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EXPLORING MORAL AND ETHICAL PRACTICE DURING NURSING EDUCATION: A QUALITATIVE STUDY OF THE LIVED EXPERIENCES OF POSTGRADUATE NURSING STUDENTS

Panchal Shailesh[1], Velumani Suresh[2], Pandya Himanshu[3]

[1]Vice Principal, Institute of Nursing Sciences, Bhaikaka University, Karamsad, Anand, Gujarat. Email – shaileshtheindian@gmail.com. ORCID: 0000-0002-9697-1877
[2]Professor, Institute of Nursing Sciences, Bhaikaka University, Karamsad, Anand, Gujarat. Email – vss_ssh@yahoo.co.in. ORCID: 0000-0002-0842-1390
[3]Professor, Department of General Medicine, Pramukhswami Medical College, Bhaikaka University, Karamsad–388325, Anand, Gujarat, Email: himanshup@charutarhealth.org ORCID: 0000-0001-6517-8529

ABSTRACT

Background: Moral and ethical practice is a core element of professional nursing practice although there are concerns about the lack of attention given to moral growth in postgraduate nursing education. Currently limited evidence available regarding lived experiences of postgraduate nursing students.

Aim: To explore lived experiences of postgraduate nursing students regarding moral and ethical practice during nursing education.

Methods: A qualitative descriptive study was conducted among the postgraduate nursing students studying in selected universities of Gujarat state. The participants were selected using purposive sampling to ensure information rich experience. Data were obtained by means of semi-structured interviews protocol and analysed using Braun and Clarke's reflexive thematic analysis. Strategies to improve trustworthiness included member verification, supervisor debriefing, reflexive journaling, and preservation of an audit trail.

Results: The analysis identified five major themes: First influence of educators on moral development, emphasizing the value of faculty as role models; Second professional identity formation, describing the maturation of ethical values and professional responsibility; Third humanistic and compassionate care, highlighting empathy, respect and dignity and patient-centredness as core professional attributes; fourth experiential moral learning, demonstrating how clinical placements, reflective practice and real-life ethical dilemmas enhanced moral reasoning and ethical decision-making; and fifth curriculum challenges and future directions, describing the absence of explicit teaching, inconsistent role modelling, lack of opportunities for ethical reflection and inadequate assessment of moral competencies in postgraduate nursing programmes.

Conclusion: The lived experiences of postgraduate nursing students highlight the need to prioritise the moral and ethical dimensions of nursing education. Moral and ethical practice developed through the dynamic interplay of educator role modelling, experiential clinical learning, reflective practice, professional relationships, and the hidden curriculum rather than through formal ethics teaching alone. Postgraduate nursing education should therefore integrate reflective pedagogy, experiential ethics learning, faculty mentorship, and authentic assessment of moral competencies to prepare compassionate, ethically grounded, and socially accountable nursing professionals.

KEYWORDS: Moral mode of practice; Lived experiences; Postgraduate nursing students; Professional identity formation; Curriculum

INTRODUCTION

Nursing is fundamentally a moral profession grounded in compassion, caring, respect for human dignity, professional accountability, and ethical responsibility (1). Alongside scientific knowledge and clinical skills nurses are expected to display ethical sensitivity, moral courage and patient advocacy in the face of increasingly complicated healthcare requirements. Consequently, nursing education has a responsibility not only to prepare clinically competent practitioners but also to cultivate morally grounded professionals who can deliver compassionate, ethical, and person-centred care.

Although professional values and ethics are embedded within nursing curricula worldwide, concerns have been raised that contemporary nursing education increasingly prioritises technical competence and evidence-based practice, often providing insufficient opportunities for the development of moral reasoning, ethical sensitivity, and professional identity. Evidence suggests that moral development occurs not only through formal ethics instruction but also through interactions with educators, peers, patients, and the broader educational and clinical environment, commonly referred to as the hidden curriculum (2). These formal and informal learning experiences collectively influence students' understanding of professional values and their ability to integrate ethical principles into nursing practice.

Previous research provides growing evidence that becoming a nurse is a moral journey shaped by reflective learning, authentic clinical experiences, and ongoing professional socialisation (3,4). Moral development is further influenced by educator role modelling and the hidden curriculum, both of which contribute substantially to the formation of professional identity and ethical practice among nursing students and newly qualified nurses (5). Recent evidence also highlights the importance of caring pedagogies, supportive learning environments, fairness, trust, responsibility, honesty, and openness in fostering ethical development within nursing education (6). Collectively, these findings suggest that moral competence emerges through the dynamic interaction of curriculum, educational experiences, professional relationships, and institutional culture.

A recent systematic review of 62 studies published between 2000 and 2025 by the authors found that research has primarily examined ethics education, moral development theories, professional values, and educational interventions among undergraduate nursing students (7). Although these studies provide important insights into ethics education, they offer limited evidence regarding the lived experiences of postgraduate nursing students and the moral dimensions of postgraduate nursing education, particularly within the Indian context.

To further examine this gap, the review searched PubMed, Scopus, CINAHL, and Google Scholar using combinations of the keywords "moral competence", "moral mode of practice", "ethics education", "professional identity", "postgraduate nursing", and "qualitative nursing education". The search identified very limited qualitative evidence exploring the moral dimensions of postgraduate nursing education, particularly within the Indian context. This gap highlights the need to understand how cultural, educational, and clinical environments shape moral development among postgraduate nursing students.

Therefore, this study explored the lived experiences of postgraduate nursing students regarding moral and ethical practice during nursing education in selected universities in Central Gujarat, India. By examining these experiences, the study aims to provide insights into how educational and clinical environments influence moral competence and professional identity formation among postgraduate nursing students.

METHODOLOGY

A qualitative descriptive design was used to explore postgraduate nursing students' lived experiences of moral and ethical practice during nursing education. The study was reported in accordance with the 32-item Consolidated Criteria for Reporting Qualitative Research checklist for interviews and focus groups (8). The study was conducted in selected universities of Gujarat State. The selected universities provide education in postgraduate nursing (MSc Nursing) in five different specializations and classroom and clinical learning experiences according to regulatory norms. This project was approved by the Institutional Ethics Committee-2, Bhaikaka University prior to the beginning of the work (IEC/BU/151/Faculty/43/53/2024). All subjects gave informed consent. Participation was voluntary, confidentiality and anonymity were confirmed by unique participant identification codes. Final-year postgraduate nursing students who had completed the majority of their coursework and clinical postings were purposively recruited because their extensive exposure to academic and clinical learning environments enabled them to provide information-rich experiences.

Final-year postgraduate nursing students were purposively recruited because their extensive exposure to academic and clinical learning environments and students who had completed the majority of their coursework and clinical postings were included. Additionally, faculty recommendations were considered to identify students who could provide information-rich perspectives. Students in the first year of the programme, those unavailable during the data collection period, those who declined participation, or those who had participated in the pilot testing of the interview guide were excluded. Data collection continued until thematic saturation was achieved, resulting in interviews with twelve postgraduate nursing students (four from each university).

A pilot study was performed with the initial interview protocol. Separate pilot interviews were conducted with three postgraduate nursing student who met the eligibility criteria but were not recruited in the main study. The interview guide was refined following pilot testing. A group of seven doctoral-level academics from nursing colleges and universities in India evaluated the interview protocol to ensure content validity and determine appropriateness. Data were collected through individual semi-structured interviews from January to April 2026. The interview protocol was informed by Fish's Moral Mode of Practice Framework, originally developed for postgraduate medical education and adopted in this study as the theoretical framework to explore moral and ethical practice among postgraduate nursing students (9). The interview questions explored the influence of teachers, ethical role modelling, formation of values, teaching-learning processes, clinical ethical dilemmas, communication, professional identity formation, institutional culture, hidden curriculum, barriers to ethical practice and recommendations for curriculum enhancement. Interviews were conducted at a time convenient for participants, inside their own nursing institutional setting. Each interview was video-recorded and took about 30-45 minutes after the written informed consent had been obtained. Field notes were written during and immediately after each interview to document contextual observations and the researcher's reflexive impressions.

Interview transcripts were returned to participants for checking and validation. Data collection and analysis were conducted concurrently to assess whether sufficient information had been gathered to address the research objective. Interview transcripts were analysed by iterative thematic analysis using Braun and Clarke's reflexive thematic analysis. Emerging codes, categories and thematic patterns were constantly compared between interviews. Initial code saturation (no substantially new codes emerged) was observed at the tenth interview; however, two additional interviews were conducted to ensure conceptual richness, consistent with contemporary guidance on data sufficiency in reflexive thematic

analysis. The stability and depth of the developing thematic structure were confirmed by the interviews, and data sufficiency was considered to have been achieved after twelve interviews. The analysis was comprised of six iterative phases: familiarization with the data through repeated reading of transcripts; generation of initial codes; construction of candidate themes; review and refinement of themes across the dataset; defining and naming of final themes; and writing of the analytical narrative. The coded data were then imported into ATLAS.ti (Student Version 25, ATLAS.ti Scientific Software Development GmbH, Berlin, Germany) (10) to facilitate systematic data management, organisation of codes, memo writing, retrieval of coded segments and theme development. The final themes were refined through reflexive interpretation, iterative comparison and analytical memoing. To establish the study's trustworthiness, Lincoln and Guba's recommendations of credibility, transferability, dependability and confirmability were used. Prolonged engagement with the data, participants checking and supervisor enhanced credibility. Transferability was enhanced by rich description of the study setting, and findings. To ensure dependability, an audit trail was maintained to document the research process, coding decisions, and theme development. Reflexive journaling, keeping field notes and frequent discussions with the research supervisors were used to further improve confirmability by reducing researcher bias and ensured that the findings were based on the participants' experiences.

RESULTS

Twelve postgraduate nursing students participated in the study, with four recruited from each of the three selected universities. Eleven were female, while one participant was male. All respondents belonged to the 25–35 years age group. Before enrolment in the postgraduate nursing programme, nine participants had 1–5 years of nursing teaching experience, whereas three had no previous teaching experience. Similarly, nine participants had 1–5 years of prior clinical experience, while three had no previous clinical experience.

Reflexive thematic analysis identified five overarching themes (Table 1) that depicted participants' lived experiences of moral and ethical practice during nursing education: Influence of Educators on Moral Development, Professional Identity Formation, Humanistic and Compassionate Care, Experiential Moral Learning, and Curriculum Challenges and Future Directions. These themes illuminate the ways in which moral learning was influenced by interactions with educators, clinical experiences, institutional culture, and the formal curriculum.

Table 1. Development of Themes

Theme	Subthemes	Codes
Influence of Educators on Moral Development	Faculty role modelling; Mentorship; Professional behaviour; Ethical guidance	Teacher influence, Role model, Respect, Fairness, Professionalism
Professional Identity Formation and Leadership Development	Accountability; Confidence; Leadership; Professional responsibility	Confidence, Leadership, Responsibility, Identity
Humanistic and Compassionate Care	Compassion; Empathy; Respect for dignity; Patient advocacy	Empathy, Caring, Communication, Patient rights
Experiential and Reflective Moral Learning	Clinical learning; Reflection; Ethical dilemmas; Case discussions	Clinical exposure, Reflection, Moral reasoning
Curriculum Challenges and Future Directions	Hidden curriculum; Ethics integration; Assessment; Mentorship	Curriculum gap, Reflection, Assessment, Improvement

Theme 1: Influence of Educators on Moral Development

Teachers were consistently identified by students as the most influential contributors to moral and ethical development. Faculty members served as role models whose professional conduct, communication, fairness, compassion, and respectful interactions shaped students' understanding of ethical nursing practice. Interviewees described learning moral values not only through formal teaching but also by observing educators' behaviour during classroom instruction and clinical supervision, which helped translate ethical principles into everyday professional practice. Participant S07 stated, "The behaviour of educators inspired me to become a morally responsible nurse." Students also valued informal mentoring, constructive feedback, and supportive faculty–student relationships, which reinforced professional values such as responsibility, empathy, integrity, and patient advocacy. In contrast, students experienced uncertainty and questioned the authenticity of their moral learning when there were differences between the ethical values taught in the classroom and the behaviours demonstrated in professional settings. This demonstrates the impact of the hidden curriculum on moral development.

Theme 2: Formation of a professional identity

Students described postgraduate nursing education as a transformative journey that significantly contributed to the development of their professional identity. Through academic learning, clinical experiences, increasing professional responsibilities, and interactions with faculty, students reported becoming more confident, accountable, and ethically

responsible practitioners. They perceived professional identity as extending beyond the acquisition of advanced clinical knowledge to include integrity, accountability, leadership, and commitment to ethical nursing practice. Participant S02 expressed, "Postgraduate education transformed me into a more confident and responsible nursing professional." Furthermore, participants highlighted that opportunities such as mentoring junior students, engaging in research activities, and delivering academic presentations strengthened their confidence, leadership abilities, and professional self-concept. These experiences enabled them to internalise professional values and view themselves not only as competent clinicians but also as future educators, leaders, and advocates committed to high-quality ethical nursing care.

Theme 3: Compassionate, Humanistic Care

Respondents consistently emphasised that compassionate and humanistic care formed the foundation of ethical nursing practice. They described compassion, empathy, respect, human dignity, kindness, effective communication, and patient advocacy as essential professional values developed during postgraduate nursing education. Students believed that technical competence alone was insufficient unless accompanied by genuine concern for patients' physical, emotional, social, and psychological well-being. Participant S01 remarked, "Patients remember our compassion more than our technical skills." Participants further explained that respectful communication, active listening, emotional support, culturally sensitive care, and advocacy for patients' rights strengthened therapeutic relationships and fostered trust between nurses and patients, consistent with principles of culturally competent nursing practice. These experiences reinforced their belief that nursing is fundamentally a caring profession in which ethical practice is expressed through compassionate, person-centred care that upholds the dignity and well-being of every individual.

Theme 4: Experiential Moral Education

Interviewees consistently described moral and ethical learning as a process that was primarily shaped through experiential and reflective learning rather than formal classroom instruction. Clinical placements, simulation exercises, role plays, case-based discussions, reflective conversations, and observation of experienced practitioners provided authentic opportunities to encounter ethical dilemmas and develop moral reasoning. Students explained that direct interactions with patients enabled them to appreciate the complexity of ethical decision-making and strengthened their ability to balance professional responsibilities with compassionate care. Participant S09 remarked, "Clinical postings taught me more about ethics than classroom lectures." Additionally, participants emphasised that reflecting on clinical experiences, discussing ethical situations with faculty, and learning from both positive practices and clinical mistakes helped them internalise ethical principles, refine professional judgement, and integrate moral values into everyday nursing practice.

Theme 5: Curriculum challenges and future directions

Participants acknowledged that ethics and professional values were incorporated within the postgraduate nursing curriculum; however, they perceived moral development opportunities to be fragmented and inconsistently implemented across educational and clinical settings. Students identified several barriers to ethical practice, including limited opportunities for structured reflection, inadequate discussion of real-world ethical dilemmas, inconsistent faculty role modelling, and the absence of formal assessment of moral competencies. Participant S05 commented, "Ethics should be integrated into every course instead of being limited to one subject." Interviewees recommended embedding ethics across all courses through reflective learning activities, case-based discussions, clinical ethics rounds, mentoring, and systematic assessment of moral competencies. Participants believed that these curriculum enhancements would better prepare postgraduate nursing students to address complex ethical challenges, strengthen professional identity, and promote morally grounded nursing practice.

DISCUSSION

The purpose of the present study was to explore postgraduate nursing students' experiences of the development of moral and ethical practice throughout their nursing education. The diversity in terms of gender and previous professional experience provided a broad range of perspectives regarding moral and ethical practice during postgraduate nursing education.

The findings show that moral development is a dynamic, ongoing process that is influenced by role modelling by educators, experiential learning, humanistic concepts, professional identity formation and institutional culture. Students identified the development of moral competence via the interaction of the formal curriculum, the hidden curriculum, clinical learning environments and reflective educational experiences aligning with analytical framework (Table 2).

Table 2. Analytical Framework

Final Theme	Core Meaning	Contribution to Framework
Influence of Educators on Moral Development	Faculty shape students' moral values through role modelling and mentorship	Faculty Moral Agency
Professional Identity Formation and Leadership Development	Students internalize professional values and develop ethical responsibility	Professional Identity Formation
Humanistic and Compassionate	Compassion, empathy, and respect	Moral Foundations

Final Theme	Core Meaning	Contribution to Framework
Care	underpin ethical nursing practice	
Experiential and Reflective Moral Learning	Clinical experiences transform ethical knowledge into professional practice	Teaching–Learning Processes & Clinical Learning Environment
Curriculum Challenges and Future Directions	Curriculum should explicitly integrate ethics, reflection, and assessment	Written Curriculum & Hidden Curriculum

Faculty role modelling emerged as one of the strongest influences on students' moral development. Findings suggest that educators influence students' moral development not only by teaching ethical principles but also by embodying them in everyday professional practice. This reinforces the concept that moral learning is fundamentally relational and occurs through observation, interaction, and professional socialisation rather than through formal ethics instruction alone. From the perspective of the Moral Mode of Practice Framework, these findings illustrate the central role of faculty moral agency in shaping students' professional identity. Participants' experiences of inconsistencies between taught values and observed behaviours further highlight the influence of the hidden curriculum, demonstrating how institutional culture can either strengthen or undermine ethical learning.

Professional identity also developed progressively through students' engagement in educational and clinical experiences. Professional identity appeared to emerge as a dynamic process of internalising professional values rather than simply acquiring advanced clinical competencies. Students described increased accountability, leadership, and ethical responsibility as outcomes of sustained engagement within educational and clinical environments. These findings support contemporary theories of professional identity formation, which emphasise reflective practice, professional socialisation, and authentic clinical experiences as central mechanisms of identity development. Framework further explains this progression by positioning professional identity as an outcome of continuous moral participation within educational and therapeutic contexts.

Humanistic values remained central to participants' understanding of ethical nursing practice despite the increasing technological complexity of healthcare. The compassion and respect for human dignity suggests that students continue to perceive caring as the moral foundation of nursing despite increasing technological and evidence-based demands. This finding indicates that technical competence alone is insufficient to prepare ethically competent practitioners. Caring philosophy supports the view that compassionate and humanistic relationships are central to professional nursing practice. Experiential learning emerged as the primary mechanism through which students developed moral competence. These findings align with Kolb's Experiential Learning Theory, which proposes that knowledge is created through the transformation of experience via reflection, conceptualisation, and active experimentation (11).

Experiential learning emerged as the primary mechanism through which students developed moral reasoning and translated ethical knowledge into professional nursing practice. Authentic interactions with patients exposed students to real-life ethical dilemmas, requiring them to apply ethical principles while responding to the complexities of clinical practice. The centrality of clinical experience is consistent with experiential learning theory, which proposes that knowledge is developed through the transformation of experience. These findings support experiential learning theory and previous qualitative research demonstrating that reflection on clinical experiences promotes ethical awareness and professional identity development. Reflective practice has long been recognised as an essential mechanism through which practitioners integrate experience with ethical judgement.

Respondents identified curriculum-related challenges that limited the consistent development of moral competence throughout postgraduate nursing education. These findings are consistent with previous evidence indicating that ethical competence should be fostered throughout nursing education using diverse educational approaches that integrate classroom and clinical learning (12). This aligns with the framework, which conceptualises moral learning as a continuous process shaped by interactions among curriculum, faculty, institutional culture, and clinical experiences. The findings support curriculum reform that emphasises moral competence alongside clinical competence (13). Previous literature has similarly highlighted the need for the explicit development of ethical competence and moral courage throughout nursing education (14).

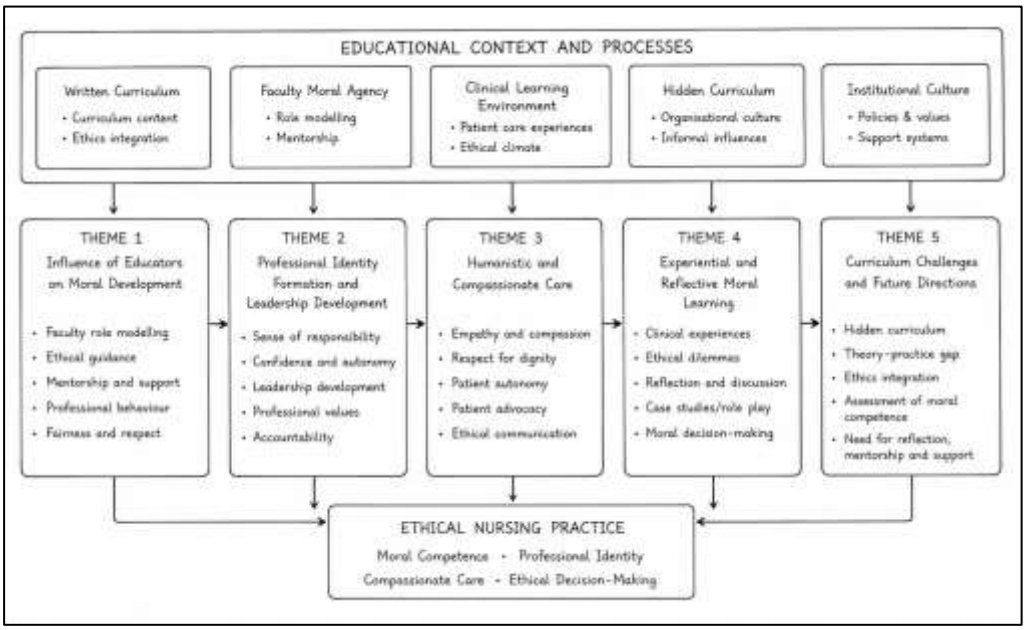

Figure 1. Conceptual Synthesis of the Lived Experiences Influencing Moral and Ethical Practice in Postgraduate Nursing Education

Overall, the findings indicate that moral competence develops through the dynamic interaction of curriculum, faculty role modelling, reflective learning, institutional culture, and authentic clinical experiences, rather than through isolated ethics instruction alone. These interconnected educational influences shape students' professional identity, ethical decision-making, and compassionate practice, reinforcing the principles of Moral Mode of Practice Framework. The findings underscore the importance of embedding moral learning longitudinally within postgraduate nursing education through experiential learning, reflective pedagogy, faculty development, and systematic assessment of moral competencies. By integrating educator influence, professional identity formation, humanistic care, experiential learning, and curriculum-related factors into a single conceptual understanding, this study offers a comprehensive perspective on moral development and provides practical guidance for designing curricula that cultivate ethically competent, reflective, and compassionate nursing professionals (Figure 1).

These findings have important implications in postgraduate nursing education. First, ethics and professional values should be embedded longitudinally throughout the curriculum, not taught as isolated ethics courses. Second, faculty development initiatives should highlight the role of faculty as moral role models and foster consistent ethical behavior in the classroom and clinical settings. Third, reflective pedagogies such as journaling, case-based learning, ethics rounds, simulation, and narrative reflection should be incorporated to improve moral reasoning, ethical decision-making, and professional identity development. Fourth, clinical learning environments should intentionally promote mentoring, ethical discussions and formal opportunities for reflection on complex patient-care situations. Finally, nursing organizations must develop valid methods to evaluate moral competencies, including empathy, ethical reasoning, professional integrity, advocacy and reflective capacity, in addition to traditional cognitive and clinical outcomes .

This study is strengthened by its rigorous qualitative methodology, guided by the Moral Mode of Practice Framework, which provided a robust theoretical lens for exploring the lived experiences of postgraduate nursing students regarding moral and ethical practice. The use of reflexive thematic analysis facilitated an in-depth understanding of moral learning within educational and clinical settings. Furthermore, the inclusion of participants from three universities with varied demographic and professional backgrounds, including differences in gender and prior teaching and clinical experience, enriched the diversity of perspectives captured and enhanced the transferability of the findings to similar postgraduate nursing education settings.

The findings should, however, be interpreted in light of several limitations. As a qualitative study conducted in selected universities within one region of India, the aim was to generate rich contextual insights rather than statistical generalisations. The findings represent participants' subjective experiences and perceptions at a particular point in time and may not reflect the experiences of postgraduate nursing students in other educational or cultural contexts. Nevertheless, the rich description of the study setting and participant characteristics may assist readers in assessing the applicability of the findings to comparable contexts. Future research involving multiple geographical regions, diverse institutional settings, and longitudinal designs is warranted to further understand the development of moral competence and professional identity throughout postgraduate nursing education and into professional practice.

CONCLUSION

The lived experiences of postgraduate nursing students revealed that the moral and ethical dimensions of nursing education remain insufficiently explored despite their fundamental role in fostering holistic professional development. The findings demonstrate that moral and ethical practice develops through the dynamic interplay of educator role modelling, experiential clinical learning, reflective practice, professional relationships, and the hidden curriculum rather than through

formal ethics teaching alone. These lived experiences highlight the importance of systematically integrating the principles of the Moral Mode of Practice into postgraduate nursing education to promote students' moral, professional, and personal development. Recognising and incorporating students' lived experiences into curriculum planning, teaching–learning strategies, and assessment may strengthen moral competence, professional identity, and compassionate practice. Therefore, postgraduate nursing education should intentionally embed reflective pedagogy, experiential ethics learning, faculty mentorship, and authentic assessment of moral competencies to prepare ethically grounded, compassionate, and socially accountable nursing professionals.

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Author Contributions
Shailesh Panchal: Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft, Visualization, Project Administration.
Suresh Velumani: Supervision, Methodology, Validation, Writing – Review & Editing, Resources.
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All authors read and approved the final manuscript and agree to be accountable for all aspects of the work.

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