findings suggest that even within highly demanding and emotionally charged situations, students can acquire profound insights and develop competencies that go beyond technical learning. The personal and professional growth achieved through ICU internships appeared richer and more meaningful than in less critical or routine clinical environments.

This is a key message of our study: exposure to critical and unpredictable clinical scenarios can serve as a powerful catalyst for reflective learning, resilience, and professional identity development. The experience of facing uncertainty, emotional intensity, and moral tension, when supported by adequate supervision, can transform a difficult situation into a meaningful learning opportunity. This perspective offers a valuable lesson for universities and educators in health professions: to design training models that both prepare and support students in navigating complex, high-stress contexts while safeguarding their psychological well-being and educational growth. It is important to underline that the experiences described were not free from strain or discomfort. As reported in another study (Nabavian et al., 2021), participants described psychological stress, fear, inner conflict, and occasional feelings of isolation. Nevertheless, our results emphasize students' ability to overcome such difficulties through adaptive mechanisms and relational support. Coping strategies, motivation, and the perception of contributing meaningfully to care appear to have sustained their engagement and learning (McClelland, 1965; Nabavian et al., 2021).

Two main factors emerged from the interviews as facilitators of development: (a) facing reality with courage and acceptance, and (b) not being alone. The third theme, Going on Side by Side, captures this second dimension particularly well. The nursing students recognized that relational support, from clinical tutors, peers, and families, was crucial in helping them process emotions, find meaning, and sustain motivation. These findings resonate with the literature highlighting how social connectedness and mentoring relationships are protective factors for learning and psychological adaptation during crises (Casafont et al., 2021; Eweida et al., 2020; Grande et al., 2021; Nabavian et al., 2021). The experience also reinforces the importance of relational and emotional components in clinical education. Human connection, empathy, and shared reflection enable students to transform emotionally challenging experiences into opportunities for professional and moral growth. As noted in previous literature, social isolation negatively affects well-being (Kim & Park, 2021), while supportive relationships fulfil essential human needs (Baumeister & Leary, 1995; Darwin, 2008; Mortari, 2019; Zhu et al., 2021) and act as a buffer against stress and distress in complex learning environments.

Our study also presents some limitations. Despite the efforts to recruit a homogeneous sample consistent with IPA methodology, most participants were female and completed

internships in medical ICUs. Being male or having an experience in surgical CUs could represent different perspectives shaping the findings. Furthermore, all participants belonged to a single national context, which may limit transferability. Future qualitative studies should therefore include more diverse samples and explore interprofessional perspectives to enrich understanding of experiential learning in emergency contexts.

Conclusions

Our findings highlight that nursing students achieved significant personal and professional growth despite the difficulties and emotional challenges faced during internships in ICUs. This experience represented a fundamental learning opportunity, enabling them to strengthen their professional identity and develop reflective awareness of what it means to care for vulnerable patients in complex and high-pressure environments. The lessons derived from this experience extend beyond the specific emergency that originated it. The insights gained can guide educators, tutors, and clinical institutions in structuring educational pathways that foster resilience, ethical awareness, and emotional competence in students. Understanding what nursing students faced and how they made sense of their experiences provides a foundation for rethinking clinical education models that prepare future nurses to act competently, compassionately, and consciously in times of crisis. Finally, this study opens new directions for research. Further investigations could explore the long-term impact of experiential learning in critical contexts and identify effective educational strategies to support nursing students during future emergencies or other highly demanding care scenarios.

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