The hidden curriculum in nursing education: a scoping study

The hidden curriculum in Nursing Education: a scoping review

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INTRODUCTION

The learning process involves much more teaching thhjan what explicitly stated in the formal curriculum (Kentli, 2009; Margolis et al., 2001). Even if not formally declared, the learning process is rich of norms that convey, often unknowingly, moral, social, and cultural values (Ahola, 2000; Kentli, 2009; Margolis et al., 2001). For example, a message of equality can be transmitted by the duty of wearing a school uniform, whereas respect of adult people can be conveyed using the polite form when speaking to teachers (Raso et al., 2016). Students internalise these norms in order to be fully and positively integrated within the educational process (Ahola, 2000; Kentli, 2009). This phenomenon, noticed by researchers since the end of the 19th century (Durkheim, 1961), has been put under the name of hidden curriculum by sociologist Jackson in his book *Life in Classroom* (1968). Although many definitions exist, the phenomenon can be summarized as those "values, dispositions, and social and behavioural expectations that brought rewards in school for students" (Kentli, 2009, p. 86). As in primary school, the hidden curriculum plays an important role in higher education too (Ahola, 2000). While in primary school the hidden curriculum transmits values of society, social consensus, and integration, in higher education it functions to differentiating, recruiting, selecting, and grooming students for adult occupational roles (Margolis et al., 2001).

Background

The hidden curriculum in health professional education allows students to develop their own professional identity (Cook, 1991; Hafferty and O'Donnell, 2014; Tanner, 1990). Unfortunately, messages transmitted via the hidden curriculum often do not correspond with those declared in the official curriculum and formally taught at universities (Bell, 1984; Hafferty and Franks, 1994).

This discrepancy attracted the interest of medical educators during the ’80 and ’90 (Benbassat, 2013; Martimianakis et al., 2015). During those years, they realized that innovations introduced in the formal curriculum concerning ethics and medical humanities were not acted in clinical practice. Therefore, medical educators defined this issue as a “reform without change” (Hafferty and Franks, 1994).

Reflecting upon this issue, the sociologist Hafferty understood that health professional learning environment is multidimensional and identified three interrelated spheres of apprenticeship: the formal, the informal, and the hidden curricula (Hafferty, 1998; Hafferty and O’Donnell, 2014). The first is “the stated, intended, and endorsed official curriculum” (Hafferty 1998, p. 404); the informal curriculum concerns “the unscripted, predominantly ad hoc, and highly interpersonal form of teaching and learning that takes place among and between faculty and students” (Hafferty 1998, p. 404); while the hidden curriculum is “a set of influences that function at the level of organizational structure and culture” (Hafferty 1998, p. 404). More precisely, the informal curriculum stands at the level of the social interaction between students and educators, while the hidden curriculum requires to go still deeper in the learning process, trying to understand the meaning that students give to those interactions and to the underlying organizational structure of the institution. Although the hidden curriculum can be ascertained within any domain of the learning process, Hafferty highlighted four areas researchers should pay attention to when exploring it: 1) policy development (organizational features that convey what is important within the institution); 2) resource allocation (the way the institution allocates resources will shape what students learn about institutional mission and organizational values); 3) Institutional slang (languages and metaphors contained into educational routes and regulation or used in clinical settings); 4) evaluation (the choice of a particular evaluation tool tells something about which competencies are valued) (Hafferty, 1998; Hafferty and O’Donnell, 2014).

Starting from Hafferty’s insights, medical education developed an increasingly flourishing literature about the hidden curriculum (Benbassat, 2013; Martimianakis et al., 2015). Most

researchers concentrated on negative consequences produced by misalignment of the informal and hidden curricula with the formal one: loss of idealism (Babu et al., 2011), emotional neutralization (Goldberg, 2008), acceptance of hierarchy (Cohen, 1998), and ritualized professional identity (Martimianakis et al., 2015). On the contrary, just few authors focused on positive effects produced by alignment between curricula: integrity (Brawer, 2006), effective communication (Curry et al., 2011), and empathy (Wright and Carrese, 2001).

Nursing literature about the hidden curriculum first appeared during the '80 (Bell, 1984). The debate developed during the following years relating it to the nursing theory/practice gap (Bell, 1984; Cook, 1991; Ferguson and Jinks, 1994; Tanner, 1990). Theory/practice gap means that the theoretic concept, formally taught to students in classrooms, do not find practical application in the clinical context attended during training (Bell, 1984; MacMillan, 2016; Tanner, 1990). In particular, nursing researchers reported that, when the content transmitted via the formal curriculum does not correspond with that conveyed via the hidden one, the theory/practice gap is perpetuated and the learning process is thwarted instead of facilitated (Allan et al., 2011). The narrowing of this gap and the alinement of nursing curricula require to know what falls outside the formal curriculum (Allan et al, 2011; Cook, 1991; Day and Benner, 2014). For this reason, recent literature calls for the need to identify what has been written about the topic specifically in the nursing education field ("The AMS Health Professional Initiative: exploring and beginning to build a foundation for sustainable impact : stage 1 consolidated reports," 2011). Therefore, the objective of this study is to map the literature about the hidden curriculum in the field of nursing education.

Method

Scoping review aims at providing greater conceptual clarity about a broad topic in a particular field of inquiry (Arskey and O'Malley, 2005). A unique definition of scoping review does not exist (Arskey and O'Malley, 2005). Furthermore, discrepancies in nomenclature between "scoping reviews," "scoping studies," "scoping literature reviews," and "scoping exercises" may lead to

confusion (Levac et al., 2010). In this article, "scoping review" is used with consistency with the framework offered by the Johanna Briggs Institute Reviewers' Manual ("Reviewers' Manual: Methodology for JBI Scoping Reviews," 2015). The framework is comprised of the following key phases: (a) identifying the research question; (b) identifying relevant studies; (c) selecting the studies; (d) charting the data; and (e) collating, summarizing, and reporting the results. The optional consulting stakeholders phase has been excluded (f).

Identify the question

The search question which guided the study was "what and how much did researchers write about the hidden curriculum in nursing education?"

Identifying relevant studies

From April to November 2017 two authors independently searched the MEDLINE/PubMed, Scopus, EBSCO/CINAHL, Cochrane library databases indexing peer-reviewed bio-medical literature, by combining the keyword 'hidden curriculum', 'nursing education' with no time and language restrictions. The reference lists of relevant studies were also scanned. The software package Mendeley was used to manage bibliographies and references.

Selecting studies

Two authors independently read titles and abstracts selecting articles relevant to the topic. They met several times to refine the search strategy and compare findings (Levac et al., 2010; "Reviewers' Manual: Methodology for JBI Scoping Reviews," 2015). Articles not referring to nursing education, or where hidden curriculum was not the focus of research were excluded. The Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) flowchart (Moher et al., 2009) was used to show the process of study selection (Figure 1).

Data charting

According to the framework by Arskey and O'Malley (2005) data charting has been conducted both with analytical and narrative approach. First, two researchers extracted quantitative (numbers and publication year) and qualitative analytical data (publication, study location and source type) by using a standardized and shared data extraction tool. Secondly, Hafferty's four domains (policy development, institutional slang, evaluation, resource allocation) guided the mapping of the content (Hafferty, 1998). Two researchers independently read the text and deductively pointed out which domains have been explored within each paper.

Collating, summarising and reporting results

Analytical data were elaborated creating an Excel spreadsheet (2013) that included the number of published records, the year of publication, the study location, and the publication and source type. Quantitative data were then analysed with descriptive statistics (frequencies and percentages). The narrative charting approach has been used with two different purposes. On the one hand, it has allowed comparing the objectives, the samples, and the methods of research articles (Table 2). On the other hand, it has been used to illustrate which domain has been payed attention to by each study included in this review, according to Hafferty's four domains (policy development, resource allocation, institutional slang, and evaluation), given that a single study can range from none to more domains (Table 3).

RESULTS

Fifteen articles have been included in the study. As shown in **Table 1**, papers about the hidden curriculum in nursing education first appeared in 1984 (Bell, 1984). There is a gap in the literature, between 1992 and 2005, while more than the 60% of articles retrieved has been published during the last 5 years.

Sixty percent of the literature is represented by research articles, the rest are discussion papers and a book chapter. The search through peer-reviewed databases found only English language records. Most literature included (about 60%) was published in English speaking countries (Australia, Canada, USA, and UK), the rest by Islamic Republics of Iran and Pakistan (24%).

The methods used by research articles are illustrated in **Table 2**. Seven studies out of 9 (78%) used a qualitative design, mostly through content analysis. Data collection was mainly conducted through students interviews (Karimi et al. 2014; Karimi et al. 2015; McKenna and Williams 2017; Kenison et al. 2017), although some examples of educators or nurses interviews do exist (Allan et al., 2011; Jafree et al., 2015). The objectives fulfilled by the studies were varied, however, three main focuses of research can be identified. More precisely, authors are trying to: describe it (Mosalanejad et al. 2013; Salehi 2006); determine which forces contribute to its formation (Karimi et al. 2015; Karimi, Ashktorab, Eesa Mohammadi, et al. 2014b) or drop it in different educational context to verify its impact (Allan et al. 2007; Kenison et al. 2017; McKenna & Williams 2017; Karimi et al. 2014a; Jafree et al., 2015).

Table 3 shows that nursing literature covers all four Hafferty's domain. The most explored one is resource allocation, considered by more than half of the analysed articles. Considerably less attention has been drove upon the other domains, mentioned by two or three authors each. In three research articles no domain has been identified (Karimi et al., 2014a; Mosalanejad et al., 2013; Salehi, 2006).

DISCUSSION

The aim of this study is to map the literature about the hidden curriculum in the field of nursing education using as a framework of reference the Hafferty's (1998) four domains.

The review is based on 15 articles: a small number suggesting that the hidden curriculum has been rarely assessed by nursing researchers (Hafferty and O'Donnell, 2014; McKenna and Williams, 2017). Our findings reveal a gap of literature between 1993 and 2003, as also reported by previous literature (Zannini et al., 2011), together with a raising of publications between 2012 and 2017. Probably, the attention is growing since nursing researchers realised that the hidden curriculum is essential in the teaching of professional values (Day and Benner, 2014; MacMillan, 2016). Furthermore, the literature calls for a deeper exploration of the phenomenon (Aled, 2007; Allan et al., 2011; Karimi et al., 2015), and this need seems to be met by the increasing number of research article since 2006. By examining nursing research objectives, one may notice that they are very diverse one from another. The three focuses represented by nursing literature shown in **Table 2** (description, formation, and impact) correspond to those pointed out by Haidet and Teal in medical education (2014). However, unlike medical literature, the majority of papers does not aim at describing the hidden curriculum (Haidet and Teal, 2014); rather, nursing literature most often assesses the impact of the phenomenon by dropping it in different learning contexts. This focus is essential in order to plane and evaluate intervention strategy that aim at addressing the phenomenon by reducing its effect (Haidet and Teal, 2014). Hence, one may argue that nursing education is showing a greater need to get the control and direct the hidden curriculum. Concerning the methods, authors explored the phenomenon almost with a qualitative approach, through students' interviews. Actually, students' perspective could be the most direct way to enter the hidden dimension: they have the potential to reveal what is happening in the learning environment by allowing researchers to understand the intrinsic and implicit messages that shape the training (Hafferty and O'Donnell, 2014; Zannini et al., 2011). Concerning study location, our findings show that, besides English-speaking countries where research activity is traditionally consolidated, publications belong from Islamic Republics of Iran and Pakistan. The hidden curriculum is influenced by the socio-cultural background where education takes place (Bowels and Gintis, 1976; Giroux and Penna, 1979; Kentli, 2009; MacLeod, 2014; Margolis et al., 2001). It is plausible that Eastern researchers have

been attracted by the hidden curriculum since they recognise that Asian society is characterised by a ahierarchical culture and strong social bonds that highly affect the phenomenon (Karimi et al. 2014a; Karimi et al. 2015; Jafree et al. 2015). As exemplified by Jafree et al. (2015), Pakistani patients do not let female nurses administer therapy to them. Consequently, female nursing students learn coping strategies, such as non-disclosure or withdrawal of treatments.

Moving on to the mapping of nursing literature according to Hafferty's framework, research findings cover all four domains (policy development, resource allocation, institutional slang, and evaluation).

Policy development conveys messages about what is valued by institutions, through organizational features such as clinical placement assignments, tutor-recruitment processes, availability of services, etc. (Hafferty, 1998; Zannini et al., 2011). Overall, nursing literature shows that if institutions do not adopt policy development that reflects professional values, these will be impaired since the beginning of the educational process, because the hidden curriculum exposes students to conflicting values (Chen, 2015; Kenison et al., 2017; MacMillan, 2016). Some example are offered by the analysed papers at the level of both educational and healthcare institutions (Chen, 2015; Kenison et al., 2017; MacMillan, 2016)

As far as educational policy development is concerned, Chen (2015) affirm that assigning students to clinical placement is not always a transparent process. Rather, a preferential treatment might be reserved to those who know the 'right' person and use their connections to obtain the desired placement. This unfair process impairs the value of ethic integrity taught by the formal curriculum (Chen, 2015). MacMillan (2016) discusses that clinical instructors are often short-term employees who are assigned to be preceptor on the basis of availability or even without their knowledge. This selection does not guarantee that clinical instructors are nurses engaged with the formal curriculum, able to show students the practical application of what they learnt at school. The danger is that students might believe that what they learn at school is useless since they do not see it in practice

(MacMillan, 2016). Healthcare institutions are mentioned by Kenison et al. (2017), reporting an impairment in the delivery of care to patients who are not mother tongue, because of inadequate interpreter services availability. This finding suggests a discrepancy with the formal curriculum, which emphasizes care access for all (Kenison et al., 2017).

The domain of resource allocation is the most explored by nursing researchers, according to our findings. It is plausible that, in an environment where needs exceed availability (Zannini et al., 2011), the way resources are located attracts the attention of researchers much more than other domains. The term resource can be referred to both human resources, namely students (Allan et al., 2011; Bell, 1984; Jafree et al., 2015; Karimi et al., 2014b; McKenna and Williams, 2017), or material resources; such as spatial arrangement (Cook, 1991), and placement of object in the space (Karimi et al., 2015). Concerning this domain, nursing findings show how the misalignment or alignment of the formal and hidden curricula influences the learning experience.

The formal curriculum states that students shall not be employed to provide direct nursing care during trainings. This does not mean they do not participate in nursing daily activities, rather, they should learn through supervised participation in clinical work (Allan et al., 2011). Unfortunately, hidden curriculum's exploration show that students are used as workforce during clinical placements, with a lack of supervision on the performed activities (Allan et al., 2011; Bell, 1984; Jafree et al., 2015). Authors state that these discrepancies are due to staff shortage (Jafree et al., 2015), or clinical instructors believing that students can learn only by working independently (Allan et al., 2011). Consequently, students are left alone in front of their leaning needs; this can cause students demoralization, which can interfere with the learning and professional development, since they not really know what they are expected to do. Students have to learn on their own to be proactive in constructing learning opportunities in order to benefit from clinical experience (Allan et al., 2011; Brammer, 2006).

Although the worrying reality described by authors, one should not forget that clinical trainings allow students to experience autonomy, which is a rewarding learning stimulus and an essential step in the process of professionalization (Karimi et al., 2014a). Obviously, mentors' supervision must be guaranteed to prevent errors due to unexperienced students (Jafree et al., 2015). It is possible that negative experiences and students' demoralization could be prevented by clearly stating what they can expect form trainings, by specifying in the formal curriculum that students are required to become responsible of their learning needs. Mc Kenna and Williams (2017) findings about the hidden curriculum in near-peer learning sessions (namely senior students engaged to teach to junior ones) proved that, currently, junior students are used to ask senior ones about clinical expectations, whatever the lesson is about. Sing that students fell the urgency to understand expectations that are not openly stated somewhere else. The authors demonstrated also that near-peer teaching is beneficial for senior students too. In fact, identifying with junior peers, they become more responsible and develop teaching skills (McKenna and Williams, 2017).

This latter finding is of particularly interest, since it exemplifies that the hidden curriculum has good outcomes, too. In fact, studies have mostly been highlighting the negative ones, as it happens also in medical literature (Martimianakis et al., 2015). It is certainly important to look for what does not work in the learning process, but this focus has contributed to give a negative image to the hidden curriculum, which is seen as a phenomenon to uncover, to address, and to manage (Hafferty and O'Donnell, 2014; Martimianakis et al., 2015). Recently, authors called for the need to not to obscure the positive teachings embedded in the hidden curriculum, rather this latter should be underlined in order to help students managing contradictions between what is taught and what is practiced (Hafferty and O'Donnell, 2014; Martimianakis et al., 2015). In fact, since the beginning of the debate, author understood that clinical activity is full of exquisite examples of nursing care, which are obscured by organizational features (Joe Bell, 1984; Tanner, 1990): students should be helped to see good nursing practices to overcame discrepancies between theory and practice.

Another aspect of this domain, suggest that even the spatial arrangement can convey unintentional messages (Cook, 1991; Karimi et al., 2015). For example, long rows of chair in front of a desk in classrooms or doctors who own their own changing rooms: all these elements tell us, respectively, about relationship between students and teachers or among different professionals and their position in a pre-established hierarchy (Cook, 1991; Karimi et al., 2015). It is plausible that the division of spaces that students encounter during trainings is helpful in developing a sense of belonging, which previous literature proved to be fundamental in the construction of professional identity (Del Prato, 2013). However, other authors, stated that division of spaces according to professions might represents a major barrier to the implementation of interprofessional collaboration (Russell et al., 2006). Based on these findings, instructor should be aware that even the educational and clinical setting transmit teachings, and students should be helped in overcoming spatial limitations that prevent the collaboration with other professionals.

The domain of institutional slang shows that the languages contained in nursing regulations, norms, textbooks, and used in everyday clinical practice convey teachings through the hidden curriculum (Aled, 2007; Cook, 1991; Zannini et al., 2011). Those are languages rich of slang, abbreviations and metaphors who often belong from the military field (i.e. “fighting the war against cancer” (Cook, 1991)), which do not reflect the value of caring. Rather, it is a way of writing and speaking that perpetuate the biomedical disease/cure model, which probably spread since doctor have long been the authors of nursing text-books (Cook, 1991). The same issue has been raised, more recently, in a study about the learning of patient-centred communication skills: during trainings students do not act the principles of patient-centred communication, even though they proved to have fully understood and interiorised them during lessons (Aled, 2007). The author ascribed such discrepancy to the hidden curriculum. More precisely, students perceive that being accepted by the nursing staff is an important step in professional development, consequently they adopt their communication style even when in contrast with what they learnt in theory (Baldwin et al., 2014; Carlson et al., 2010).

Tanner (1990) reminds that clinical routine is full of exquisite example of caring practices that are obscured by this dehumanising, standardised way of speaking. Clinical instructor have to make them visible to the students, helping learners to retain the high regard for humanity they usually came with. Hence, address the hidden curriculum requires first faculty development, not curriculum development (Day and Benner, 2014; Tanner, 1990).

The domain of evaluation choices tells which competencies and knowledge are valued by the educational system. According to the findings illustrated by nursing literature, the enhancement of competencies is conveyed by the content being evaluated (Day and Benner, 2014), the evaluation tools being used (Day and Benner, 2014; Jafree et al., 2015), and the timing of evaluation (MacMillan, 2016).

Day and Benner (2014) argue that student nurses spend a lot of time learning in clinical settings, but are most often graded on written assignments and exam scores that mime the multiple-choice question (Day and Benner, 2014). Such evaluation strategies often fail to assess the practical know-how which derives from the understanding and use of knowledge in particular, meaningful contexts. For this reason, the authors claim that nursing education privileges theory over practice for knowledge development (Day and Benner, 2014). Probably, the evaluation of practical knowledge could be facilitated using evaluation tools that allow faculty to go deeper into students' understanding, such as short papers and case reports suggested by other authors (Jafree et al., 2015)

Lastly, Macmillan (2016) focuses the attention on the fundamentals of care, which are usually taught and evaluated during the first year of course, and never revisited during the following years. According to the author, the choice of evaluating these competencies only during the initial year, unwittingly transmits the idea that that this care process is a very basic task that can be carried out by almost anyone. Hence, the author suggest to revisit them through a theoretical or evidence-based lens during the following years (MacMillan, 2016). One may conclude, that faculty should be

aware that even the timing of evaluation can tell something about how much a content or a competence is valued by the learning process.

Overall, nursing literature analysed through Hafferty's four domains offers a unitary picture of different examples of how the hidden curriculum operates within nursing education. However, it was not possible to identify any domain in two articles (Karimi et al., 2014a; Mosalanejad et al., 2013), while a paper clearly mentions other domains (Kenison et al., 2017). This datum suggests that there could be other aspect of particular relevance related to nursing education, which are not included in Hafferty's framework. In particular, many authors refer to role modelling when exploring the hidden curriculum (Karimi et al., 2015, 2014c; Kenison et al., 2017; Salehi, 2006). Role model refers to students observing and subsequently adopting educators' behaviour; it is an informal, ubiquitous and haphazard way of learning, and there can be either positive or negative role model (Rabow, 2014; Ratanawongsa et al., 2005). As one may notice, role modelling seems to fit with Hafferty's definition of the informal curriculum, rather than the hidden one. It is plausible that a reader, going throughout nursing literature about the topic, may wonder whether authors are writing about the hidden curriculum or the informal curriculum. Actually, Hafferty himself (2014), has recently stated that the boundary between curricula is very subtle, and not every author has the same idea of thinking about the hidden curriculum. Concerning nursing education, the concept might seem even less defined because of the paucity of literature, which is even poorer when considering just articles that aim at describing it, as shown by this study. Possibly, a clarification of the concept in the field of nursing literature is needed to facilitate the coherent and consistent use of the term, and the development of further research (Rodgers and Knafl, 2000).

Limitation

The exclusion of grey literature and limiting the search to peer-review databased might have led to lose some paper coherent with the scope of this study. However, being the hidden curriculum a

broad phenomenon, which needs further analysis in the field of nursing education, it was preferred to avoid articles of potentially low quality that could create more confusion about the concept.

CONCLUSIONS

The hidden curriculum of nursing education is a broad, poorly explored phenomenon, which is culturally specific to the region where the study takes place.

The mapping of the literature, following Hafferty's four domains, has allowed to a better understanding of how institutional choices, at the level of organizational culture, influence students' internalization of professional values stated in the formal curriculum.

Trying to uncover this learning dimension, nursing researchers focused their attention on the negative consequences of the hidden curriculum, linking the debate to that of theory/practice gap. Findings suggest that professional values, such as caring value, equality, and patient centeredness, are strongly hampered by educators' behaviour and by organizational features of both educational and health institutions (namely universities and hospitals), where the learning process takes place.

However, in order to address effectively the hidden curriculum, authors should leave apart what is wrong with the issue and look for the alignment between curricula, which facilitates a professional development coherent with nursing values and the bridging of theory to practice. Furthermore, educators should be "trained to train", engaged with the formal curriculum and aware of the existence of the hidden curriculum.

Finally, the hidden curriculum is a broad phenomenon that can be explored and thought in different ways (Hafferty and O'Donnell, 2014). The poorness of nursing research about the issue, and the subtle boundary with the informal curriculum, make sometimes difficult to understand what the author think the hidden curriculum really is. A clarification of the concept in the field of nursing education would be desirable to facilitate its coherent and consistent use.

352 References

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354 Ahola, S., 2000. Hidden curriculum in higher education: something to fear for or comply to?, in:
355 Lnnovations in Higher Education 2000 Conference. Helsinki.
356 Aled, J., 2007. Putting practice into teaching: An exploratory study of nursing undergraduates'
357 interpersonal skills and the effects of using empirical data as a teaching and learning resource.
358 J. Clin. Nurs. 16, 2297–2307. https://doi.org/10.1111/j.1365-2702.2007.01948.x
359 Allan, H.T., Smith, P., O'driscoll, M., 2011. Experiences of supernumerary status and the hidden
360 curriculum in nursing: A new twist in the theory-practice gap? J. Clin. Nurs. 20, 847–855.
361 https://doi.org/10.1111/j.1365-2702.2010.03570.x
362 Arskey, H., O'Malley, L., 2005. Scoping studies: towards a methodological framework. Int. J. Soc.
363 Res. Methodol. Theory Pract. 8, 19–32.
364 Babu, T.A., Joseph, N.M., Sharmila, V., 2011. Academic dishonesty among undergraduates from
365 private medical schools in India. Are we on the right track? Med. Teach. 33, 759–61.
366 https://doi.org/10.3109/0142159X.2011.576717
367 Baldwin, A., Mills, J., Birks, M., Budden, L., 2014. Role modeling in undergraduate nursing
368 education: An integrative literature review. Nurse Educ. Today 34, e18–e26.
369 https://doi.org/10.1016/j.nedt.2013.12.007
370 Bell, J., 1984. Education: exposing the hidden curriculum. Nurs. Mirror 158, 20, 22.
371 Benbassat, J., 2013. Undesirable features of the medical learning environment: A narrative review
372 of the literature. Adv. Heal. Sci. Educ. 18, 527–536. https://doi.org/10.1007/s10459-012-9389-
373 5
374 Bowels, S., Gintis, H., 1976. Schooling in capitalist America, Basic Book. ed. New York.
375 Brammer, J., 2006. A phenomenographic study of registered nurses' understanding of their role in
376 student learning-An Australian perspective. Int. J. Nurs. Stud. 43, 963–973.
377 https://doi.org/10.1016/j.ijnurstu.2005.11.004
378 Brawer, J.R., 2006. The value of a philosophical perspective in teaching the basic medical sciences.
379 Med. Teach. 28, 472–4. https://doi.org/10.1080/01421590600626971
380 Carlson, E., Pilhammar, E., Wann-Hansson, C., 2010. "This is nursing": Nursing roles as mediated
381 by precepting nurses during clinical practice. Nurse Educ. Today 30, 763–767.
382 https://doi.org/10.1016/j.nedt.2010.01.020
383 Chen, R., 2015. Do as We Say or Do as We Do ? Examining the Hidden Curriculum 47, 7–17.
384 Cohen, J.J., 1998. Leadership for medicine's promising future. Acad. Med. 73, 132–7.
385 Cook, S.H., 1991. Mind the theory/practice gap in nursing. J. Adv. Nurs. 16, 1462–9.

Curry, S.E., Cortland, C.I., Graham, M.J., 2011. Role-modelling in the operating room: medical student observations of exemplary behaviour. Med. Educ. 45, 946–57. https://doi.org/10.1111/j.1365-2923.2011.04014.x

Day, L., Benner, P., 2014. The hidden curriculum in nursing education, in: Hafferty, F.W., O'Donnell, J.F. (Eds.), The Hidden Curriculum in Health Professional Education. Dartmouth College Press, Hanover, NH, pp. 140–149.

Del Prato, D., 2013. Students' voices: The lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. Nurse Educ. Today 33, 286–290. https://doi.org/10.1016/j.nedt.2012.05.030

Durkheim, E., 1961. Moral Education. Free Press, New.

Ferguson, K.E., Jinks, A.M., 1994. Integrating What Is Taught With What Is Practiced in the Nursing Curriculum - a Multidimensional Model. J. Adv. Nurs. 20, 687–695. https://doi.org/10.1046/j.1365-2648.1994.20040687.x

Giroux, H.A., Penna, A.N., 1979. Social Education in the Classroom: The Dynamics of the Hidden Curriculum. Theory Res. Soc. Educ. 7, 21–42. https://doi.org/10.1080/00933104.1979.10506048

Goldberg, J.L., 2008. Humanism or professionalism? The White Coat Ceremony and medical education. Acad. Med. 83, 715–22. https://doi.org/10.1097/ACM.0b013e31817eba30

Hafferty, F.W., 1998. Beyond Curriculum Reform : Confronting Medicine â€™ s Hidden Curriculum 73, 403–407.

Hafferty, F.W., Franks, R., 1994. The Hidden Curriculum, Ethics Teaching, and the Structure of Medical Education. Acad. Med. 69, 861–871. https://doi.org/10.1097/00001888-199411000-00001

Hafferty, F.W., O'Donnell, J.F., 2014. The hidden curriculum in health professional education. Dartmouth College Press, Hanover, NH.

Haidet, P., Teal, C.R., 2014. Organizing chaos: a conceptual framework for assessing hidden curricula in Medical Education, in: Hafferty, F.W., O'Donnell, J.F. (Eds.), The Hidden Curriculum in Health Professional Education. Dartmouth College Press, Hanover, NH, pp. 84–95.

Jackson, P., 1968. Life in Classroom. Holt, Rinehart and Winston, New York.

Jafree, S.R., Zakar, R., Fischer, F., Zakar, M.Z., 2015. Ethical violations in the clinical setting: the hidden curriculum learning experience of Pakistani nurses. BMC Med. Ethics 16, 16. https://doi.org/10.1186/s12910-015-0011-2

Karimi, Z., Ashktorab, T., Mohammadi, E., Abedi, H., 2014a. Influential factors on learning

through the hidden curriculum in the perspective of undergraduate baccalaureate nursing students. J. Adv. Med. Educ. Prof. 2, 53–7.

Karimi, Z., Ashktorab, T., Mohammadi, E., Abedi, H.A., 2014b. Using the hidden curriculum to teach professionalism in nursing students. Iran. Red Crescent Med. J. 16, e15532. https://doi.org/10.5812/ircmj.15532

Karimi, Z., Ashktorab, T., Mohammadi, E., Abedi, H., Zarea, K., 2015. Resources of learning through hidden curriculum: Iranian nursing students' perspective. J. Educ. Health Promot. 4, 57. https://doi.org/10.4103/2277-9531.162368

Kenison, T.C., Madu, A., Krupat, E., Ticona, L., Vargas, I.M., Green, A.R., 2017. Through the Veil of Language: Exploring the Hidden Curriculum for the Care of Patients With Limited English Proficiency. Acad. Med. 92, 92–100. https://doi.org/10.1097/ACM.0000000000001211

Kentli, F.D., 2009. Comparison of hidden curriculum theories. Eur. J. Educ. Stud. 1, 83–88.

Levac, D., Colquhoun, H., O'Brien, K.K., 2010. Scoping studies: advancing the methodology. Implement. Sci. 5, 69. https://doi.org/10.1186/1748-5908-5-69

MacLeod, A., 2014. The hidden curriculum: Is it time to re-consider the concept? Med. Teach. 36, 539–540. https://doi.org/10.3109/0142159X.2014.907876

MacMillan, K., 2016. The Hidden Curriculum: What Are We Actually Teaching about the Fundamentals of Care? Can. J. Nurs. Leadersh. 29, 37–46. https://doi.org/10.12927/cjnl.2016.24644

Margolis, E., Soldatenko, M., Acker, S., Gair, M., 2001. Peekaboo: Hiding and Outing the Curriculum, in: Routledge (Ed.), The Hidden Curriculum in Higher Education. London, pp. 1–20.

Martimianakis, M.A., Michalec, B., Lam, J., Cartmill, C., Taylor, J.S., Hafferty, F.W., 2015. Humanism, the Hidden Curriculum, and Educational Reform: A Scoping Review and Thematic Analysis. Acad Med 90, S5-s13. https://doi.org/10.1097/acm.0000000000000894

McKenna, L., Williams, B., 2017. The hidden curriculum in near-peer learning: An exploratory qualitative study. Nurse Educ. Today 50, 77–81. https://doi.org/10.1016/j.nedt.2016.12.010

Mosalanejad, L., Parandavar, N., Javadpour, S., 2013. Informal curriculum as an important part of education: the various dimension of the hidden curriculum from the professors and students viewpoint. Int. J. Nurs. Educ. 5.

Rabow, M.W., 2014. Becoming a doctor, in: The Hidden Curriculum in Health Professional Education. Dartmouth College Press, Hanover, NH, pp. 130–139.

Raso, A., Casasanta, D., Garrino, L., Dimonte, V., Piredda, M., De Marinis, M.G., 2016. [Hidden curriculum in nursin education: concept evolution and implications]. Medic 24, 46–52.

Ratanawongsa, N., Teherani, A., Hauer, K.E., 2005. Third-year medical students' experiences with dying patients during the internal medicine clerkship: a qualitative study of the informal curriculum. Acad. Med. 80, 641–7.

Reviewers' Manual: Methodology for JBI Scoping Reviews, 2015. https://doi.org/10.1080/00918369.2016.1172893

Rodgers, B.L., Knafl, K.A., 2000. Concept analysis: An evolutionary view, in: Concept Development in Nursing: Foundations, Techniques, and Applications. Saunders Company, Philadelphia, pp. 77–102.

Russell, L., Nyhof-Young, J., Abosh, B., Robinson, S., 2006. An exploratory analysis of an interprofessional learning environment in two hospital clinical teaching units. J. Interprof. Care 20, 29–39. https://doi.org/10.1080/13561820500476473

Salehi, S., 2006. Students ' Experience with the Hidden Curriculum in the Faculty of Nursing and Midwifery of Isfahan University of Medical Sciences. J. Med. Educ. 9, 79–84.

Tanner, C.A., 1990. Caring as a value in nursing education. Nurs. Outlook 38, 70–72.

The AMS Health Professional Initiative EXPLORING AND BEGINNING TO BUILD A FOUNDATION FOR SUSTAINABLE IMPACT : STAGE 1 CONSOLIDATED REPORTS, 2011. , in: Beginning a Dialogue on the Hidden Curriculum in Nursing: An Invitational Summit.

Wright, S.M., Carrese, J.A., 2001. Which values do attending physicians try to pass on to house officers? Med. Educ. 35, 941–5.

Zannini, L., Randon, G., Saiani, L., 2011. Il curriculum nascosto nella formazione infermieristica 2292–2296.