

The Consequences of Hidden Curriculum for Nursing Professionalism: A Qualitative Study

Hadi Abbaspour¹, Hossein Kareshki², Habibollah Esmaili^{3,4}, Hossein Karimi Moonaghi⁵

¹Department of Nursing, North Khorasan University of Medical Sciences, Bojnurd, Iran

²Educational Psychology, Faculty of Educational Sciences and Psychology, Ferdowsi University of Mashhad, Iran

³Department of Biostatistics, School of Health, Mashhad University of Medical Sciences, Mashhad Iran

⁴Social Determinants of Health Research Center, Mashhad University of Medical Sciences, Mashhad, Iran

⁵Nursing and Midwifery Care Research Center, Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran

Abstract

Background: The journey to nursing professionalism is a constantly progressing process. The present study aimed to explain the experiences of nursing students and faculty members regarding the unseen consequences of the hidden curriculum for nursing professionalism.

Methods: In this qualitative study, 25 nursing students and faculty members at Mashhad University of Medical Sciences were selected and interviewed based on purposive sampling. After data collection, all the recorded interviews were transcribed and reviewed, and their subcategories, categories, and themes were extracted using the qualitative content analysis approach proposed by Graneheim and Lundman.

Results: A total of 1382 initial codes and two main themes were extracted from the interviews. The obtained categories were non-constructive and destructive clinical environment, unfavorable educational environment, the gap between theory and practice, inappropriate role model, neglect of scientific nursing knowledge, loss of professional values, undervaluing nursing professionalism, favorable clinical environment, favorable faculty environment, and faculty member as an effective role model.

Conclusion: Professional behaviors have significant impacts on professionalism in nursing. There is a significant gap between the current nursing practice and professional nursing in some aspects. Therefore, it is important to consider all consequences of the hidden curriculum to achieve professionalism.

Keywords: Hidden curriculum, Nursing training, Consequences

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Introduction

Professionalism requires training human resources with all professionalism characteristics. Skilled human resources are the main requisite to reach high positions. Developing professional values is a long-term learning process that leads to professional behavior in clinical environments (1). Professionalism is among the nursing challenges, and it is still controversial among nurses, sociologists, and historians (2,3). Developing nursing professionalism leads to improved care for patients and is also beneficial to individuals and organizations, resulting in the maintenance of the profession by nurses (4).

Environmental, cultural, social, and economic differences and the development level in different environments and societies unexpectedly affect the curriculum. Efforts to progress toward professionalism would lead to further development. Accordingly, sharing the relevant experiences is one of the solutions

which will strengthen learning. Professionalism, as a human science, is considered vital in nursing. Besides, more ethical and philosophical challenges will arise through cultural exchange and rapid changes in the values. Therefore, the need for professional nursing and improving professionalism is ever-growing. Currently, it is vital to persistently progress toward nursing professionalism.

Students learn professional and social behaviors through a hidden curriculum in which various factors of the educational environment are involved. Despite the considerable consequences of the hidden curriculum for learning and professionalism among nursing students, it has not been included in the formal curriculum (5,6).

Students integrate theoretical science with practical skills to achieve professional competence. Nevertheless, preparing to work in a real context is beyond the scope of the formal curriculum (5,7). Accordingly, this qualitative study aimed to explain nursing students' and faculty



members' experiences regarding the consequences of the hidden curriculum for nursing professionalism.

Methods

The present study was conducted using the qualitative content analysis approach in the nursing and midwifery faculties and the clinical environments of educational hospitals in Mashhad, Iran. Purposive sampling with maximum variation was used to obtain rich and deep data. The participants were selected from bachelor nursing students and faculty members. Data were collected through semi-structured and face-to-face interviews. All the interviews were conducted by the main researcher. After clarifying the objectives of the study at the beginning of the interview, the concept of hidden curriculum was introduced to the participants. The interviews began with general and open-ended questions such as, "What nursing values and beliefs are transmitted to you by the university and the clinical environment?" and "How do these values and beliefs affect your attitude and opinion?" Later in the interview, probing questions were asked based on the primary responses of the participants, e.g., "What do you mean by ...?" and "How have you come to these beliefs or opinions?" Moreover, the participants were asked at the end of each interview to raise any points they felt had not been addressed. All interviews were recorded using a recorder and listened to carefully several times after each interview session. Then, the interviews were transcribed verbatim along with non-verbal communication, such as speaking tone, accents, emphases, and pauses. The data were analyzed by the researchers according to the participants' descriptions. During the process of data analysis, the data were returned to seven participants for clarification. The sampling continued until data saturation i.e., after interviews with 8 faculty members and 17 students. MAXQDA 2010 was used to analyze data, codes, and categories. The content analysis approach proposed by Lundman and Graneheim was used in this qualitative study (8). The credibility of the data was ensured using the criteria proposed by Lincoln and Guba through long-term involvement, data integration, review by a supervisor, and constant data comparison (9).

Results

The data were saturated after 25 interviews with the participants. The demographic characteristics of the participants are presented in Table 1. After the interviews and simultaneous coding, 1382 initial codes were extracted and categorized based on their common features. The results indicated that the codes consisted of positive and negative consequences. The analysis of the relevant categories and codes led to the identification of two themes including "too far from professionalism" and "approaching professionalism" (Table 2), as explained below.

Table 1. Demographic characteristics of the participants

Participant code	Gender	Education/degree
1	Male	Eighth-semester student
2	Male	Eighth-semester student
3	Male	Eighth-semester student
4	Female	Sixth-semester student
5	Male	Fifth-semester student
6	Male	Fourth-semester student
7	Male	Seventh-semester student
8	Male	Fifth-semester student
9	Female	Eighth-semester student
10	Male	Fifth-semester student
11	Female	Eighth-semester student
12	Female	Seventh-semester student
13	Female	Third-semester student
14	Female	Sixth-semester student
15	Female	Fourth-semester student
16	Female	Fourth-semester student
17	Male	Sixth-semester student
18	Female	Ph.D.
19	Female	Ph.D.
20	Male	MSc
21	Male	Ph.D.
22	Female	MSc
23	Male	MSc
24	Female	Ph.D.
25	Male	Ph.D.

Too far from professionalism

This theme was extracted from the negative consequences of the hidden curriculum, including the following categories:

Non-constructive and destructive clinical environment

The lack of professional commitment was one of the negative consequences of the hidden curriculum reported by the participants. The related initial codes included lack of patient care, lack of patient education, and dereliction of duty by nurses for instance by not responding to patients. "Patients are very worried. They constantly ask 'How long does the IV drip take?' or 'Wouldn't the air go into my veins?' But these worries are not transferred to nurses. It would be much better if the nurses are not so careless" (Participant 12; a nursing student).

Insufficient knowledge and poor skills of nurses were among other codes. For example, one of the participants stated, "Some nurses don't know how to do things as they are novices, and they hurt the patient so much" (Participant 8; a nursing student). Certain codes including the disregard by the nurse, by the physician, and by the system were

Table 2. Themes, categories, and codes on the consequences of the hidden curriculum in nursing

Themes	Categories	Codes
Too far from professionalism	Non-constructive and destructive clinical environment	Lack of professional commitment, insufficient knowledge, poor nursing skills, not valuing nursing, nurses as forced laborers, doing routines, nurses' difficult lives, injustice, work overload, feeling of insecurity, inappropriate interactions, feeling of anonymity
	Unfavorable educational environment	Inappropriate environment, Behavioral challenges
	The gap between theory and practice	Profound difference between theory and practice
	Inappropriate role model	Unprofessional ethics, Lack of professional competency
	Neglect of scientific nursing knowledge	Neglect of the nursing science, neglect of research
	Loss of professional values	Lost professional values
Approaching professionalism	Undervaluing nursing professionalism	Not valuing nursing, discrimination
	Favorable clinical environment	Empathetic communication, security, nurse as role models, obtaining professional values
	Favorable faculty environment	Preparing the ground for growth and development
	Faculty member as an effective role model	Ethical orientation, real nurses, reference

the codes derived from the subcategory of not valuing the caring. One of the participants stated, *“The physician doesn't pay attention to the nurse's diagnoses”* (Participant 5; a nursing student).

Considering nurses as forced laborers is another unpleasant experience for the students at the bedside. In fact, nursing is perceived as a job involving following the orders of physicians. One of the participants stated, *“He is just waiting for others to tell him to do this, inject that needle, do the dressing, and then sit there again”* (Participant 6; a nursing student). Doing routine, simple, repetitive, and boring tasks make students disinterested in their job. The perception of students from the difficulty of the nursing job with three working shifts depicts a dark future for them. One of the nursing students stated, *“It would be too hard to be a nurse for the rest of your life; you are better than many, but you must forget about your wishes”* (Participant 5; a nursing student). Observing injustice and work overload have created unfavorable experiences, such as feeling inequality, fear of becoming a nurse, and refusing to become a nurse. *“Many of my friends have dropped out, and among my friends, some have dropped out in the first and second semesters and are studying for the entrance exam of the university again. Some became disappointed and are just looking for these four years to finish and start studying English and think about migration”* (Participant 1; a nursing student).

The feeling of insecurity is the result of the faculty members and the system not supporting the students. Inappropriate interaction in the clinical environment and observing flattering and misbehaving the students resulted in hatred from inappropriate interactions in the clinical environment. A feeling of deficiency, being neglected, low self-esteem, and preferring medicine to nursing have led to a feeling of anonymity. *“They [faculty members] avoid night shifts, microbes and infection, taking a shift, and having conflict with the family and the patient. They want others to call them a professor, a faculty member, and a doctor not a nurse”* (Participant 20; a faculty member).

Unfavorable educational environment

The inappropriate educational environment was one of the negative consequences of the hidden curriculum. One of the participants stated in this regard, *“We didn't have anything called disciplinary committee at high school that would frighten us. For example, if you wear certain clothes today, you fear it might affect your future work. There are many of these committees that have a bad impact on me”* (Participant 11; a nursing student). Regarding the rigid academic environment, one of the faculty members stated, *“A rigid academic environment without emotional and ethical concerns at this university with a load of courses that I have to teach, hence, the emotional and spiritual issues and humanity are seldom transferred”* (Participant 25; a faculty member). Another participant stated, *“I was very happy before the university, both in my family and at school, but here I am in low spirits; they always make a fuss and regard some habits as fault”* (Participant 4; a nursing student).

Students' behavioral challenges, employees' inappropriate interactions, and non-academic behaviors emerged as the consequences of the hidden curriculum. One of the participants said, *“It is some sort of pretense and hypocrisy; I myself hate this, but I don't ever want to act like this, and for this reason, I won't choose this university later to continue my education”* (Participant 9; a nursing student).

The gap between theory and practice

The profound gap between practice and theory was identified as a negative consequence of the hidden curriculum. One of the participants stated, *“They teach us a thing at university and expect us a very different thing at the bedside. For example, the personnel disputed with us during CPR that you are doing it wrong and we had just passed the CPR course in the recent semester. As we doubted, we told our professors, but they still didn't accept it. The whole personnel, even the physician, were doing it wrong”* (Participant 10; a nursing student). Another participant

stated, “Not only ethics but also the scientific things they teach in the clinical environment are impractical. For example, it isn’t necessary to study such complicated things in nursing diagnoses; many faculty members emphasize this and I don’t know why” (Participant 14; a nursing student).

Inappropriate role model

Some faculty members have personal characteristics which negatively affect the minds of students. Unprofessional ethics, disrespectful behavior, and insulting were among the negative characteristics of the faculty members experienced by students. Regarding faculty members’ non-commitment, a participant stated, “There was a faculty member who left the students in the ward and went away. He just checked in and then went away again. The guys were left during the day to do their work by themselves” (Participant 17; a nursing student).

Concerning lack of professional competence and knowledge, one of the participants stated, “We had faculty members in our internship who were clearly not knowledgeable or did not want to share their knowledge, and they forced the students to do some superficial and arbitrary tasks such as inserting a catheter, and they contented with this much, and if they ever wanted to share a content, they read over the paper...” (Participant 13; a nursing student).

Neglect of scientific nursing knowledge

Neglecting the nursing science, particularly at the bedside, was extracted as a code. Performing routine tasks and not considering their scientific base led to a knowledge gap. Research is neglected to a great extent in the bachelor’s degree. One of the participants stated, “Research is an optional course with little value for the bachelor’s students; research works are just for the higher education students” (Participant 16; a nursing student).

Loss of professional values

Professional values are considered a principle for professional development in every field. As a category, loss of professional values was acquired from certain codes, such as unprofessional nurses. One of the participants stated, “Unfortunately, during the internship course, when you ask a nurse the reason for something, they don’t know and say that everyone does this now, everyone acts in this way, and they don’t have scientific reasons” (Participant 8; a nursing student). The student’s experiences revealed in public opinion, they are often considered of low social prestige. For example, one of the participants stated, “When I say to a person that I study nursing, they would say what is difficult with injections that you should study four years? I mean to whomever I say it, they would disgrace like so, and this is very tough for me” (Participant 3; a nursing student).

Undervaluing nursing professionalism

Not valuing the nursing profession was obtained as a code from the participants’ experiences. One participant stated, “The nurses are not consulted when the patients are hospitalized” (Participant 21; a faculty member). Another code indicating neglect of the profession is discrimination between nursing and medicine. For example, a participant stated, “A physician studies seven years, and then the government gives them 25 million, and they also have medical prestige. This could be 5-7 times more than a nurse’s earning” (Participant 10; a nursing student).

Approaching professionalism

Favorable clinical environment

Empathetic and friendly relationships among nurses was another code obtained from the data. One of the participants stated, “I have seen many things in the relationship between nurses; they were all very intimate and kind with each other. They help each other” (Participant 9; a nursing student). A sense of security in the clinical environment was also detected in the students’ statements. One of them stated, “Experienced personnel looked out for students, they followed up if there were any problems, and tried to solve the problem” (Participant 3; a nursing student).

Some codes were identified from the subcategory of nurses as role models. For example, regarding the code of resoluteness, one of the participants stated, “Her behavior with patients was neither too intimate nor too frosty. She had an excellent relationship with the patients. The patients obeyed her; for example, if she ordered ‘go to your place, go to your room’, they’d really go. But the same patients didn’t pay attention to other nurses who visited them” (Participant 16; a nursing student).

Obtaining professional values was another identified subcategory with some codes including appropriate communication with the patient. One of the students stated, “They treat the patients well. If patients ask a question, they answer. They go the whole hog with the patients, establish verbal communication, and do their tasks very well” (Participant 1; a nursing student).

Favorable faculty environment

For students, a favorable faculty environment was the one that prepared the ground for growth and development. One of the participants stated, “You have a much wider space at university. You experience different things, different from the conditions at school. You are freer. Just the fact that I go to the ward and the tasks are practical is much more influential than just studying. You deal with people every day, and the guys and the university environment also have an impact on you” (Participant 7; a nursing student). The university environment triggers further efforts and success. For example, one of the participants stated, “It was so pleasant for me to see that

you are studious; I really like to be studious" (Participant 17; a nursing student).

Faculty member as an effective role model

Some faculty members are considered references for students. Several codes were obtained from this category including knowledgeable, guiding, being an advisor, and being an expert. One of the students said, *"He talks so much about issues of life, he even helps guys with marriage, and they so easily trust him and even receive consultations on many of their problems. Aside from being a faculty member, he is a different human who can guide others and solve their problems"* (Participant 5; a nursing student).

Respecting ethical principles is one of the effective characteristics of the faculty member as a role model. Regarding the code of respecting others, one of the participants stated, *"We had contact with one of our faculty members both in internship and at the faculty. It doesn't differ whether you are a student, a physician, or a staff, he respects everyone and behaves intimately and with kindness"* (Participant 11; a nursing student).

One of the codes relevant to the subcategory of faculty member as a real nurse was the love for caring, as pointed out by a faculty member, *"It is my interest, and I love to be a nurse, I love to provide care. There are many plants in my house for I always love to care for something. When I visit the ward, I tell the students that I try hard not only to care for the patients but also to look after them, for I love this"* (Participant 24; a faculty member).

Discussion

The results of this qualitative study revealed a number of consequences of the hidden curriculum for nursing professionalism. These consequences, emerging from the experiences of nursing students and faculty members, were obtained through an inductive approach on different dimensions of the hidden curriculum including faculty environment, clinical environment, faculty members, and mental space.

Professional behaviors have an important role in professionalism and professional development in the future (10,11). Experiencing unprofessional behaviors, particularly in a clinical environment, might lead to adverse consequences for professionalism. In the present study, unprofessional ethics was obtained from subcategories of disrespectful behaviors, insulting, and non-commitment. These behavioral challenges, entitled unprofessional behaviors, were followed by several reactions by the participants. These were explained as hatred of the clinical environment, avoiding it, and distancing from nursing. Another study on the unprofessional behaviors of nurses in clinical wards indicated that they are inappropriate role models. Such behaviors include insulting and humiliating the students in front of others. The students did not accept these people as role models and also had to correct this set

of behaviors (1,12).

Identifying non-constructive and destructive environment, particularly in terms of emotional aspects, as one of the consequences of the hidden curriculum, emphasizes that students require a supportive environment. They mostly experience emotional damage. Emotional strike in a clinical environment takes place in different forms among students; therefore, emotional support is a necessity (13,14). It would be achieved by considering the unique needs of each student in the academic and clinical environments. Nevertheless, considering the discrimination in clinical environments between physicians and nurses, it seems that their psychosocial needs are much more different and more than other medical groups (11).

The results of this study also revealed the importance of role modeling in the professional development of nursing in the curriculum. Faculty members play an important role in classes and clinical environments. Snow mentioned the critical role of educators in the bachelor curriculum in classes and clinical environments. They transfer the attitudes and values to the students. Supporting the students, enhancing critical thinking, and the integration of theory and practice are other important issues (15). As leaders, these role models have a motivating role in leading the followers and practical observance is the most appropriate method for learning professionalism (16). Having a role model as the leader for proper guidance of nursing students has been considered a necessity in the hidden curriculum. They have a prominent role in creating positive attitudes and motivation. Individuals consciously and subconsciously take as role models those whom they trust and wish to develop similar characteristics (17). It seems that this finding cannot be generalized; in fact, the present study indicated that students do not follow role models in the same way and do not follow them as inappropriate professional role models or vice versa. Students interact with a wide range of individuals during their education in educational and clinical environments; therefore, it might have diverse and complex effects on their professionalism. The students may select different individuals as role models. These individuals include faculty members, physicians, clinical staff, and any other person, even their peers. Nevertheless, the issue is that given their few numbers and wide range of responsibilities, the capacity to which they would role model varies. However, according to Ghadirian et al, due to their few numbers and numerous tasks, the staff are capable of modeling behavior for all students by transferring experiences among nursing groups, faculty members, and senior and junior students (18). Individuals face a wide range of facilitators and barriers. Although the students take models from their main instructor, they might face several models. Nevertheless, the students require guidance to make a difference between what there

is and what there should be.

Despite the conception of the majority of researchers who focus on the ideal clinical environment, only half of their efforts are realized in student education and professional development. Therefore, observing behaviors does not always lead to learning. In other words, the consequences of a hidden curriculum are very complex, with different impacts on individuals. In taking models from behaviors, the students first evaluate and then normalize the behaviors if they do not contrast with the feeling of professionalism. Felstead stated that the extent to which a student learns through observing an experience depends on their motives for learning. However, they are forced to emulate behaviors that are against their beliefs and feeling of professionalism (19).

Nurses as role models with behaviors such as firmness, maintaining professional values, appropriate relationships with the patient, and appropriate interactions among the staff led to the favorability of the clinical environment and a tendency to professionalism. Developing values is a long-term process of learning which leads to professional behavior in nursing functions. In their study, Bimray et al indicated that students learn basic values, such as respect, kindness, courtesy, good morals, and punctuality, in the background of the nursing curriculum during their bachelor's course (1).

The findings of the present study indicated that nursing students face challenges in clinical environments as has been reported in previous studies. Therefore, learning is always influenced by underlying relationships. In other words, the relationships between the student and others are formed by the hidden curriculum in context (20). The factor of language was obtained as a barrier in some studies in making communication and developing professional behaviors among nursing students from different cultures. However, this factor was not considered in the present study due to the common language among students. The trend of professional socialization has a close relationship with the development of values and professional behaviors. Interaction with others affects the professional behavior of students. Respectful behavior influences trust, self-image, and, finally, professional identity. It creates issues such as anxiety in weak relationships, which leads to adverse attitudes and decreased self-esteem among students (1).

The development of professionalism among students in other healthcare aspects is investigated in other studies (5,21). Students learn attitudes, values, norms, and customs through the hidden curriculum. Nursing faculty members and instructors should facilitate professional development for students by considering the hidden curriculum in classes and clinical environments. The clinical environment provides opportunities for true learning not only in professional fields but also in real life. Therefore, the need to monitor and manage the consequences in education and clinical environments should be of priority

for the planners of nursing education. The studies have indicated that the process of professionalism among students, to a great extent, is unintended and without any programs. The results indicated that the university and clinical environments are unknown for Iranian students who directly enter them from high school. This is very prominent given the different social viewpoints on nursing and the common educational environment for both genders. Failure to accept and adapt to nursing after entering this field of study leads to avoiding nursing and strengthening adverse consequences, finally resulting in a deviation from nursing professionalism (20).

The favorability of the university environment indicated that more open and liberal universities provide further opportunities for personal and professional development compared to the secure and supportive environments in schools and homes. Although numerous challenges have been experienced in the study environment by the students, their outcome is not necessarily negative. It seems that these challenges might be beneficial and constructive for professional development to some extent.

Conclusion

As a main part of the hidden curriculum, professional behaviors affect professionalism among students, and understanding these behaviors significantly affects professional development in nursing. Nevertheless, there is still a gap between the current nursing practice and professionalism. It is necessary to consider the consequences of the hidden curriculum for nursing professionalism.

This study investigated the consequences of the hidden curriculum based on the experiences of students and faculty members. Therefore, the consequences are consistent with the context, and the participants' views are adopted from the curriculum and educational system. The results thoroughly owe to the culture, values, and customs lying in the study, which should be considered when generalizing the findings to other educational environments.

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Authors' Contribution

Conceptualization: Hadi Abbaspour.

Data curation: Hadi Abbaspour, Hossein Karimi Moonaghi, Hossein Kareshki.

Formal analysis: Hadi Abbaspour, Habibollah Esmaeili, Hossein Kareshki.

Funding acquisition: Hossein Karimi Moonaghi.

Investigation: Hadi Abbaspour, Hossein Karimi Moonaghi, Hossein Kareshki, Habibollah Esmaeili.

Methodology: Hadi Abbaspour, Hossein Karimi Moonaghi,

Hossein Kareshki.

Project administration: Hadi Abbaspour.

Resources: Hadi Abbaspour, Hossein Karimi Moonaghi, Hossein Kareshki, Habibollah Esmaeili.

Supervision: Hossein Karimi Moonaghi.

Validation: Hadi Abbaspour, Hossein Karimi Moonaghi, Hossein Kareshki.

Visualization: Hossein Karimi Moonaghi, Hossein Kareshki, Habibollah Esmaeili.

Writing—original draft: Hadi Abbaspour, Hossein Karimi Moonaghi.

Writing—review & editing: Hadi Abbaspour, Hossein Karimi Moonaghi, Hossein Kareshki, Habibollah Esmaeili.

Competing Interests

The authors declared no conflict of interest in this study.

Ethical Approval

The research project was approved by the ethics committee of Mashhad University of Medical Sciences (IR.MUMS.NURSE.REC.1398.091). It was also registered with the code 980888.

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