

More Than Calories: How Nutritional Knowledge Fuels Nursing Identity and Autonomy Across Cultures – Insights from two culturally distinct educational settings

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Abstract

Background

Nursing education prioritizes technical competencies but often overlooks cognitive and motivational factors shaping professional development. This study examined how nutritional knowledge and self-epistemic authority influence professional identity and autonomy among nursing students.

Method

A cross-sectional, cross-cultural survey was conducted among 370 undergraduate and graduate nursing students from two countries (February 2024–July 2025). Data were collected using a validated questionnaire. Analyses included t-tests, one-way ANOVAs with Scheffé post-hoc tests, hierarchical regressions, and mediation analyses using the PROCESS macro.

Results

Significant differences were found across country and degree groups in knowledge, identity, epistemic authority, and autonomy (all $p < .001$). Master's students outperformed undergraduates. Higher knowledge and epistemic authority were associated with stronger identity and autonomy. Regression models explained 54% of identity and 22% of autonomy. Epistemic authority partially mediated identity and fully mediated autonomy.

Conclusion

Strengthening epistemic authority may enhance identity, autonomy, and readiness for evidence-based practice.

Introduction

Professional identity and autonomy are critical determinants of nursing behavior [1]. Professional identity refers to a nurse's self-concept, shaped by the values, beliefs, sense of mission, and reputation associated with the nursing profession [2]. This identity evolves through educational experiences, clinical practice, and socialization processes [3]. A robust professional identity acts as a psychological resource, enhancing resilience, accountability, and sustained engagement in nursing responsibilities [4–5]. In the nursing context, identity is frequently molded and articulated within multiprofessional healthcare teams. Comprehending the nurse's role in conjunction with other professions fosters mutual respect and collaboration [6], and affirms their contributions within the broader healthcare framework [7]. On the other hand, autonomy denotes the capacity of nurses to exercise independent clinical judgment, make informed decisions, and responsibly implement care plans within their designated practice areas [8]. The

interplay between professional identity and autonomy amplifies nurses' commitment and performance, thereby directly influencing patient safety, satisfaction, and care outcomes [9]. Empirical research demonstrates that nurses exhibiting elevated levels of professional autonomy report enhanced job satisfaction, organizational commitment, and performance [1]. Moreover, autonomy equips nurses to advocate effectively for patients and uphold professional standards [10]. ultimately leading to improved care quality, as evidenced by qualitative studies of nurses with strong implementation capabilities [11]. Conversely, insufficient autonomy may result in the underutilization of nutritional knowledge, with literature highlighting organizational barriers that impede nutritional care. Even within nurse-led settings, such constraints can diminish motivation [11]. adversely affecting the nursing profession, nurse well-being, and treatment outcomes, particularly concerning nutritional interventions [12]. The association of professional identity and autonomy, the ability to deliver nutritional care engenders synergistic effects that enhance the nursing profession as a whole [13]. This integration promotes patient safety by reducing errors and omissions in nutritional care and facilitates comprehensive management of complex health conditions [14]. Nurses who incorporate autonomous nutritional care into their professional identity frequently report increased job satisfaction and commitment to their roles [15]. which can manifest as reduced burnout and lower turnover intentions [16]. Particularly during crises such as the COVID-19 pandemic, this combined influence fosters resilience, enabling nurses to deliver adequate care under challenging circumstances [17]. International nursing standards recognize nutrition assessment, implementation, monitoring, and education as essential functions necessitating autonomous expertise [18]. The theoretical framework of nurse empowerment emphasizes that enhanced knowledge, including in nutrition, contributes to psychological empowerment, leading to more effective clinical strategies and improved patient outcomes [19].

Self-Epistemic Authority is defined as an individual's confidence in their ability to evaluate, interpret, and apply scientific knowledge [20]. This concept is recognized as a significant psychological and cognitive factor influencing professional practice [13]. Students with high levels of epistemic authority are more likely to actively pursue knowledge, trust their judgment, and integrate evidence into clinical practice and research [21]. The interplay between nutritional knowledge and self-epistemic authority may enhance concrete knowledge, providing a factual foundation, while epistemic authority facilitates the effective mobilization of this knowledge, transforming it into a vital component of identity and autonomy [13],[22]. However, these relationships have not been thoroughly investigated among nursing students, especially in comparing undergraduate and graduate programs across diverse cultural contexts. Significant gaps exist in nutrition education within nursing curricula worldwide, hindering nurses' ability to effectively apply these concepts in practice [18]. Systematic reviews consistently identify barriers to developing nutritional competence among nursing students, including inadequate integration of nutritional content, insufficient faculty expertise, and a lack of competency-based education [23]. Moreover, enhancing nutritional competence aligns with global health priorities, as the evolving epidemiology indicates a rising burden of chronic nutrition-related conditions that require comprehensive prevention and management strategies within health systems [24]. The changing roles within nursing education and the demand for holistic patient care highlight the importance of integrated nutritional knowledge as a critical

determinant of professional autonomy and quality care delivery. Adequate nutritional competence is essential for assessing patients' basic needs, contributing to care planning, and implementing appropriate interventions [25–26]. Additionally, interprofessional education fosters collaboration and mutual respect among various health professions, enhancing preparedness for teamwork and shared decision-making in nutritional care [27]. Mentoring frameworks that provide guidance and peer support further reinforce professional values and confidence in practice [28]. Current literature primarily consists of cross-sectional studies, limiting the ability to draw causal inferences regarding the relationships between nutritional knowledge, autonomy, and professional identity [29]. Many studies involve small, localized samples, restricting the generalizability of findings across diverse populations and health systems [30]. The lack of longitudinal and mixed-methods research constrains understanding of how these competencies evolve over time in relation to the concepts being examined. Notably, there is a scarcity of studies comparing nursing education and practice in Israel and Poland, despite existing research indicating differences within various systems and cultures that may influence the development of professional competence and autonomy [31–32]. Cross-cultural studies can illuminate differences and similarities, thereby inform the design of personalized educational interventions and contribute to the harmonization of international standards [32]. Therefore, the objective of this study is to investigate the role of nutritional knowledge and self-epistemic authority in shaping professional identity and autonomy among undergraduate and graduate nursing students in Israel and Poland.

Methods

Research Design

This study employed a cross-sectional survey methodology aimed at describing and analyzing the relationships among variables within a specified sample at a particular point in time. Data collection occurred from February 2024 to July 2025 among nursing students pursuing undergraduate and graduate degrees across two countries.

Participants

The sample size was guided by the actual enrollment of nursing students in undergraduate and graduate programs across the participating countries. A total of 500 students were invited to participate, of which 400 responded positively. However, data from 30 students were excluded due to incomplete questionnaire responses, resulting in a final sample of 370 students. The initial page of the questionnaire included a clear statement of the study's objectives, assurances of anonymity, and an explanation of participants' rights to withdraw from the study at any time without facing repercussions. On the first page of the questionnaire, participants were informed that completing the survey would be considered as providing informed consent to participate in the study.

Description of the Research Tool

The questionnaire was structured into five sections, primarily informed by existing scholarly literature. Except the knowledge component that underwent validation by subject matter experts, whereas the demographic section was specifically constructed for this research endeavor.

Section A – Demographic Questions

This section was designed exclusively for the current study and comprised 15 items that explored various demographic and academic variables, including age, gender, marital status, country of birth, institution of study, place of residence, religious affiliation, years of education, highest level of education attained, year of study, professional engagement, completion of nutrition courses, sources of nutritional knowledge, self-assessment of nutritional knowledge, and the propensity to implement knowledge in clinical practice.

Professional Identity and mission

This section incorporated five questions adapted from a 24-item instrument assessing professional identity and mission as developed by Dick et al. (2012) [33]. The questions were refined to align with the current sample and focused on the participants' perceptions of meaning and professional identity within the nursing field. Sample statements included: "I regard the nursing profession as a mission," "I view the nursing profession as my vocation," and "My career constitutes a significant aspect of the meaning of my life." Participants evaluated the degree to which each statement resonated with their personal beliefs on a 4-point Likert scale (1 = not at all true of me, 4 = completely true). The average score for these five items ranged from 1 (indicating a low sense of meaning) to 4 (representing a high sense of meaning), with a Cronbach's alpha reliability coefficient of 0.76.

Chapter 3 - Knowledge on enteral nutrition

The knowledge on enteral nutrition questionnaire used in this study was custom-made for this research and has not been used or published in any other studies before (Appendix No. 1). The researchers received validation from two experts in clinical nutrition and nursing. It encompassed 11 closed-ended knowledge questions addressing topics such as definitions of enteral nutrition, methods of delivery (short-term and long-term), clinical scenarios necessitating nutritional intervention, techniques for confirming gastrostomy placement, initiation of feeding, appropriate formula temperature, permissible and prohibited fluids, patient positioning, and the role of professional staff. Responses were categorized according to the most accurate option, yielding a Cronbach's alpha reliability coefficient of 0.87.

Chapter 4 - Self-Epistemic Authority

Drawing on a validated instrument from the literature [34], this chapter examines students' self-perceptions regarding their competence and the reliability of their knowledge in nutrition. It consists of 9 items rated on a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree), featuring affirmative

statements such as "I possess extensive knowledge of nutrition" and "I am capable of providing accurate responses to inquiries about nutrition." Three items necessitated reverse scoring (e.g., "My understanding of nutrition does not surpass that of my peers"). The final score, computed as the average of the responses, ranged from 1 (indicating low self-epistemic authority) to 6 (indicating high self-epistemic authority), with a reliability coefficient of 0.90.

Chapter 5 - Autonomy and Intention to Apply Knowledge

This chapter, adapted from existing literature [35], and utilized in a prior study [13]. features 7 items that investigate students' perceptions of their capacity to apply nutritional knowledge in clinical contexts (e.g., "In departmental practice, I was permitted to develop my own plans regarding the nutritional care of patients"). Responses were evaluated on a 5-point Likert scale (1 = not at all true, 5 = very true). The overall score for professional autonomy was derived by averaging the responses, demonstrating a Cronbach's alpha reliability coefficient of 0.81.

Procedure

The study commenced following approval from the Institutional Review Boards (IRBs) of The Academic College of Tel Aviv-Yaffo and University of Tarnow, and was conducted in accordance with the principles of the Declaration of Helsinki. Upon providing informed consent, students completed the questionnaire and submitted it in a sealed box provided by the researcher. The questionnaire was translated into English and Polish using a back-translation method to ensure consistency and accuracy across languages.

Data Analysis

Data analysis was performed using SPSS software (version 29). Descriptive statistics, including means, standard deviations, frequencies, and percentages, were utilized to characterize demographic variables such as age, gender, religion, marital status, year of study, and participation in a nutrition course, in addition to the distribution by degree type and country. T-tests were conducted to compare students from Israel and Poland on key measures, including professional identity, professional mission, nutritional knowledge, self-epistemic authority, and autonomy. One-way analysis of variance (ANOVA) was employed to examine the effects of independent variables (nutritional knowledge, self-epistemic authority) on dependent variables (professional identity, professional mission, autonomy), both by country and degree type. In cases of significant differences, post-hoc Scheffé tests were applied. Additionally, hierarchical regression analysis was conducted to evaluate the contribution of independent variables in explaining the variance in the dependent variables, while also assessing potential interactions between cultural context (country) and degree type.

Finally, mediation analysis was conducted to examine whether nutritional knowledge and self-epistemic authority mediate the association between professional identity and professional autonomy. The PROCESS macro for SPSS (Model 6; Hayes, 2018) [36]. was employed, using 5,000 bias-corrected

bootstrap samples to estimate indirect effects. Indirect effects were considered statistically significant when the 95% confidence intervals did not include zero.

Results

Sociodemographic Characteristics

Significant age disparities were observed between the groups ($p < 0.001$), with Israeli students being older on average than their Polish counterparts. Gender distribution also differed markedly, as female predominance was stronger in Poland, while male representation was higher in Israel. Marital status varied significantly, with a greater proportion of single students in Poland and more married or divorced students in Israel. Religious affiliation reflected national demographics: most Polish students identified as Christian, whereas Israeli students were primarily Jewish or Muslim. Professional engagement showed contrasting patterns-Polish master's students were more likely to be employed, whereas professional activity among Israeli students was more prevalent at the undergraduate level. Participation in nutrition courses was substantially higher in Israel, highlighting the stronger integration of nutrition education within nursing curricula and its contribution to enhanced professional knowledge and identity (Table 1). It turns out that when students have taken even one semester-long course in nutrition, they consistently show higher scores in their level of knowledge in nutrition. ANOVA: $F(3,367) = 159.77$, $p < .001$. Averages: Poland BA 1.34, Poland MA 5.54, Israel BA 6.35, Israel MA 6.64. Furthermore, the current results show that according to one question that ranked from 1-100 the subjective intention of the student to apply the knowledge gained in the nutrition course in clinical work. That students who have taken even one course in nutrition already show a higher willingness to apply the knowledge in the field compared to students who have not taken such a course. The results show that in general, for both Polish and Israeli students, when their self-epistemic authority is higher, the dimension of mission and professional identity is stronger ($t(357) = -11.05$, $p < .001$). And the intention to apply in the field, i.e. autonomy, is also higher ($t(357) = -9.12$, $p < .001$). In a one-way analysis of variance in which the dependent variable is the sense of autonomy of the subjects who were divided by country and degree, a significant difference was also found between the groups. ANOVA: $F(3,357) = 12.07$, $p < .001$, where the averages were: Poland BA 2.58, Poland MA 2.97, Israel BA 3.06, Israel MA 3.15. That is, there is an effect of country and degree on the subjects' sense of autonomy.

Table 1. Sociodemographic Characteristics of Nursing Students by Country and Degree Program

	Israel Group (N=185)		Poland Group(N=185)	
	BA(N=112)	MA(N=73)	BA(N=85)	MA(N=100)
Parameter	Mean ±SD	Mean ±SD	Mean ±SD	Mean ±SD
Age	27.46±6.53	38.29±9.04	21.72±0.77	30.14±9.50
Gen				
female	53.58%	70.83%	96.47%	97.96%
male	46.42%	29.17%	3.53%	2.04%
Family Status				
Single	60.18%	12.67%	94.11%	53.00%
Married	33.63%	77.47%	5.89%	44.00%
Divorcee	6.19%	9.86%		2.00%
Widower				1.00%
Religion				
Jews	49.55%	78.87%		
Muslims	47.78%	18.31%		
Christians	1.37%	2.82%	95.30%	92.00%
Other	1.30%		4.70%	8.00%
Professional Activity				
Yes	49.53%			87.00%
No	50.47%	100.00%	100.00%	13.00%
Nutrition Course				
Yes	95.45%	83.33%	8.23%	40.00%
No	4.55%	16.67%	91.76%	60.00%

Hierarchical regression analyses were conducted to examine factors associated with self-epistemic authority, professional identity, and autonomy.

In a model predicting self-epistemic authority, practical knowledge, level of expertise, and nationality emerged as significant predictors, explaining 46% of the variance (Adj. $R^2 = .46$, $F = 77.35$, $p < .001$). Self-epistemic authority was higher among students in Israel and increased with academic level.

Group differences further supported these findings. Self-epistemic authority was lowest among Polish undergraduate students ($M = 2.76$), followed by Polish graduate students ($M = 3.37$), Israeli undergraduate students ($M = 3.81$), and Israeli graduate students ($M = 3.79$). Professional identity also differed significantly by nationality and educational level ($F = 107.16$, $p < .001$), with mean levels increasing from Polish undergraduate students ($M = 2.50$) to Polish graduate students ($M = 2.98$), Israeli undergraduate students ($M = 3.39$), and Israeli graduate students ($M = 3.69$).

In a hierarchical regression model predicting professional autonomy, self-epistemic authority was identified as a significant predictor, whereas nutritional knowledge did not demonstrate a significant direct effect. These findings provided the basis for subsequent mediation analyses examining the indirect role of self-epistemic authority in linking nutritional knowledge with professional outcomes.

These findings provided the basis for subsequent mediation analyses examining the indirect role of self-epistemic authority in linking nutritional knowledge with professional outcomes. Mediation analysis was conducted to examine whether self-epistemic authority mediates the relationship between nutritional knowledge and professional identity. Nutritional knowledge was a significant positive predictor of self-epistemic authority ($a = 0.1504$, $SE = 0.0102$, $t = 14.78$, $p < .001$, 95% CI [0.1304, 0.1704]). When predicting professional identity, both nutritional knowledge and self-epistemic authority were significant predictors. Self-epistemic authority was positively associated with professional identity ($b = 0.2645$, $SE = 0.0495$, $t = 5.34$, $p < .001$, 95% CI [0.1671, 0.3619]), and the direct effect of nutritional knowledge remained significant ($c' = 0.0875$, $SE = 0.0120$, $t = 7.27$, $p < .001$, 95% CI [0.0638, 0.1111]). The total effect of nutritional knowledge on professional identity was also significant ($c = 0.1272$, $SE = 0.0098$, $t = 12.97$, $p < .001$, 95% CI [0.1080, 0.1465]). The indirect effect via self-epistemic authority was significant ($B = 0.0398$, $BootSE = 0.0080$, 95% BootCI [0.0240, 0.0553]), based on 5,000 bootstrap samples, indicating partial mediation. The model explained 37.5% of the variance in professional identity ($R^2 = 0.375$). (see Fig. 1).

Figure 1. **Mediation model A: professional identity as the outcome**

Nutritional knowledge significantly predicted self-epistemic authority ($a = 0.1504$, $SE = 0.0102$, $t = 14.78$, $p < .001$).

When predicting autonomy, self-epistemic authority was a significant predictor ($b = 0.4151$, $SE = 0.0619$, $t = 6.71$, $p < .001$, 95% CI [0.2935, 0.5368]), whereas the direct effect of nutritional knowledge was not significant ($c' = 0.0163$, $SE = 0.0150$, $t = 1.09$, $p = .278$, 95% CI [-0.0132, 0.0459]). The total effect of nutritional knowledge on autonomy was significant ($c = 0.0787$, $SE = 0.0125$, $t = 6.29$, $p < .001$, 95% CI [0.0565, 0.1024]). The indirect effect via self-epistemic authority was significant ($B = 0.0624$, $BootSE = 0.0089$, 95% BootCI [0.0455, 0.0809]), indicating full mediation. The model explained 20.4% of the variance in autonomy ($R^2 = 0.204$) (see Fig. 2).

Figure 2. **Mediation model B: autonomy as the outcome**

These findings indicate that self-epistemic authority is key in elucidating the impact of nutritional knowledge on essential professional results. In particular, self-epistemic authority was identified as a partial mediator in the link between nutritional knowledge and professional identity. This suggests that knowledge not only directly shapes professional identity but also indirectly by bolstering individuals' confidence in their knowledge. Conversely, self-epistemic authority was found to completely mediate the association between nutritional knowledge and autonomy. This suggests that knowledge promotes autonomy by strengthening individuals' self-epistemic authority.

Discussion

This cross-cultural study investigates the connections between nutritional knowledge, self-epistemic authority related to professional identity and mission, and autonomy among nursing students. The findings emphasize the significance of structured nutritional education and self-epistemic authority in shaping professional development and clinical readiness in nursing. Consistent with previous research, demographic and cultural differences emerged as key contextual factors affecting outcomes. Israeli students were generally older, more likely to be married, and more frequently involved in professional nursing compared to their Polish counterparts. These differences may reflect variations in educational and healthcare systems and align with research indicating that students who received practical tools relevant to their clinical experiences demonstrated significant improvements in self-reported skills in interprofessional practice, communication, and teamwork. Maturity and professional exposure contribute to the formation of professional identity. [37–38] Participation in structured nutrition courses was strongly associated with higher levels of nutritional knowledge and a greater intention to apply this knowledge in clinical practice. These findings support international research showing that integrating nutrition education into nursing curricula significantly enhances students' competencies, patient care outcomes, and collaboration with other health professionals [13], [39]. The differences between Israeli and Polish undergraduate students highlight the importance of curriculum design. Israeli students, who benefited from a structured nutrition course, scored higher than their Polish peers, who lacked such exposure. This underscores the need to incorporate nutrition education throughout nursing programs rather than offering it as a standalone course. The pattern observed for autonomy is even more striking. The direct effect of knowledge on autonomy was not significant, while the indirect effect through self-epistemic authority was robust. This indicates that autonomy is not driven by knowledge per se, but rather by the individual's epistemic confidence and perceived authority to act upon that knowledge. This aligns with theoretical perspectives suggesting that autonomy in clinical practice is rooted in cognitive and motivational processes, rather than solely in knowledge acquisition. Taken together, these findings suggest a cognitive–motivational pathway in which knowledge enhances self-epistemic authority, which in turn enables the translation of knowledge into professional functioning. This mechanism may explain why educational interventions that focus exclusively on knowledge transmission often fail to produce meaningful changes in autonomy and professional behavior.

Notably, the mediation pattern differed between outcomes: while partial mediation was observed for professional identity, a full mediation model emerged for autonomy. This aligns with existing literature on epistemic beliefs in health professions education [20], [40]. and provides new evidence that nutrition

education may facilitate the development of epistemic authority. These results suggest that educational strategies should focus not only on content acquisition but also on enhancing students' confidence in their ability to apply knowledge in clinical settings. Professional identity was significantly stronger among Master's degree students, while autonomy was closely linked to identity and epistemic authority. This pattern is consistent with research suggesting that professional identity develops progressively through higher education and clinical exposure [41–42]. Tomlinson's work highlights identity formation as a critical mechanism linking higher education to professional integration and employability. It is likely that Israeli students were integrated into clinical practice earlier in their education, leading to higher scores. These findings indicate that autonomy and identity are not merely academic constructs but are shaped through meaningful clinical engagement. Regression analyses confirmed that subjective knowledge gained in clinical settings, along with the level of degree and country of study, accounted for significant variance in knowledge, epistemic authority, and identity. This reinforces the idea that practical, experiential learning is more impactful than theoretical instruction alone, echoing studies highlighting the transformative effects of workplace-based learning in nursing [43–44]. Beyond the statistical findings, a key conceptual implication emerges: nutritional knowledge alone is insufficient. In practice, nurses play a central role in nutritional care throughout their workday, conducting nutritional risk assessments, providing care, evaluating outcomes, and documenting. Remarkably, while pharmacology is extensively covered in curricula, nutrition is often inadequately addressed despite its practical relevance in clinical settings. The broader significance of this study lies in the assertion that to cultivate a robust professional identity, clinical confidence, and equitable collaboration with other health professionals, it is essential to equip students with the necessary resources. Without the development of epistemic authority, knowledge remains inert and is unlikely to translate into autonomous clinical practice. Nurses who do not take responsibility for proactive learning in areas relevant to their daily work risk professional decline. Therefore, it is vital to foster professional pride, deepen knowledge, strengthen self-epistemic authority, and build confidence that enables students to effectively apply what they learn in clinical environments. From an educational perspective, these results highlight the need to move beyond traditional knowledge-based teaching and incorporate strategies that actively build students' epistemic confidence, such as reflective learning, clinical reasoning exercises, and active decision-making tasks. Knowledge does not automatically translate into professional competence; rather, it becomes impactful only when students perceive themselves as legitimate knowers capable of applying it in practice.

Conclusion

Overall, this study demonstrates that structured nutrition education, reinforced by self-evident epistemic authority, plays a critical role in shaping professional identity and autonomy in nursing. The findings underscore the importance of integrating nutrition and other applied areas into curricula while fostering students' epistemic authority and clinical engagement. Such educational strategies are essential for training nurses who are knowledgeable, self-confident, autonomous, and professionally resilient.

Limitations

Several limitations should be acknowledged. First, the cross-sectional design limits causal inference between variables. Second, reliance on self-report questionnaires raises the possibility of social desirability bias or overestimation of abilities. Third, the study included only two countries, which may limit generalizability to other cultural or educational contexts. Finally, clinical ability was not directly assessed; results relied on self-perception and intentions.

Declarations

Ethics approval and consent to participate

The study was approved by the Institutional Review Boards (IRBs) of The Academic College of Tel Aviv-Yaffo and University of Tarnow. The study was conducted in accordance with the principles of the Declaration of Helsinki. Written informed consent was obtained from all participants prior to participation.

Consent for publication

Not applicable.

Declaration of competing interest

The authors declare that they have no financial, professional, or personal conflicts of interest that could have influenced the content or conclusions of this editorial. No known financial or non-financial interests exist that might be perceived as potential conflicts related to this work.

Trial registration / Clinical trial number

Not applicable - observational cross-sectional study.

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Author Contribution

Authors Contributions Miriam Theilla conceptualized and designed the study, supervised all phases of data collection and analysis, and prepared both the initial and final versions of the manuscript. Katarzyna Szwajkosz coordinated data collection efforts in Poland, conducted statistical analyses, and provided a

critical review of the manuscript's intellectual content. Michał Ławiński contributed to the data analysis process and offered methodological and statistical consultation. Dorit Weil-Lotan coordinated data collection in Israel, administered the questionnaires, and reviewed the manuscript.

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Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request, in accordance with institutional ethical guidelines and data protection regulations.

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Figures

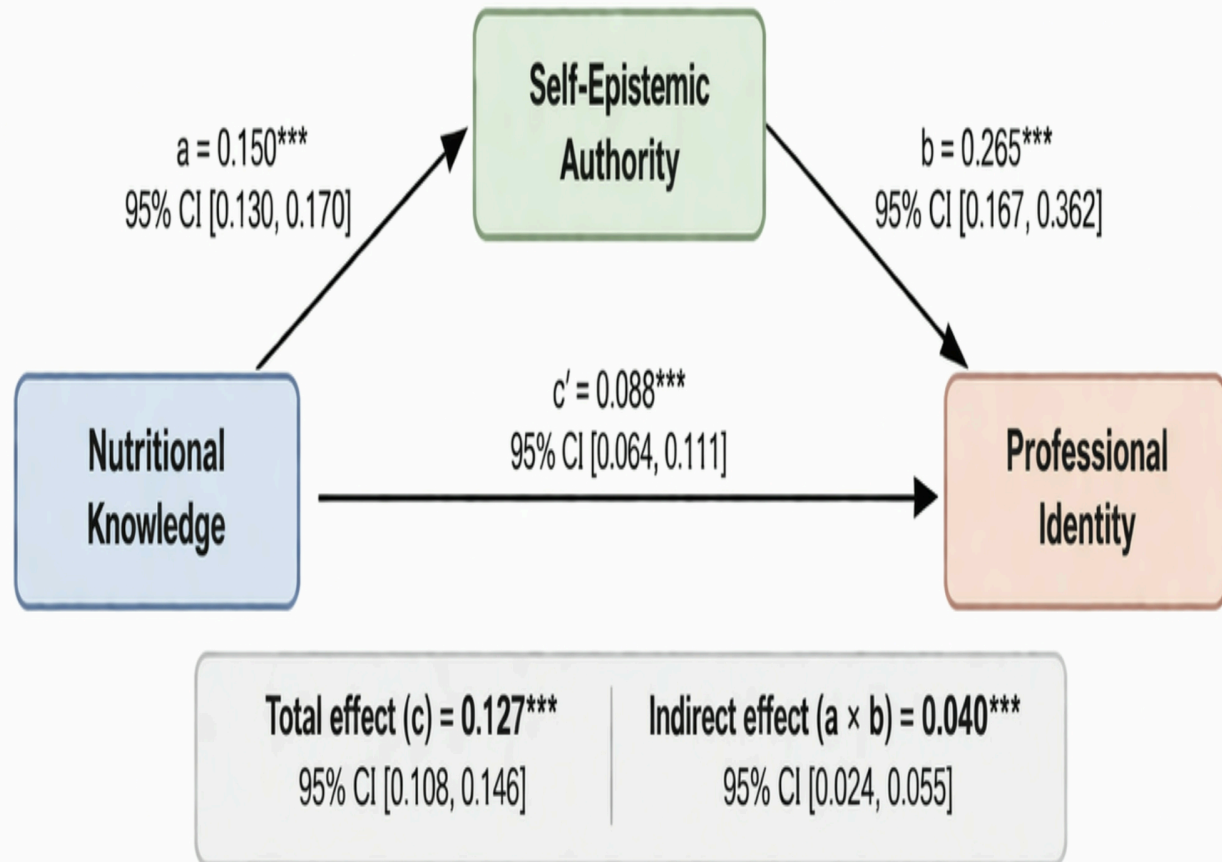


Figure 1

Mediation model A: professional identity as the outcome

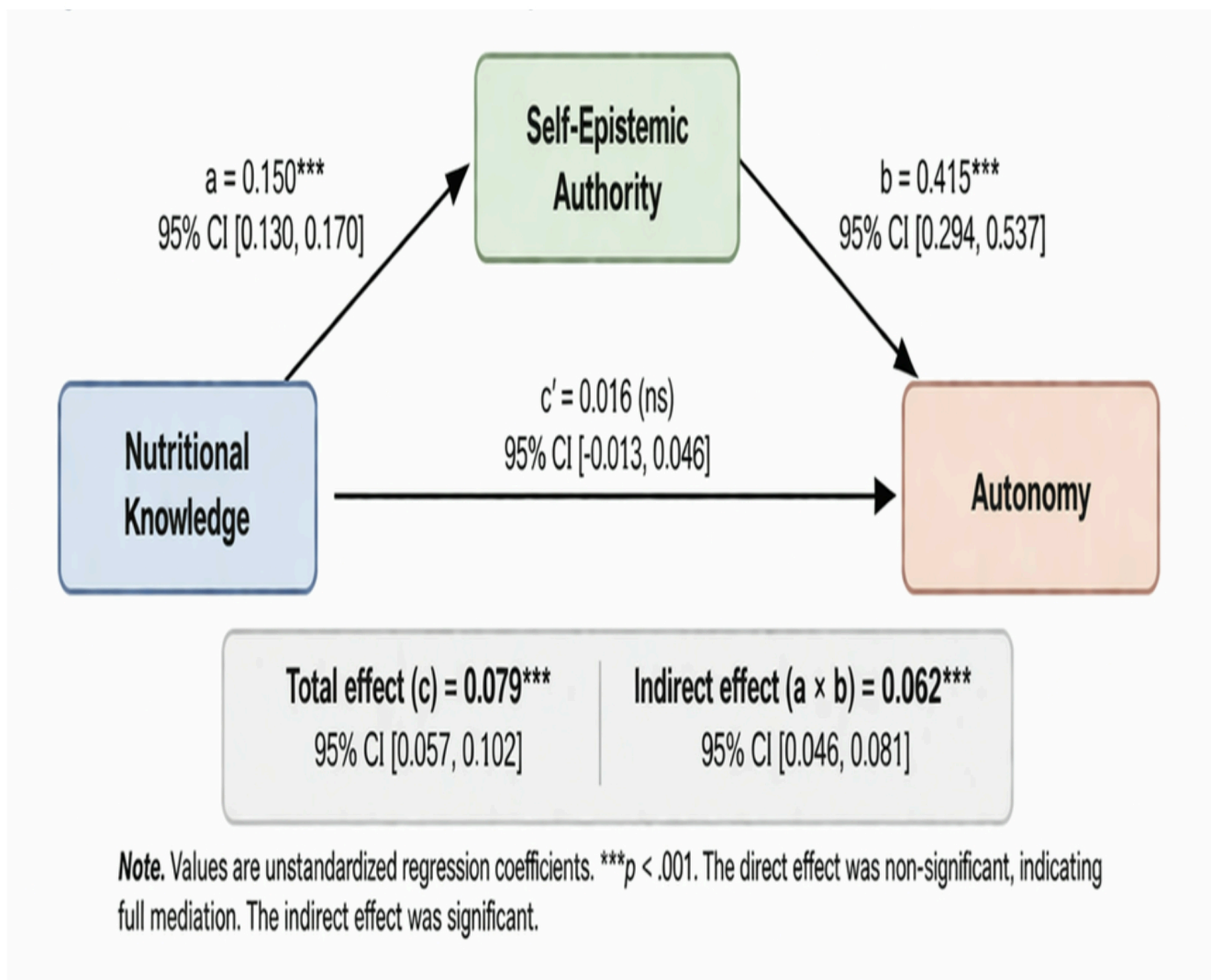


Figure 2

Mediation model B: autonomy as the outcome

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [AppendixNo.1KnowledgeQuestionnaireEnteralNutrition.pdf](#)