



ORIGINAL ARTICLE

E-Professionalism in Nursing: A Concept Analysis Using Walker and Avant's Method

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Purpose: This study aimed to clarify the concept of e-professionalism in nursing and to propose a conceptual framework applicable to digital and psychiatric-mental-health contexts. **Methods:** Walker and Avant's concept-analysis method was applied to a systematic literature review across seven databases covering 2000~2025. Forty-five eligible studies were analyzed through content analysis to identify defining attributes, antecedents, consequences, and empirical referents. **Results:** Six defining attributes were identified: professional value embodiment, ethical accountability, identity coherence, self-regulation, privacy and boundary management, and digital literacy. Antecedents included technological proliferation, limited digital-ethics education, and organizational culture, while consequences included strengthened ethical awareness and patient trust. E-professionalism was conceptualized as a moral-technological synthesis integrating ethical reasoning and digital competence. **Conclusion:** This framework provides theoretical and practical guidance for nurses to navigate online communication and maintain professional integrity. Incorporating e-professionalism into nursing curricula and institutional policies can promote ethical decision-making, boundary management, and patient safety in digital care environments.

Key Words: Professionalism; Ethics; Nursing; Psychiatric nursing; Education, nursing

INTRODUCTION

The digital transformation of healthcare has fundamentally reshaped the ways in which nurses communicate, document, and enact their professional identities. As clinical care, education, and advocacy increasingly shift to digital platforms, nurses confront novel ethical, relational, and professional challenges. Among various nursing disciplines, psychiatric and mental-health nursing faces unique ethical tensions because therapeutic engagement often extends beyond clinical boundaries. In this context—where therapeutic relationships and trust are central to recovery—the expansion of telehealth and online communication has introduced new ethical challenges concerning privacy, boundary maintenance, and emotional involvement [1,2].

Recent empirical evidence underscores that these chal-

lenges are not theoretical but lived realities in mental-health practice. Beyond individual studies, several integrative reviews and cross-disciplinary analyses have emphasized that digital professionalism requires moral reasoning and boundary awareness across healthcare professions. Studies have shown that inconsistent digital conduct can undermine patient trust and professional credibility [3-5]. Moreover, social-media-based professionalism training has been identified as a significant predictor of ethical decision-making in online clinical interactions [6,7]. For example, Choi et al. [8] reported that Korean nurses frequently struggle to balance empathy and confidentiality when using social media for patient communication, while Koohestani et al. [9] found that nursing students often underestimate the ethical consequences of their digital behavior. Similarly, Byrne [10] highlighted emotional fatigue and boundary blurring among mental-health nurses

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engaging in telehealth and online outreach. The Korean Nurses Association's [11] revised Code of Ethics also emphasizes the responsibility of nurses to maintain professional boundaries and patient confidentiality in digital spaces, reaffirming that digital ethics has become a critical dimension of contemporary psychiatric nursing practice. Collectively, these findings demonstrate that digital professionalism is an essential yet under-conceptualized component of nursing ethics in the digital era.

E-professionalism refers to the enactment of professional values and behaviors within digital contexts [12]. However, the proliferation of social media and virtual patient engagement has obscured traditional professional boundaries. Mental-health nurses may experience dual relationships when engaging with clients within online communities or when personal social-media content is visible to patients. These situations underscore the tension between self-expression and ethical responsibility and highlight the imperative for moral judgment and self-regulation in digital practice [13].

Previous investigations into e-professionalism have predominantly focused on medical or undergraduate education settings, emphasizing regulatory compliance and misconduct prevention rather than the moral reasoning and caring relationships central to psychiatric nursing. Given that therapeutic alliance and empathy are foundational in mental-health nursing, this concept must be interpreted through a humanistic and ethically sensitive framework. The paucity of research adopting this stance has resulted in conceptual ambiguity that constrains educational and policy development [12,14]. Given these theoretical and empirical gaps, a structured conceptual analysis is needed to delineate the essential features of e-professionalism. Recent conceptual work has also highlighted the need for discipline-specific frameworks that reflect nursing's relational ethics and caring epistemology [3,15, 16]. These perspectives collectively underscore that e-professionalism must be interpreted not only as digital etiquette but as an ethical competency deeply grounded in moral agency and professional identity [17].

Accordingly, this study aims to clarify the concept of e-professionalism in nursing by identifying its defining attributes, antecedents, and consequences and by proposing a conceptual framework relevant to psychiatric-mental-health contexts. Employing Walker and Avant's [18] systematic concept-analysis method—which proceeds through six sequential steps: concept selection, aim determination, attribute identification, model-case construction, antecedent and consequence specification, and empirical-referent definition—this approach is particularly suited to

complex, value-laden constructs such as e-professionalism. By integrating empirical evidence with philosophical reasoning, the method enables rigorous analysis of both structural and moral dimensions of the concept, allowing for theoretical coherence and conceptual precision in ethically complex phenomena.

Through this analysis, the study seeks to elucidate how nurses embody professional values, sustain ethical accountability, and regulate digital conduct, offering theoretical and practical guidance for psychiatric nurses navigating therapeutic relationships in virtual environments. By addressing these dimensions, the study aligns with the core values of psychiatric nursing—holistic care, empathy, and ethical integrity in human relationships.

METHODS

1. Design

This study employed Walker and Avant's [18] concept-analysis method, a systematic eight-step framework for clarifying ambiguous or evolving concepts in nursing. Given the ethical complexity of psychiatric nursing, Walker and Avant's framework was applied to ensure conceptual precision within this specialty context. This approach ensured that the moral dimensions specific to psychiatric-mental-health nursing were conceptually integrated into the analytical process. The process included (1) concept selection, (2) determination of the analysis purpose, (3) identification of all possible uses of the concept, (4) determination of defining attributes, (5) construction of model and contrasting cases, (6) identification of antecedents and consequences, and (7) specification of empirical referents. This structured yet flexible approach enables differentiation of a focal concept from related terms while yielding a theoretical definition applicable to education, clinical practice, and research. The method was selected because of its analytical rigor and inductive reasoning, which allow the integration of multidisciplinary evidence. It is particularly suited to value-laden constructs such as e-professionalism that evolve within ethically complex, digitally mediated environments.

2. Literature Search Strategy

A comprehensive literature search was conducted from January 2000 to June 2025, encompassing the emergence and expansion of e-professionalism in health-care disciplines. The search covered PubMed, Scopus, CINAHL, PsycINFO, ScienceDirect, RISS, and KISS, ensuring inclu-

sion of both international and Korean sources. Search strings combined controlled and free-text terms, including 'e-professionalism,' 'digital professionalism,' 'online professionalism,' 'social-media professionalism,' in conjunction with 'nurse,' 'nursing student,' 'ethics,' 'professional identity,' and 'digital behavior.' Boolean operators (AND/OR) were used, and the timeframe was limited to 2000~2025. Reference lists of included studies were manually reviewed to ensure comprehensive coverage.

3. Inclusion and Exclusion Criteria

Studies were included if they (a) examined professional values, ethics, or identity of nurses or nursing students in digital contexts, (b) presented empirical, theoretical, or review evidence, and (c) were published in English or Korean. Both peer-reviewed journal articles and graduate theses/dissertations were considered when they offered conceptual or theoretical contributions, thereby expanding the evidence base and minimizing publication bias. Excluded were studies focusing exclusively on non-nursing professions, purely technological acceptance models without ethical dimensions, or opinion pieces lacking conceptual discussion.

4. Data Sources and Data Collection

The search identified 4,892 records. After removing 718 duplicates, 4,174 titles and abstracts were screened. 3,732 were excluded for irrelevance or lack of nursing focus. 442 full-text articles were assessed for eligibility; 397 were excluded for insufficient conceptual focus or methodological misalignment. Ultimately, 45 studies were included for full analysis. Figure 1 illustrates the PRISMA flow of the literature selection process. From 4,892 initial records, 45 studies met the inclusion criteria after duplicate removal and full-text screening, as visually summarized below. This diagram clarifies the rigor and transparency of the evidence-identification process.

5. Data Extraction and Analysis

A standardized matrix was used to extract author, year, country, and conceptual focus, as well as the attributes, antecedents, consequences, and empirical referents described in each study. Data were analyzed inductively using content-analysis procedures [19]. Codes were iteratively refined and synthesized into themes aligned with Walker & Avant's stages. Rigor was enhanced through peer debrief-

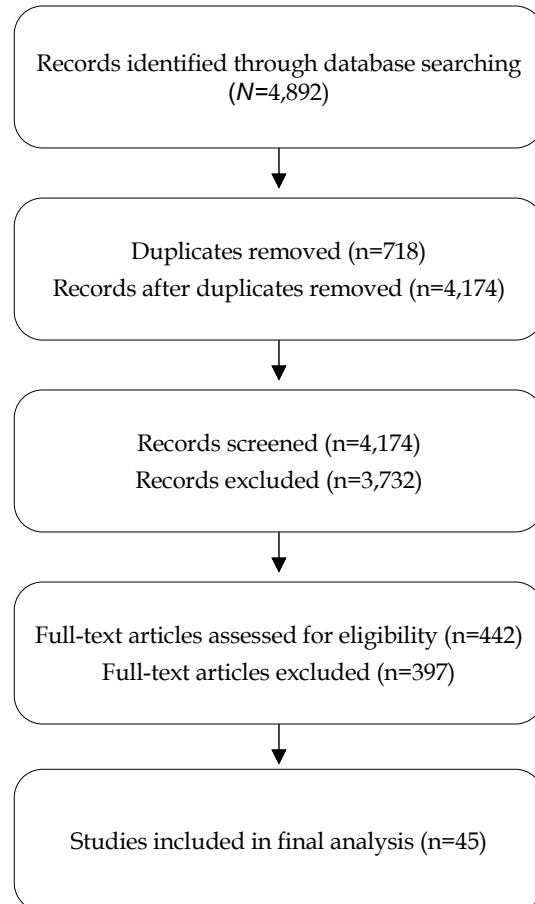


Figure 1. PRISMA flow diagram for study selection.

ing among three experts in nursing ethics and professionalism, audit-trail documentation of analytic decisions, and reflexive journaling to mitigate bias inherent in interpreting digital professionalism through a nursing lens. The results of this process are presented sequentially according to Walker and Avant's stages.

6. Ethical Considerations

As only published materials were analyzed, institutional review board approval was not required. Ethical conduct was upheld through accurate citation, avoidance of plagiarism, and transparency in reporting.

RESULTS

1. Uses of the Concept

Across health professions, e-professionalism describes the expression of professional values, ethics, and behaviors in digital environments. Early studies focused on com-

pliance and online demeanor, while later research conceptualized e-professionalism as a moral and reflective practice involving self-regulation and digital literacy. In nursing, it encompasses interactions in telehealth, e-learning, and social-networking contexts, emphasizing the tension between self-expression and professional accountability

2. Substitute and Related Concepts

To delineate the conceptual boundaries of e-professionalism in nursing, the literature was systematically reviewed for terms that either overlap with or diverge from the focal construct. Table 1 summarizes both substitute and related concepts identified across disciplines. While these terms are sometimes used interchangeably, subtle distinctions clarify how e-professionalism has evolved from a behavioral notion of online etiquette to an ethically grounded, value-oriented framework. Substitute concepts such as online professionalism, digital identity, and social-media ethics emerged in early literature describing professional decorum and compliance in electronic environments [2,12,13]. These usages primarily reflected a rule-based understanding—emphasizing visible conduct, appropriate communication, and institutional policy adher-

ence. However, more recent work such as digital nursing integrity [8] extends the idea by incorporating ethical sensitivity, moral accountability, and self-reflection, aligning more closely with the caring and relational ethos of nursing practice.

Related concepts—including professional identity, ethical decision-making, boundary management, digital literacy, and reflective practice—share theoretical overlap with e-professionalism but differ in scope and focus. Professional identity refers to the internalization of nursing values, whereas e-professionalism represents the external enactment of those values within technology-mediated spaces. Boundary management and digital literacy function as enabling mechanisms through which nurses sustain ethical and professional behavior online. Together, these distinctions reinforce e-professionalism as a distinct yet integrative construct that bridges moral reasoning, self-regulation, and digital competency within contemporary nursing professionalism. Table 1 summarizes the substitute and related concepts extracted from the reviewed literature. It highlights the conceptual evolution from early behavioral notions such as online professionalism to contemporary value-based frameworks integrating moral reasoning and digital integrity.

Table 1. Substitute and Related Concepts of E-Professionalism in Nursing

Category	Term / Concept	Representative authors	Core meaning
Substitute concepts	Online professionalism	Gum & Brown et al. (2024); O'Connor et al. (2020)	Upholding professional standards in electronic communication
	Digital identity	Hopkins, S. (2017); Johnson M et al. (2012)	Representation of the professional self across digital platforms
	Social-media ethics	Galea et al. (2024)	Responsible and respectful interaction in public online spaces
	Digital nursing integrity	Jordan et al. (2025)	Integration of ethical sensitivity and accountability in technology-based practice
Related concepts	Professional identity	Knop et al. (2024)	Digital extension of professional values and self-concept
	Ethical decision-making	Weaver et al. (2008)	Moral reasoning under conditions of digital ambiguity
	Boundary management	Janet Gale (2025); O'Connor et al. (2020)	Maintaining separation between personal and professional spheres
	Digital literacy	Jarva et al. (2022); Gagnon MP et al. (2016)	Competence to use technologies ethically and effectively
	Organizational culture	Mather et al. (2019); ANA (2015); De Gagne JC et al. (2012)	Norms and policies shaping acceptable online conduct
	Reflective practice	Mather, C.A. et al. (2019)	Ongoing self-assessment of digital behavior

3. Defining Attributes

Six defining attributes were synthesized from the 45 studies: (1) professional value embodiment, (2) ethical accountability, (3) identity coherence, (4) self-regulation, (5) privacy and boundary management, and (6) digital literacy. Together these attributes illustrate e-professionalism as a moral-technological synthesis, integrating ethical reasoning with technological competence.

4. Model, Borderline, and Contrary Cases

A model case illustrates a psychiatric nurse who manages an educational blog providing mental health information to the public. The nurse anonymizes all clinical examples, cites peer-reviewed evidence, and uses inclusive and respectful language. Through these actions, the nurse demonstrates ethical accountability, professional value embodiment, and digital literacy, maintaining professional integrity and public trust in digital communication.

A borderline case involves a nursing student who uploads a blurred clinical photo from the student's practicum to a personal social-media account. The student intends to protect patient privacy and thus demonstrates partial self-regulation, but the presence of visible ward identifiers constitutes a breach of privacy and boundary management. This case represents ethical ambiguity, showing that awareness without full competence may lead to unintended professional risks.

A contrary case depicts a nurse who posts identifiable patient information and openly criticizes colleagues on a personal blog. This nurse's behavior violates ethical ac-

countability, identity coherence, and self-regulation, clearly illustrating the absence of core attributes of e-professionalism. Such conduct undermines professional credibility, damages trust, and exemplifies the ethical consequences of disregarding digital boundaries.

5. Antecedents and Consequences

Antecedents include technological proliferation, visibility of nurses on social media, insufficient ethical guidance, generational differences, and peer or role-model influence. Consequences range from enhanced trust, collaboration, and reflective ethical practice to potential breaches of confidentiality, role confusion, and reputational damage. In psychiatric nursing, these outcomes directly affect therapeutic alliance and patient safety.

6. Empirical Referents

Existing instruments assessing digital professionalism and online behavior include measures of social-networking attitudes (e.g., the Online Social-Networking Attitude Questionnaire) [20]. However, dedicated e-professionalism scales for nursing remain limited and underdeveloped, and validated Korean instruments are lacking, indicating a need for cross-cultural adaptation. Figure 2 presents the conceptual framework of e-professionalism in nursing, synthesized from the defining attributes, antecedents, and consequences identified in this study. The diagram visually demonstrates the interrelationships among ethical accountability, self-regulation, and boundary management as dynamic components of moral-technological synthesis.

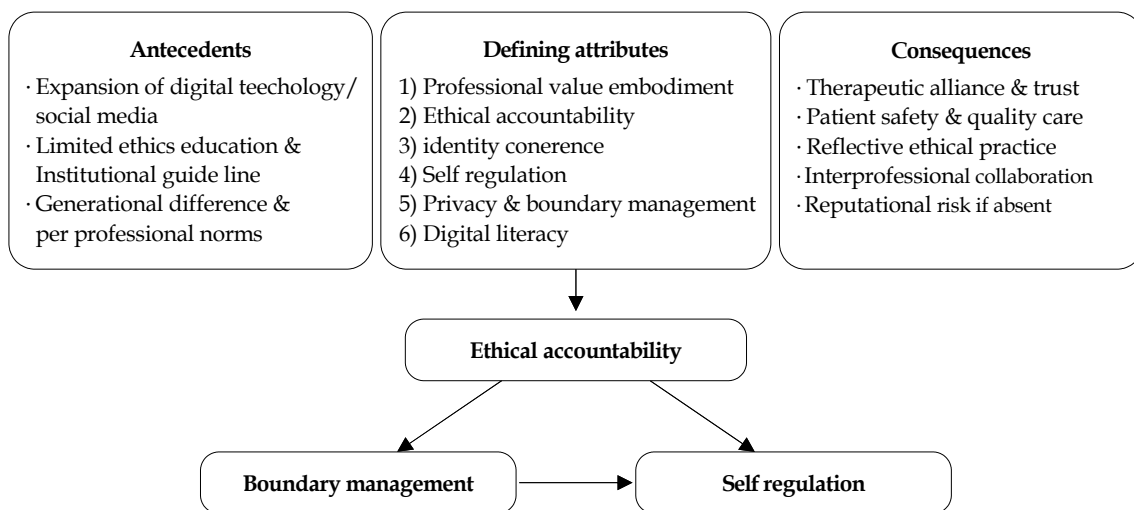


Figure 2. Conceptual framework of E-professionalism in nursing.

DISCUSSION

This analysis identified six defining attributes of e-professionalism in nursing: professional value embodiment, ethical accountability, identity coherence, self-regulation, privacy and boundary management, and digital literacy. Collectively, these attributes depict e-professionalism as the integration of moral reasoning and technical competence that ensures consistent adherence to professional standards across offline and online contexts. These empirical findings align with a growing body of evidence suggesting that ethical accountability, self-regulation, and professional identity coherence form the foundation of digital professionalism across disciplines [3,6,15]

Importantly, the relationships among these six attributes can be conceptualized as a cyclical and mutually reinforcing model. Ethical accountability provides the moral foundation for self-regulation, which then facilitates boundary management; conversely, effective boundary management reinforces ethical accountability through reflective feedback. This interdependence illustrates that e-professionalism is not static compliance but a dynamic moral process sustained through self-awareness, reflection, and social feedback. This cyclical model gains additional relevance within psychiatric-mental-health nursing, where therapeutic relationships are inherently relational and boundary-dependent. Nurses in community or telemental-health settings often engage with clients through digital channels where professional and emotional boundaries can easily blur. For instance, responding empathetically to a patient's social-media post about distress may reflect compassion but risks breaching confidentiality or fostering dependency. Such situations reveal how ethical accountability and self-regulation must operate in tandem to maintain therapeutic neutrality and protect both patient and nurse well-being.

The antecedents identified in this study—including technological expansion, social-media exposure, limited digital-ethics education, generational differences, and organizational culture—shape the context in which e-professionalism develops. In psychiatric nursing, these antecedents manifest in unique ways: frequent exposure to emotionally charged content, blurred personal-professional roles, and a lack of structured ethical supervision. Without adequate institutional frameworks, these conditions can exacerbate compassion fatigue and ethical uncertainty, underscoring the urgent need for boundary-supportive policies and reflective consultation opportunities [21]. Prior studies have similarly noted that nurses' exposure to emotionally charged digital content may

exacerbate compassion fatigue and moral stress if not moderated by reflective guidance and organizational culture [3,7,21].

The consequences of e-professionalism extend beyond image management to encompass broader professional and ethical outcomes. Positive consequences include enhanced therapeutic alliance, improved patient safety, and greater interprofessional collaboration, while negative consequences such as confidentiality breaches, emotional exhaustion, and blurred role identity directly compromise mental-health outcomes. These findings reaffirm that e-professionalism functions as both an ethical safeguard and a therapeutic asset in psychiatric nursing. Bandura's [22] theory of moral agency offers an explanatory lens for understanding how nurses navigate these challenges. In digital contexts, psychiatric nurses act as proactive moral agents who monitor their emotions, foresee ethical consequences, and regulate behavior in alignment with professional standards. For example, a nurse who consciously avoids commenting on a client's online disclosure demonstrates moral foresight—balancing empathy with restraint to protect therapeutic boundaries. This process of cognitive and emotional self-regulation exemplifies how abstract ethical principles are translated into concrete digital behavior.

Educationally, integrating e-professionalism into psychiatric nursing curricula can bridge the gap between ethical theory and digital practice. Scenario-based simulations of online boundary dilemmas, reflective journals analyzing social-media interactions, and guided supervision on telehealth ethics can enhance students' critical judgment and moral reasoning [23]. These organizational strategies echo recommendations by professional bodies advocating explicit digital conduct guidelines and peer consultation mechanisms as ethical safeguards in healthcare [5,15,16]. Embedding these activities in both undergraduate and continuing education encourages students to internalize professionalism as a moral identity rather than as a checklist of rules.

At the organizational level, hospitals and community mental-health centers should establish formal policies outlining digital conduct, confidentiality standards, and ethical reporting procedures. Supervisory programs and peer consultation groups can help nurses debrief ethically complex digital encounters, thereby reducing moral distress and burnout. Leadership modeling—when managers intentionally display ethical digital behavior and uphold boundary integrity—creates a psychologically safe culture that normalizes reflection and accountability. In psychiatric nursing specifically, fostering e-professionalism can

directly strengthen therapeutic alliances, reduce moral fatigue, and enhance patient safety and trust. As mental-health care continues to integrate telehealth and online engagement, digital professionalism becomes an indispensable element of holistic, ethical care. These organizational strategies echo recommendations by professional bodies advocating explicit digital conduct guidelines and peer consultation mechanisms as ethical safeguards in health-care [17].

Theoretically, this study positions e-professionalism as a moral-technological synthesis: a fluid construct that evolves through interaction between ethical consciousness and technological adaptation. By articulating the interconnections among ethical accountability, self-regulation, and boundary management, this analysis presents a model where digital professionalism is both cultivated and sustained through reflective practice and institutional support. Future research should operationalize this conceptual model by developing valid measurement tools and testing causal relationships among attributes and outcomes. Longitudinal and qualitative studies focusing on psychiatric nurses could examine how moral agency and e-professionalism evolve through clinical experience, supervision, and digital ethics training.

Ultimately, e-professionalism represents a moral identity fundamental to contemporary nursing practice. It safeguards therapeutic relationships, enhances ethical decision-making, and sustains public trust. By clarifying its defining attributes, antecedents, and consequences, this study offers a robust conceptual foundation for advancing psychiatric nursing education, practice, and policy in the digital era.

This concept analysis provides a comprehensive examination of e-professionalism in nursing, yet several limitations should be acknowledged. First, the literature review primarily included English-language peer-reviewed articles, which may have excluded relevant regional or non-English research—particularly studies published in Korean psychiatric-nursing journals. As a result, some local cultural and contextual nuances may not have been fully reflected. Second, the proposed conceptual framework remains theoretical. Although six defining attributes were identified, they have not yet been empirically validated in clinical or educational settings. This limits the ability to determine the relative importance or causal relationships among the attributes. Third, this analysis relied on existing literature and theoretical reasoning rather than primary data. Consequently, it may not capture the depth of lived experiences of psychiatric nurses navigating digital professionalism in real practice. Finally, e-profession-

alism is a rapidly evolving concept. Emerging technologies—such as artificial intelligence, virtual reality, and advanced telehealth platforms—may introduce new attributes and antecedents that extend beyond the current model. Despite these limitations, the findings provide a strong conceptual foundation for future empirical studies, instrument development, and educational initiatives in psychiatric nursing.

CONCLUSION

These findings hold several implications for psychiatric nursing. First, the clarified attributes offer a theoretical lens through which educators can design digital-ethics curricula that move beyond rule compliance toward reflective moral reasoning. Second, the framework provides a practical guide for institutions to evaluate and strengthen professional conduct in telehealth and online communication. Third, by framing e-professionalism as an evolving moral-technological synthesis, the study contributes to ongoing theoretical discussions on how technology reshapes ethical agency in caring professions.

Collectively, these findings strengthen the theoretical foundation of e-professionalism as a moral-technological synthesis that integrates ethical accountability, technological competence, and reflective self-regulation [12,13,18]. This conceptual integration offers a holistic understanding of how nurses embody moral agency and professionalism within digital environments. Furthermore, it provides a valuable foundation for developing ethics-centered curricula, reflective supervision frameworks, and institutional policies that promote responsible digital engagement. Future research should empirically validate the proposed conceptual framework across diverse cultural and clinical settings, with particular attention to measuring its impact on ethical awareness, professional identity, and behavioral outcomes in nursing practice.

CONFLICTS OF INTEREST

Park, Younghee, has been a member of the editorial board since December 2024, but she had no role in the decision to publish this article. Except for that, no potential conflict of interest relevant to this article was reported.

AUTHOR CONTRIBUTIONS

Conceptualization or/and Methodology: Park, YH

Data curation or/and Analysis: Park, YH & Kim, IH

Funding acquisition: Kim, IH

Investigation: Park, YH & Kim, IH

Project administration or/and Supervision: Park, YH

Resources or/and Software: Park, YH

Validation: Park, YH & Kim, IH

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