Remarkable events: learning to care through narratives in nursing students during clinical placements

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Abstract

Introduction Remarkable events foster comprehensive, reflective, and critical learning. These can be defined as short narratives in which students recount caregiving situations experienced during clinical placements that have had a special impact on their learning.

Objective To explore nursing students' learning process using narratives generated during routine clinical placements, and whilst caring for others during confinement during the COVID-19 pandemic.

Design An exploratory-descriptive qualitative study was conducted.

Participants A total of 94 third-year nursing students participated in this investigation during the academic years 2015-2016 and 2019-2020.

Methods The critical incident technique and classic content analysis were used to collect and analyse students' narratives about their learning whilst caring for others in two different contexts.

Results Seven categories were identified, with wellbeing and safety emerging as the most prominent. Notable differences appeared across gender and year of study: in 2019–2020, autonomy gained greater relevance in the context of remote learning and the uncertainty of COVID-19.

Conclusions Remarkable events proved to be a valuable reflective tool, enabling nursing students to critically integrate technical skills with wellbeing, safety, and autonomy. They also support professional growth and highlight the influence of gender and clinical context on learning. This approach supports reflective learning and fosters holistic professional development in nursing education.

Keywords Nursing students, Nursing education research, Self-learning, Clinical placement, Nursing care, Qualitative research, COVID-19

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Introduction

Over the last decade, nursing education has been significantly influenced by the changes introduced by the European Higher Education Area, aligned with the Bologna Process, which brought about significant variations in the teaching-learning process [1]. In this new context, there emerged a greater emphasis on addressing the development of critical, ethical, and reflective elements, and on focusing curriculum development around clinical practice; the space where care is delivered and from which learning cannot be dissociated. Thus, strategies were developed to promote a more comprehensive and holistic learning experience, such as Remarkable events.

Remarkable events, as a learning method, were developed by Blázquez-Ornat et al. [2] and are defined as short narratives in which nursing students recount caregiving situations experienced during clinical placements that had a special impact on their learning. This method is grounded in the Critical Incident Technique [3] and was used by Benner [4] as part of the AMICAE project (Achieving Methods of Intraprofessional Consensus, Assessment, and Evaluation), where remarkable events were defined as "episodes or clinical contingencies that alter the way subsequent clinical situations are interpreted and perceived" [4, p. 8] In a more recent study, Blázquez-Ornat et al. [5] pointed out that remarkable events constitute an important reflective exercise for students, aiming to ensure their comprehensive, reflective, and critical formation by integrating the rational and emotional aspects of learning. Similarly, Noreña-Peña and Cibanal-Juan [6] added that strategy of this nature can contribute to developing reflective practice, integrating theory and practice, determining factors that may influence the quality of teaching, and allowing understanding of situations that impact the construction of students' practical knowledge.

The use of narratives to promote students' reflective self-learning and self-assessment during clinical practice is a well-known method in the field of nursing, with formats such as the field diary and the portfolio [7–14], supplemented by poetry as a strategie for managing lived emotions [15]. All these narrative-based strategies foster learning through reflection on lived experiences and felt emotions, thus promoting the acquisition of professional competencies in an integral manner. Furthermore, as noted by Helminen et al. [16], students positively value qualitative approaches in evaluation compared to quantitative ones.

In the year 2015–2016, a group of academic researchers became interested in understanding how the clinical experiences encountered by students during their placements influenced their learning about care and therefore introduced remarkable events as a learning strategy. Only four years later, the global pandemic caused by the SARS-CoV-2 virus led to the suspension of face-to-face education, both theoretical and practical. This made it essential to implement distance teaching and learning alternatives, with online classes and/or academic assignments becoming the norm [17]. In this regard, several studies indicate that theoretical and non-face-to-face education is insufficient and deficient, even in the pandemic context [18–20]. Specifically, Shorey et al. [20] mention that both nursing students and faculty perceived that crucial clinical skills and competencies were inadequately developed through remote training, and students were dissatisfied with the interruption of face-to-face clinical placements. Considering this situation, student nurses were encouraged to narrate their lived experience of caring for others in their own home environment during lockdown through the remarkable events methodology.

Aim

Thus, the aim of this study was to explore nursing students' learning process using narratives generated during routine clinical placements, and whilst caring for others during confinement during the COVID-19 pandemic.

Methods

Design

An exploratory-descriptive qualitative study was conducted [21]. The Critical Incident Technique [3] guided nursing students to describe significant events influencing their learning. Data were analyzed using Framework Analysis [22, 23], a method suitable for systematically identifying themes while maintaining depth and contextual meaning. The study was guided by the following research question: How do significant events described in nursing students' narratives inform their learning processes during routine clinical placements and whilst caring for others during the COVID-19 lockdown? The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines [24] were employed in both the design and reporting of this study.

Participants

All students enrolled in the third year of the Bachelor of Science (BSc) in Nursing programme at University Zaragoza during the academic years 2015–2016 and 2019–2020 were eligible to participate in the study. In order to be eligible for inclusion, students were required to have completed a minimum of six weeks' clinical practice. Participation was voluntary, and informed consent was obtained. The sample size was established during the research process based on data saturation, when no new themes or relevant insights emerged from the students' narratives.

Data collection

In the academic year 2015–2016, the study was presented to the students at the beginning of the course. Student nurses who agreed to participate in the study were asked to write at least one remarkable event during their clinical placement, record it in a digital text file and submit it via email to the project coordinator for analysis. Clinical placements took place in the following clinical units: Intensive Care Unit, Emergency Department, Operating Room, and Hemodialysis.

In the academic year 2019–2020, data were collected from April to July 2020 (both inclusive). The students were asked to submit their remarkable events via a web link to a site, where sufficient information regarding the aim and procedures of the study was offered. On this occasion, since the students were not on placement, they were asked to narrate their experience of caring for others family or friends in their home environment during lockdown.

In both courses, the instruction given to the students for completing the remarkable events was to narrate an event that occurred during their clinical placements (or whilst caring for a family member or friend during the lockdown) that held particular relevance to their learning, regardless of whether it was perceived positively or negatively.

Ethical considerations

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Approval was obtained from the Research Ethics Committee of the Autonomous Community of Aragon (PI20_295). Confidentiality and anonymity of the participants were safeguarded throughout the investigation. No data that could identify the participants were included in the database. All participants gave their informed consent to participate after receiving sufficient information about the purpose of the study, its significance, anonymity, confidentiality, data protection, and the possibility of withdrawing their consent at any time without any repercussions.

The information about the study was provided by the principal investigator in person during the 2015–2016 academic year and via telematic means during the 2019–2020 academic year. The principal investigator had no employment or teaching affiliation with the university and, therefore, no connection with the students. No incentives or compensations, whether financial or academic, were offered to the participants in the study. Students were informed that non-participation in the study would not result in any disadvantage to them.

Data analysis

The qualitative data was analysed using the "Framework Analysis" method [22, 23]. Qualitative analysis prioritized thematic richness over quantification. This approach facilitates the management, analysis, and identification of themes within large volumes of data, combining both a deductive approach and an inductive approach. Narratives were coded using the Care Triangle framework [25], which emphasizes well-being, safety, and autonomy. Triangulation among researchers ensured analytic rigor. Although counts of references were recorded, these were used descriptively to illustrate thematic prevalence rather than as quantitative measures. Regarding this model, Gómara (2016) states that when the nurse comforts the patient and shows concern for their condition, they are addressing well-being; when they provide information and work competently, instilling confidence in the patient, they are enhancing safety; and when they educate the patient on self-care and enable their participation in the process, they are fostering autonomy. Moreover, the three aspects are closely interconnected, such that working on one of them benefits the others, creating a reinforcing effect. Conversely, neglecting one of these aspects adversely impacts the others. The software QSR Nudist Vivo 12 Pro was used. Initially, a random sample of narratives from four participants was selected and analysed by three researchers separately. Subsequently, the results from their analyses were discussed and consensus was reached to standardise the process of analysis and interpretation of the findings. Two researchers read and analysed the remaining narratives; their findings were triangulated by a third researcher until the process was complete.

Descriptive analyses included mean and SD for student age and frequencies and for the variables gender and academic year. The quantitative analysis was performed using the statistical package SPSS 26.0.

Results

94 third-year nursing students voluntarily participated in this study, resulting in a participation rate of 29.4%. Participants who did not write at least one remarkable event after being recruited into the study were withdrawn from this investigation. The sociodemographic characteristics of the students are described in Table 1.

Following content analysis of the remarkable events, seven main categories emerged: Nurturing Wellbeing in Care, Safeguarding Safety, Promoting Autonomy and Self-care, The Context of Care: Environments and Relationships, Growing into a Professional, Being Recognised for Care and Emotions in Care: Between learning and Empaty. Each represents a particular dimension of how students experienced and reinterpreted their learning, both during routine clinical placements and in

Table 1 Description of the students

Variables	n	Description	
		Mean (SD) o %	Min-Max
Age (years)	94	23,3 (6,4)	20–51
Gender			
Female	83	88,3%	-
Male	11	11,7%	-
Year of study			
2015–2016	48	51,1%	-
2019–2020	46	48,9%	-

Note %: percentage; SD: Standard deviation; Min-Max: minimum-maximum; n: sample size

the provision of care during the COVID-19 lockdown. Rather than presenting them as mere lists of actions or emotions, we introduce them here as narratives that illustrate how learning was constructed, challenged, and transformed through meaningful experiences.

Nurturing wellbeing in care

Students identified wellbeing as a central aspect of care, closely linked to the ability to offer individualised, empathic, and culturally sensitive attention. Seemingly simple gestures—such as introducing oneself, addressing patients by their name, or listening attentively—were perceived as powerful acts that humanised the clinical encounter.

As one student described:

> "[…] some nurses […] introduce themselves to the families and tell them that they are responsible for the care of the relatives during that shift and that they are there to answer their questions as best as they can".
>
> *15/16_005*

During the pandemic, the impossibility of physical contact forced students to reinvent this notion of "being present". Presence was expressed instead through phone calls, words of encouragement, or practical tasks such as delivering food or medicines:

> "[…] it is difficult to cheer them up without physical contact (a caress, a hug…), but phone calls and calm listening made the difference" (19/20_003)

By contrast, when such practices were absent or when treatment was distant, students described situations of discomfort or suffering. The omission of introductions, lack of attention, or failure to preserve privacy were perceived as significant shortcomings:

> "[…] some health professionals didn't say anything, nor they introduced themselves when they entered the box […]".
>
> *15/16_013*

> "I have been observing for some weeks now that, when patients are intubated, we don't pay attention to their privacy whilst doing their hygiene because 'they are not aware', without screens, for everyone to see".
>
> *15/16_005*

Safeguarding safety

Safety emerged as another essential dimension, understood both in clinical terms and in relation to risk prevention. Students highlighted the importance of verifying identities, checking dosages, maintaining asepsis, and responding promptly.

One student reflected on these practices:

> "Before carrying out any techniques, blood transfusions or giving medication, I am getting used to look, revise and verify the patient's identity a few times, asking them, reading their notes, their treatment […] any confusion could have serious consequences".
>
> *15/16_015*

> "[…] in the (PARU) [Post-Anesthesia Recovery Unit] they let me alone with a patient, to monitor her, watch her and let them know if there were any problems. She had just had surgery […] she needed to be watched".
>
> *15/16_036*

During the pandemic, safety extended to the domestic sphere. Physical distancing, surface disinfection, and the separation of utensils became part of the care process. A student noted:

> "Every time he went to the toilet he cleaned the door handles with alcohol and used separate cutlery… when he was admitted to hospital we were told to disinfect the whole room" (19/20_030).

However, students also observed unsafe practices, such as inadequate use of protective equipment or medication errors, which reinforced their understanding of safety as a fragile and constantly threatened value. At the same time, acquiring and practising technical procedures was perceived as an essential component of ensuring safe care, as one student explained:

> "I have learnt techniques such as applying fennels, suturing wounds, applying compressive and functional bandages […] IV cannulation, doing blood

cultures and how to take samples, doing arterial blood gas, applying a Hudson, doing bladder catheterisation, doing ECGs and watching the patients assigned to my team".

15/16_024

Promoting autonomy and self-care

Narratives also revealed the importance of promoting patients' and families' independence. Students described how health professionals provided education to empower people in managing their own conditions.

One account from an emergency department illustrated this:

"The nurse in A&E sat next to her and informed her about her disease [...]".

15/16_013

"I had never seen a nurse become so directly involved with the family and try to teach them somehow to improve their relative's health about the care that he would need after discharge".

15/16_005

During the pandemic, this dimension became particularly evident. Students taught patients how to recognise symptoms of COVID-19, maintain hand hygiene, and use digital resources to sustain their emotional wellbeing.

As one student recalled:
"Another aspect I worked on was hygiene, the importance of washing your hands [...]. I also told her that she had to stay isolated from her husband, even if it was really hard, at least for 4 weeks".

19/20_013

"I explained some relaxation techniques, like listening to music [...] or downloading mobile apps to entertain herself [...]. I explained how to start a videocall so she could stay in touch with her loved ones [...]. I recommended that, as far as possible, she followed a healthy diet, avoiding processed food, to feel better and avoid digestive problems [...]. I explained some stretching exercises, to move a bit, because she had been in bed for many days".

19/20_009

"[...] he had eaten a bit and was washing up, which made me think that he was not giving up and was doing something to feel better, [...] he had had a good rest, had been walking up and down his room [...], he tried to stay physically active [...]".

19/20_008

The context of care: environments and relationships

Students also described the context in which care took place, encompassing both material conditions and interpersonal dynamics. They noted how physical settings—whether technologically intensive hospital wards or, during the pandemic, domestic spaces—shaped the experience of care.

As one student reflected on the intensive care unit:

"ICU can be a very inhospitable place for patients [...] due to the unit's physical characteristics and the exceptional circumstances of the patients [...]. Visits are limited [...], numerous and unknown healthcare personnel constantly coming in and out of the room [...] with white walls and full of equipment and all of it enlivened by the disgusting, repetitive and stressing soundtrack played by the alarms of the perfusion pumps and monitors. In this rather desolate panorama patients have to get better [...] with a strict monitoring of vital signs, treatments, response to treatments, and a permanent attention to their basic needs [...]".

15/16_019

Relationships with health teams were experienced ambivalently: sometimes as supportive spaces that promoted learning, and at other times as barriers when students felt judged or undervalued.

In 2020, the household became the primary care environment, posing new challenges such as sharing limited facilities or maintaining contact through digital means. As one narrative illustrated:

"As a carer, I try to stay in touch with her every day via WhatsApp, and I talk to her on the phone almost every day, especially when she has questions. Normally we speak on the phone for 20 or 30 minutes".

19/20_009

Growing into a professional

Students described how, over time, they gained confidence and began to see themselves as future professionals. Greater autonomy, the delegation of responsibilities, and the opportunity to reflect on mistakes all contributed to their developing professional identity.

One account highlighted this sense of growth:

"[...] I felt useful and fulfilled, because I noticed how the nurses, little by little, as I was acquiring knowledge, have delegated more tasks me and have trusted me. It is not easy to describe how one feels as he grows as a professional, but it is worth the effort".

15/16_028

"[...] I realise the kind of nurse that I want to be. To feel excited every morning when I wake up to go to work, eager to look after people, be the best that I can be for my patients and enjoy what I do, because this profession is completely vocational".

15/16_010

Being recognised for care

Expressions of gratitude from patients, families, and colleagues were valued as affirmations of the students' contribution. Such recognition reinforced their sense of purpose and competence.

"[...] when she left, she thanked me for the care that she had received. She thought that I was a qualified nurse but, when I told her that I was a student, she encouraged me to treat everyone else, as I had treated her".

15/16_036

"[...] he thanked us for the encouragement and support that he had received".

19/20_012

Similar accounts during the pandemic underscored how acknowledgement helped sustain motivation in a context of uncertainty.

Emotions in care: between learning and empathy

Emotions were present across all experiences. In the 2015–2016 cohort, narratives focused primarily on students' own feelings—nervousness, stress, joy, and satisfaction at overcoming clinical challenges.

"[...] she was very nervous, both due to my inexperience and for the complexity of her case".

15/16_025

"The day that the patient started to speak and even sit up, I was overjoyed".

15/16_026

"I became frustrated, and I got very angry [...]".

15/16_043

In 2019–2020, however, students described not only their own emotions but also those of the patients they cared for. Fear, sadness, and frustration were frequently reported, alongside patients' loneliness and uncertainty. One student captured this dual perspective:

"She felt lonely because she couldn't see nor be with her husband, as she was isolated in her room [...]".

19/20_013

"I was very scared".

19/20_007

"[...] it makes me so sad to not be able to accompany her in this difficult situation".

19/20_003

The analysis allow us to notice a tendency were the distribution of quotations showed that *Nurturing Wellbeing in Care* and *Safeguarding Safety* were are the most representative categories. By contrast, fewer narratives referred to autonomy, recognition, or professional growth. The "care triangle"—formed by wellbeing, safety, and autonomy—also varied over time. In 2015–2016, wellbeing predominated, whereas in 2019–2020 safety took precedence, alongside a notable increase in references to autonomy (Fig. 1). Gender analysis revealed that male students tend to describe safety and recognition, while female students focused more on wellbeing and emotions.

Discussion

Remarkable events have proven to be an effective strategy for recording student learning during clinical placement. In this study, students used this approach to narrate their experiences of caring for others, both in clinical placements and at home during the COVID-19 confinement. The analysis yielded seven categories: Nurturing Wellbeing in Care, Safeguarding Safety, Promoting Autonomy and Self-care, The Context of Care: Environments and Relationships, Growing into a Professional, Being Recognised for Care, Emotions in Care: Between learning and Empathy. Among these, Nurturing Wellbeing in Care and Safeguarding Safety were the most frequently reported, aligning with previous research that highlights students' sensitivity towards comfort and holistic care [2, 5]. These findings also resonate with the "Care Triangle" model, which positions wellbeing, safety, and autonomy as interconnected pillars of nursing [25–27]. Interestingly, autonomy was less frequently recorded in pre-pandemic narratives, suggesting that acute care contexts may limit opportunities to observe and value patient self-determination [28, 29].

Remarkable events have also been useful to capture the emotions and affections that arose during clinical placement. Not surprisingly, 'Emotions in Care: Between learning and Empathy' emerged as a particularly prominent theme. Previous studies have focused on this category, as clinical placement can be emotionally intense for students, which significantly influences student learning and interpersonal relationships [12, 30]. Thus, Frost [31] proposed emotional debriefing as a useful strategy to address trainees' emotional experience; a methodology that could complement the use of remarkable events. The rest of the categories, although less frequently mentioned, were also described in previous studies [8, 10, 12], namely 'Context', 'Interpersonal relationships', 'Environmental difficulties' or 'Personal and professional growth'.
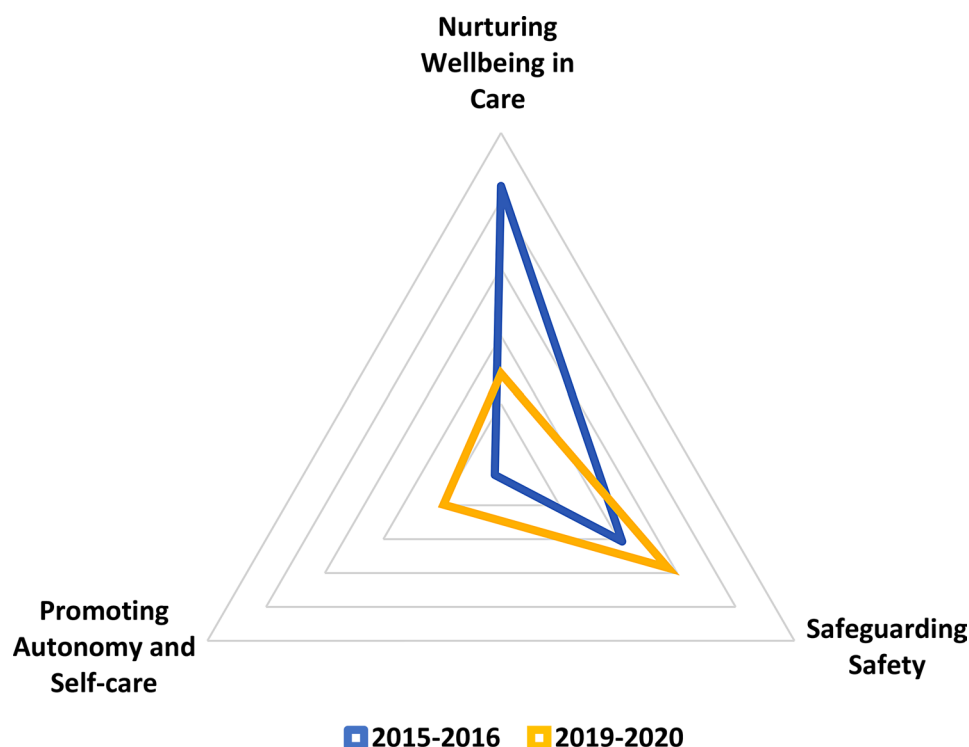
Fig. 1 Observed trends in categories nurturing wellbeing in care, safeguarding safety and promoting autonomy and self-care in the years 2015–2016 and 2019–2020

There were differences in the frequency of the categories between both academic years. Specifically, in the 2015–2016 academic year, the students recorded their experience of learning about ' *Safeguarding Safety* ' and nursing techniques. This is not surprising as, in clinical contexts, practical learning can be repetitive, mechanical and cyclical, focusing primarily on techniques [29]. However, greater importance was given to wellbeing or lack of thereof, possibly owing to the influence of their mentors or clinical leaders. In other words, it is likely that students recorded those aspects, attitudes or behaviors that they learnt through observation of their mentors. This is in agreement with findings from Carless-Kane and Nowell [28, 29], who proposed tutoring as an element that decisively influences clinical learning. It is also possible that the students narrated more frequently those events that reflected contradictions between theory and practice. This mismatch between theory and practice was also mentioned by Carless-Kane and Nowell [28] as a central element affecting clinical learning. Regarding '*Promoting Autonomy and Self-care* ',, during lockdown, the students focused on promoting safety and autonomy. Similar findings were reported by Choi and Um [32], who observed that students' interest in community care grew during clinical placements in this care setting during the pandemic, and by Kazawa et al. [33], who described how students involved in a clinical practice programme based on telecare learnt about health education and self-care.

Regarding the ' *Emotions in Care: Between learning and Empathy* ' category, it is likely that a greater need for emotional offloading was experienced by students during the pandemic. The students recorded their emotions in the narratives collected in the year 2019–2020 much more frequently than in those collected in the year 2015–2016, as well as in previous pre-pandemic studies [2, 5]. Having said this, emotions were often present in the pre-pandemic student narrative [12, 34–38]. As stated by Germán-Bes [25], care, as the backbone of the nursing profession, is a gendered construct [25, 26, 35]. Gender differences were observed, particularly in emotional narratives, with women more frequently highlighting wellbeing and emotions, and men focusing on safety. This mirrors broader literature on gendered perceptions of care and professional preferences [26, 39–43]. Male nurses tend to prioritise technique and leadership, while female nurses often value care and relational aspects [44].

Finally, it is important to reflect on how remarkable events help students learn. Different studies using similar strategies indicate that they facilitate the acquisition of theoretical-practical concepts in a more comprehensive way, by allowing reflection on lived experiences [8–16]. In addition, it is important to note that remarkable events, which uses reflective writing as a fundamental methodology, can be useful in complex learning situations, such as the one that arose during the COVID-19 pandemic. Thus, whilst learning through remarkable

events cannot equate to learning through face-to-face practice, it was useful in a context where clinical placements had to be suspended [18, 45]. Yet, despite its potential, authors such as Bjerkvik and Hilli [7] point out that there is insufficient evidence to categorically affirm that reflective writing is useful in the clinical learning process. Instead, these strategies can promote comprehensive, reflective and critical student learning. Furthermore, some authors have suggested that, when combined with other teaching and learning methodologies, such as debriefing, focus groups and appropriate tutoring or mentoring, remarkable events can substantially promote student learning [7, 14, 31, 46]. Lastly, it is important to allocate sufficient time and space for the students to write their narratives, dissociate them from the assessment of clinical performance, promote a judgment-free environment, allow flexibility in the writing style and provide the students with supportive feedback that promotes confidence and motivation [47].

Limitations and strengths

An important limitation of this study is that the students belonged to a single university, which limits the transferability of our findings. In addition, although the overall number of responses was modest (29.4%), the narratives obtained were sufficiently diverse and detailed to achieve data saturation. We therefore consider that the richness and variety of the accounts provided a solid basis for exploring students' learning experiences, even if participation was not broader.

Furthermore, data were collected from two distinct cohorts (2015–2016 and 2019–2020) under different contextual conditions and using varied data collection methods. These differences may have affected the comparability of the data and should be taken into account when interpreting the findings. The selection of two different cohorts stemmed from an initial interest among faculty members in 2015 to explore nursing students' learning experiences during clinical placements. Following completion of data collection for this period, the study was extended to include the 2019–2020 cohort due to the unique and significantly different context of clinical practice during the COVID-19 pandemic.

It should be noted that the intention was not to directly compare the two cohorts, but rather to capture meaningful insights from students' experiences in each distinct period. In addition, in response to some published recommendations [7, 47], it is possible that the absence, during the research, of aspects such as tutoring or feedback on the students' narratives may have influenced and, to some extent, diminished the ability of remarkable events to produce meaningful learning.

Another limitation of this study is that no data were collected on the ethnicity or cultural background of the participants, which could have provided valuable insights into potential variations in lived experiences during clinical practices.

On the other hand, the high number of events analysed allowed for saturation of the categories. We used the term *remarkable event*, instead of *critical incident*, to describe the methodology in order to avoid the negative connotation inherent to the term *incident* [14]. This was reinforced by the instruction given to the students to describe both positive and negative learning situations.

Conclusions

Remarkable events provide a reflective self-learning tool that encourages nursing students to critically analyze their experiences. Students focus not only on technical aspects but also on patient well-being, safety, and autonomy. Emotional experiences, care context, and professional growth emerged as key components of learning. Differences were observed according to gender and clinical context, highlighting the importance of considering these factors in nursing education. Remarkable events offer a structured method for integrating theory and practice, supporting reflective learning, and promoting comprehensive professional development.

Data availability
The datasets generated and/or analysed during the current study are not publicly available due to concerns regarding participant anonymity, but are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate
This study was conducted in accordance with the Declaration of Helsinki. Ethical approval was obtained from the Research Ethics Committee of the Autonomous Community of Aragon (PI20_295). All participants provided written informed consent prior to participation.

Consent for publication
Not applicable.

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