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# FROM REFLECTION TO RESPONSIBILITY: HOW MEDICAL STUDENTS CONSTRUCT ETHICAL IDENTITY THROUGH REFLECTIVE LEARNING

## *DA REFLEXÃO À RESPONSABILIDADE: COMO OS ESTUDANTES DE MEDICINA CONSTRÓEM A IDENTIDADE ÉTICA ATRAVÉS DA APRENDIZAGEM REFLEXIVA*

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**Abstract**
This qualitative study explored how medical students use reflection to develop ethical awareness and construct their professional identities within a medical law and ethics course. Ten undergraduate medical students from a large public university participated in semi-structured interviews analyzed using Braun and Clarke's thematic framework. The findings revealed three interconnected themes: reflection as self-discovery, reflection as moral negotiation, and reflection as professional voice. Initially, students approached reflection as an academic task, but over time, it evolved into a transformative process of emotional understanding and ethical reasoning. Reflection helped students reconcile personal beliefs with professional standards, developing empathy, self-awareness, and moral agency. These insights support emerging evidence that reflection is central to professional identity formation, serving as a bridge between knowing what is right and becoming a practitioner who acts on it. Embedding structured, mentored reflection within medical curricula can foster integrity, empathy, and accountability among future physicians.

**Keyword:** Reflection. Professional Identity Formation. Medical Education. Ethics. Moral Development.

***Resumo***
*Este estudo qualitativo explorou como estudantes de medicina utilizam a reflexão para desenvolver a consciência ética e construir suas identidades profissionais em um curso de direito e ética médica. Dez estudantes de medicina de uma grande universidade pública participaram de entrevistas semiestruturadas, analisadas utilizando a estrutura temática de Braun e Clarke. Os resultados revelaram três temas interconectados: a reflexão como autodescoberta, a reflexão como negociação moral e a reflexão como voz profissional. Inicialmente, os estudantes abordaram a reflexão como uma tarefa acadêmica, mas, com o tempo, ela evoluiu para um processo transformador de compreensão emocional e raciocínio ético. A reflexão ajudou os estudantes a conciliar crenças pessoais com padrões profissionais, desenvolvendo empatia, autoconhecimento e agência moral. Essas percepções corroboram evidências emergentes de que a reflexão é fundamental para a formação da identidade profissional, servindo como uma ponte entre saber o que é certo e tornar-se um profissional que age de acordo com esse princípio. Incorporar a reflexão estruturada e orientada nos currículos médicos pode promover integridade, empatia e responsabilidade entre os futuros médicos.*

***Palavras-chave:*** *Reflexão. Formação da Identidade Profissional. Educação Médica. Ética. Desenvolvimento Moral.*

## 1 INTRODUCTION

Medical education today is undergoing a quiet but fundamental transformation, moving away from the traditional focus on acquiring medical knowledge toward developing ethical awareness and professional identity. This evolution reflects a deeper understanding that clinical excellence alone cannot ensure responsible practice unless it is accompanied by moral integrity and reflective judgment. As healthcare becomes increasingly entangled with complex social and technological issues—such as patient autonomy, data protection, and artificial intelligence—Rahimzadeh et al. (2023) observed that medical graduates need not only legal literacy but also reflective moral reasoning to navigate such challenges. Recent evidence reinforces this view: Farooq et al. (2025) found that professionalism develops through the internalization of shared norms and values, while Kågedal et al. (2025) highlighted the need for explicit frameworks and feedback systems to help students express and assess these emerging professional qualities. Together, these studies suggest that the core of medical education lies not in mastering information but in forming a moral and professional self capable of reasoning, reflection, and ethical action.

Building on this shift toward professional formation, reflection emerges as a crucial bridge between what students learn and who they become. Earlier studies in educational psychology described reflection as a metacognitive process through which learners plan, monitor, and evaluate their understanding (Hofer & Yu, 2003), yet in medical education, it has taken on a more human dimension. Reflection allows students to reinterpret ethical principles in light of their experiences, transforming abstract rules into personally meaningful insights. Wong and Trollope-Kumar (2014) found that reflection helps students articulate their values and integrate their personal and professional selves, illustrating that learning ethics is inseparable from self-discovery. This interpretation aligns with Heydari and Beigzadeh's (2024) finding that students perceive reflective practice as essential to their professional development, not as a procedural task but as a space for self-examination and moral reasoning. Similarly, Fleer et al. (2024) proposed that reflection must be deliberately designed into the curriculum as a pedagogical tool that supports identity growth and resilience. When students are encouraged to write, discuss, and question their own ethical reactions, they do more than learn the right answers—they learn to think ethically in uncertain situations. Avargil et

al. (2025) expanded this argument by demonstrating that reflective writing fosters empathy and strengthens students' sense of professional purpose. Taken together, these findings indicate that reflection is more than an academic exercise; it is the mechanism through which moral understanding becomes part of one's identity as a future physician.

While reflection has become a recognized educational strategy, its specific role in shaping identity remains theoretically underexplored. Early models of self-regulated learning, such as Zimmerman's (1986) framework, emphasized how students manage motivation and performance but treated reflection primarily as a cognitive checkpoint rather than an act of self-construction. Sandars and Cleary (2011) extended this idea by showing that reflection supports continuous professional learning, yet they too left the emotional and identity-based dimensions largely implicit. Recent literature highlights this gap. Mount et al. (2022), in a critical review, concluded that many interventions claiming to promote professional identity formation lack sufficient depth of reflective engagement, focusing instead on behavioral or outcome measures. Sarraf-Yazdi et al. (2024) addressed this by offering a conceptual model that maps contextual and psychological factors influencing identity development, though they also acknowledged that the inner, reflective dimension remains undertheorized. This missing link becomes more urgent when considering evidence that moral competence can regress without sustained reflection and mentoring (Zielina et al., 2024). In other words, while reflection is widely practiced, its transformative power as identity work is not yet fully understood. Foong et al. (2018) illustrated this tension by showing how medical students often struggle to align personal beliefs with professional expectations, suggesting that reflection could serve as the process through which such alignment is negotiated. These insights converge on a single implication: to truly prepare students for ethical practice, medical education must not only include reflection as a method of learning but also examine it as a means of becoming—where professional identity is shaped, tested, and affirmed through ongoing moral inquiry.

If reflection functions as the space where students negotiate meaning between their inner beliefs and professional norms, then it becomes more than a technique—it becomes identity work. Wilson et al. (2013) emphasized that medical students develop professional identity not by memorizing rules but by continuously interpreting their experiences within the ethical expectations of medicine. This process depends heavily on opportunities for reflection, dialogue, and feedback that allow students to articulate and

refine what kind of doctors they aspire to be. Wong and Trollope-Kumar (2014) described reflection as a "mirror of becoming," a practice through which learners see themselves change over time. In the same vein, Fleer et al. (2024) proposed that educators must intentionally design reflective spaces that guide this identity negotiation, ensuring that reflection is not treated as an isolated journal entry but as a scaffolded journey toward self-authorship. Avargil et al. (2025) demonstrated how such guided reflection deepens students' empathy and moral accountability, while Pach et al. (2025) found that reflective and humanities-based learning fosters the capacity to connect ethical principles with social responsibility. Collectively, these findings show that reflection is where students internalize the professional ideals of care, honesty, and humility—values that cannot be taught through lecture but must be lived and examined. Each moment of reflective practice helps transform abstract ethical theory into a sense of personal duty, bridging the gap between knowledge and moral identity.

Because reflection occupies this pivotal role in identity formation, it is essential to understand how students themselves experience this process in real educational contexts. Sandars (2010) argued that reflection should be intentionally embedded in curricula so that learners can consciously plan, monitor, and evaluate their moral growth. Hofer and Yu (2003) supported this approach by showing that structured "learning-to-learn" activities strengthen metacognitive awareness and autonomy—skills directly transferable to reflective moral practice. Rath (2024) expanded this pedagogical perspective by proposing a multi-layered framework that integrates reflective dialogue, mentorship, and community learning to reinforce professional identity formation. Yet despite these theoretical advances, empirical studies rarely capture how individual students describe the lived process of becoming ethical professionals through reflection. This study seeks to address that gap by exploring how medical students engage with reflection as a means of constructing ethical and professional identity within their medical law and ethics course. By listening to students' own narratives, the research aims to reveal reflection not as a passive end-of-course ritual but as an active developmental mechanism through which learners cultivate moral awareness, self-authorship, and a sustainable sense of professional responsibility.

## 2 METHOD

This study adopted a qualitative and interpretive design to explore how medical students experience reflection as a means of constructing their ethical and professional identity. Because the goal was to understand how learners make sense of their values and decisions in morally complex settings, a phenomenological orientation was chosen to capture the depth of their lived experiences. This design allowed participants to describe in their own words how reflection influenced the way they thought, felt, and acted as future doctors. The intent was not to measure reflective ability but to interpret how reflection becomes a personal and moral process of self-definition within medical education.

The study took place at a public university offering a course on medical law and ethics. This course introduces students to topics such as patient rights, confidentiality, consent, and negligence, emphasizing ethical reasoning alongside legal principles. Because the course challenges students to confront emotional and moral uncertainty, it provides a fitting context for examining reflection as identity formation. To ensure a diversity of perspectives, participants were invited from the entire second-year cohort. Ten students, aged between 20 and 23 years, volunteered to take part. They represented a balanced mix of genders and academic standings, and all had recently completed the ethics and law course. Participation was voluntary, and students were informed that their involvement would have no influence on grades or evaluations.

Each participant took part in an individual semi-structured interview designed to elicit stories, moments, and reflections that revealed how they experienced moral learning. The conversations began with broad questions such as “How do you usually reflect after a class on ethics or law?” and gradually moved toward deeper questions like “Can you describe a reflection that changed the way you viewed your future role as a doctor?” Interviews lasted between 45 and 60 minutes and were conducted in a quiet, private meeting room on campus. The interviewer maintained a conversational tone to encourage openness and authenticity. All interviews were audio-recorded with consent and transcribed verbatim. Data collection continued until the researchers agreed that new interviews were no longer producing fresh insights, signaling thematic saturation.

After transcription, the data were analyzed thematically using Braun and Clarke’s six-step framework, which involves familiarization, coding, theme development, review,

definition, and reporting. The analysis was conducted inductively, meaning that codes and themes were drawn from the data rather than from existing theories. Each transcript was read multiple times to identify meaningful segments that reflected participants' experiences of reflection, moral awareness, and professional growth. These codes were then clustered into broader themes that captured shared understandings—such as how reflection helped students reconcile conflicting values or find purpose in uncertainty. Two researchers independently coded several transcripts and compared interpretations to enhance reliability. Through iterative discussion, they reached agreement on the final thematic map, ensuring that interpretations remained faithful to participants' words and intentions.

To strengthen the study's trustworthiness, several validation strategies were used. A subset of participants reviewed early interpretations to confirm that the findings resonated with their experiences. Peer debriefing within the research team helped challenge assumptions and clarify analytic decisions. Reflexive journaling was also maintained throughout the process to acknowledge the researchers' own perspectives as educators and to ensure transparency in interpretation. Ethical approval was obtained from the university's institutional review board prior to data collection. Each participant signed an informed consent form and was assured of confidentiality. Pseudonyms replaced real names in transcripts and reports, and all identifying details were removed.

## 3 RESULTS

The analysis of the interviews revealed that reflection was not a side activity or an academic requirement for the students; rather, it was woven into how they learned, questioned, and ultimately understood what it meant to be a future doctor. As the conversations unfolded, it became clear that reflection was both a mirror and a map — a way for students to look inward and also navigate the moral landscape of their education. They spoke of moments of uncertainty, pride, and discomfort, describing reflection as something that slowly changed their perception of responsibility. From their words, three central themes emerged: reflection as self-discovery, reflection as moral negotiation, and reflection as becoming a professional voice. These themes were not separate stages but intertwined experiences that together formed the process of ethical identity construction.

The first theme, reflection as self-discovery, captured how students came to see reflection as a means of understanding who they were beneath the surface of their studies. Many admitted that they initially viewed reflective assignments as formalities, something to complete for grades, until they realized that these moments of writing or discussion opened windows into their own values. One student explained softly, “At first, I just wrote what sounded correct, but after a few weeks, I started writing what I actually thought. I began to notice my feelings about the cases, not just the facts.” Another reflected, “It surprised me how much I could learn about myself just by explaining what made me uncomfortable in an ethical scenario. I started to see patterns — like where my instincts clashed with my logic.” Through these reflections, students discovered hidden dimensions of themselves, recognizing that their emotional responses were not distractions but part of how they reasoned. A participant captured this realization clearly: “I used to think being emotional made me less professional, but now I see that my reactions tell me what kind of doctor I want to be.” Reflection, for many, became a process of self-confrontation — an encounter with their own beliefs that deepened rather than distracted from learning.

As this self-awareness grew, reflection evolved into a space of tension and growth, forming the second theme, reflection as moral negotiation. Students described moments when their cultural values, religious beliefs, or personal sense of right and wrong collided with what they were taught in class. These moments often left them unsettled but also more reflective. One student shared, “When we discussed patient autonomy, I struggled. I come from a family where decisions are always collective, and it felt strange to think that the patient should decide alone. Writing about it helped me understand both sides, not to choose one but to see why both matter.” Another said, “The law sometimes feels cold, but when I reflected on real cases, I began to see the humanity behind those rules. Reflection helped me find balance — not to abandon what I believe, but to understand others’ beliefs too.” Students often used reflection as a moral dialogue — a quiet conversation between their inner voice and the external standards of the profession. For some, this negotiation felt like friction; for others, it was freedom. One participant described it as “a kind of personal debate,” saying, “Reflection is where I argue with myself — one side defending what I was taught at home, the other side defending what I’m learning as a doctor. Sometimes I don’t win, but I always understand more.” These

reflections did not resolve conflicts neatly; instead, they helped students live with ambiguity and find meaning in complexity.

Over time, this process of negotiation transformed into something more confident and forward-looking — the third theme, reflection as becoming a professional voice. Students began to speak about reflection not just as a tool for understanding themselves but as a practice for articulating their professional identity. One participant explained, "Before this course, I used to look for the right answer from the lecturer. Now I find myself saying, 'This is how I see it as a future doctor.' I still doubt, but it's my own doubt." Another shared, "Writing reflections made me realize I was developing my own voice. I could explain my decision, defend it, and feel okay even if others disagreed." For many, this sense of ownership marked the moment when reflection turned into conviction. A student recalled a particularly emotional journal entry about patient confidentiality: "I remember writing, 'The patient's trust depends on my honesty,' and for the first time, I believed it. It wasn't just what the book said — it was mine." Through these reflective practices, students began to define themselves not by compliance with rules but by conscious choice. They described feeling "more mature," "more responsible," and "ready to face uncertainty" because they could now reason with their own words rather than borrowed ones.

These narratives portray reflection as a journey of identity-making — from discovering one's inner voice to negotiating its place within professional expectations, and finally, to owning that voice with confidence. What began as an academic exercise became an emotional apprenticeship, teaching students how to think, feel, and act with integrity. Their words show that reflection does not simply record learning; it transforms it. As one participant concluded near the end of her interview, "Reflection doesn't give you answers. It gives you yourself."

## 4 DISCUSSION

The results of this study reveal that reflection plays a transformative role in how medical students internalize ethics and develop a sense of professional identity. This shift—from learning ethical rules to becoming ethically conscious practitioners—connects deeply with the broader movement in medical education that views professionalism as a process of formation rather than transmission. Wong and Trollope-

Kumar (2014) described this process as "learning to become," suggesting that reflection allows students to reinterpret knowledge through the lens of selfhood and moral purpose. The participants in this study embodied that process as they described reflection as a turning point in how they saw themselves—not merely as students completing a task, but as emerging professionals shaping their moral identities. This observation also resonates with Sandars and Cleary (2011), who argued that self-regulated learning extends beyond skill acquisition into continuous moral and professional development. However, our findings go further by showing how reflection integrates both emotional and ethical reasoning, transforming abstract principles into personal convictions. Farooq et al. (2025) found that professionalism matures through the internalization of shared values, and our participants demonstrated precisely that shift when they began to write and speak about responsibility as something they felt rather than merely understood. Likewise, Kågedal et al. (2025) emphasized that feedback and shared language strengthen professional identity; in our context, students used reflection to create such language for themselves, narrating their own journey toward ethical maturity. The idea that identity is grounded in belonging and agency, as proposed by Sternszus et al. (2024), further helps explain why reflection was powerful: it gave students the sense that they were not just obeying professional norms but participating in shaping them. Together, these connections illustrate that reflection does not simply refine ethical reasoning—it redefines the learner's relationship to medicine itself.

As reflection deepened, it also became a way for students to recognize and regulate their emotions—a process that connected learning with self-understanding. This transition from cognitive awareness to emotional insight mirrors the pattern described in metacognitive learning research, where awareness of one's thinking evolves into awareness of one's feeling (Hofer & Yu, 2003). In our study, students described moments of surprise when reflection revealed the emotional roots of their moral decisions. They spoke of discomfort, empathy, and even guilt, realizing that emotions were not obstacles but moral signals guiding their reasoning. Heydari and Beigzadeh (2024) observed a similar dynamic, showing that reflection enables students to integrate emotional experiences into their professional development, leading to more compassionate judgment. Our findings add depth to this claim by illustrating that emotion was not merely a response to ethical tension but a source of ethical insight. Fleer et al. (2024) also argued that structured reflection helps students cultivate emotional literacy—the ability to

recognize how feelings influence decisions—and our participants expressed that guided discussions and journaling exercises gave them permission to explore their reactions openly. This emotional self-discovery aligns with Avargil et al. (2025), who found that reflection strengthens empathy and moral purpose; in our study, students began to describe empathy as a deliberate act of understanding rather than a spontaneous feeling. Importantly, Krishna et al. (2025) highlighted the role of mentoring in reinforcing reflective growth, suggesting that identity develops most strongly when reflection occurs in relational contexts. Many of our students echoed this sentiment, noting that conversations with teachers or peers helped them see new dimensions of their moral thinking. The convergence of these findings suggests that reflection functions as an emotional apprenticeship—it helps learners recognize, examine, and refine the moral emotions that shape their professional selves. Through that process, they begin to move from awareness to authenticity, learning not only to act ethically but to feel ethically as well.

As students' emotional awareness matured, reflection began to serve a deeper function—it became a moral dialogue in which they learned to reconcile personal beliefs with professional expectations. This evolution from self-discovery to moral negotiation reflects what Wilson et al. (2013) described as the central challenge of professional identity formation: balancing one's private values with the ethical codes of the medical profession. In our study, students frequently described the discomfort of confronting differences between what they believed and what the law or curriculum prescribed. One student, for instance, spoke about the conflict between cultural norms of family-centered decision-making and the Western emphasis on patient autonomy. Rather than resolving this tension immediately, reflection helped her hold both perspectives in mind and understand why each mattered. This process mirrors the dialogic nature of identity that Foong et al. (2018) observed—where professional growth occurs not through conformity but through the ongoing reconciliation of conflicting values. Zielina et al. (2024) added that moral competence can regress when reflection and discussion are absent, and the present findings illustrate the opposite: when students engaged consistently in reflective dialogue, their moral confidence strengthened. They began to articulate more nuanced reasoning, moving away from seeking "right answers" toward expressing thoughtful balance. Sarraf-Yazdi et al. (2024) provided a theoretical explanation for this phenomenon, arguing that reflection mediates between external expectations and internal

motivation; our participants' narratives confirmed this, showing that reflection gave structure to their struggle for coherence. Even Mount et al. (2022), who critiqued many identity interventions as superficial, would likely see depth in the way our students used reflection not as performance but as genuine meaning-making. These experiences also align with Sternszus et al. (2024), who reconceptualized identity formation as an act of agency and belonging—students did not merely adopt professional norms; they authored them through reflection, reshaping their understanding of what it means to be ethical within their own cultural and emotional contexts.

As this moral dialogue matured, reflection gradually turned into a space of empowerment—what many students described as "finding their own voice." This sense of ownership over moral reasoning represents a shift from dependence to agency, a change that Fleer et al. (2024) and Rath (2024) both considered the ultimate goal of reflective education. In their view, when reflection is embedded in mentorship and supported through structure, it allows learners to articulate and defend their values with clarity. Our findings vividly illustrate this process: students who once hesitated to speak in ethics discussions began to express convictions with thoughtful confidence. One participant reflected, "I stopped waiting for the teacher to tell us what's right. I realized it's part of my job to think it through myself." This evolution aligns closely with Avargil et al. (2025), who found that reflection builds social accountability and empathy, traits that become visible when students start reasoning publicly rather than privately. Pach et al. (2025) similarly showed that reflective and humanities-based learning cultivates civic-mindedness—the sense that professional judgment has social consequences—which was echoed in our participants' growing awareness of responsibility. The findings also correspond with Merkebu and Mennin (2025), who conceptualized reflective practice as an adaptive process of inquiry and pattern recognition. Their model helps explain why students described reflection as "a conversation that never ends": it was not a task to complete but an ongoing cycle of learning, questioning, and rethinking one's identity. In that sense, reflection became praxis—a lived method of moral engagement rather than a written exercise. As students developed their professional voice, they also developed agency: the capacity to act not only according to ethical codes but in alignment with a self that had been critically examined and consciously formed.

Recognizing reflection as a continuous process of voice and inquiry also carries important implications for how medical curricula are designed. If reflection truly shapes

identity rather than merely evaluates understanding, it must be woven through the entire educational experience. Sandars (2010) argued that reflection requires intentional scaffolding so that learners can consciously plan and evaluate their professional growth, while Hofer and Yu (2003) demonstrated that structured self-monitoring cultivates independence and deeper learning. The present study extends those ideas by showing that unstructured, one-time reflection leaves moral awareness fragile, whereas guided, iterative reflection helps students sustain ethical reasoning even beyond the classroom. Fleer et al. (2024) supported this claim by calling for an evidence-informed approach to identity formation in which reflection is nurtured collectively, not privately. Similarly, Rath (2024) described identity formation as a layered process that integrates reflection with mentorship and community dialogue. These findings together suggest that faculty should view reflection not as an assignment but as an environment—one that normalizes moral questioning, emotional honesty, and professional dialogue. The argument is further reinforced by Lawson et al. (2025), who found that when reflection was embedded in health systems leadership programs, students developed stronger professional citizenship and accountability. In the context of this study, such an approach could mean moving beyond reflective writing toward reflective mentorship circles or peer dialogues that model ethical reasoning as a shared professional responsibility. Designing reflection in this way transforms it from an evaluative tool into a living practice that builds both competence and conscience.

Even though this study provides a detailed account of reflection as an identity-forming process, its scope remains bounded by specific institutional and cultural contexts. Like many qualitative inquiries, it privileges depth of understanding over breadth of generalization. Mount et al. (2022) and Sarraf-Yazdi et al. (2024) both highlighted the need for more longitudinal and multi-institutional approaches to capture how professional identity evolves across stages of training. Our findings align with their recommendation, suggesting that identity formation through reflection is not a single moment of insight but a long-term developmental trajectory. Future research could therefore trace how reflective practices established during preclinical education carry into residency and early professional life. In addition, Vårpio et al. (2025) challenged traditional metaphors of professional identity formation, proposing that we view identity not as a fixed structure to be built but as a fluid network of evolving "becomings." This perspective fits our participants' descriptions of reflection as an ongoing conversation rather than a completed

achievement. Adopting such a flexible conceptual model would allow future studies to explore how reflection interacts with different stages of moral, emotional, and professional growth. Ultimately, expanding the research beyond a single course or institution could reveal how reflective identity-building operates across cultural settings, disciplines, and healthcare systems—deepening our understanding of what it means to learn ethically as well as clinically.

In the end, the findings of this study reaffirm that reflection is far more than a learning technique—it is a moral apprenticeship that allows medical students to translate knowledge into integrity. The participants' voices reveal that reflection guided them through discomfort, uncertainty, and emotional conflict until they could begin to see themselves as professionals capable of ethical judgment. This transformation echoes Wong and Trollope-Kumar's (2014) idea that reflection enables students to integrate personal values with professional standards, making identity formation an act of self-discovery as much as socialization. Similarly, Sandars and Cleary (2011) viewed reflection as the foundation of lifelong professional competence, and the present findings give that theory an ethical dimension: when reflection is authentic and continuous, it fosters moral consistency, not just cognitive growth. Avargil et al. (2025) observed that reflective writing builds empathy and a sense of purpose—two qualities that were repeatedly evident as students began to define their future roles in human terms rather than institutional ones. This perspective finds further support in Dongre et al. (2025), who showed that integrating reflective practice into postgraduate public health training enhances empathy, awareness, and professional identity across contexts, underscoring that reflection's transformative power transcends specialty or level of training. In light of these converging insights, reflection emerges as the bridge between thinking ethically and being ethical. It shapes a kind of professionalism that is not imposed from outside but cultivated from within—a professionalism rooted in humility, empathy, and self-awareness. By viewing reflection as an ongoing moral practice rather than a course requirement, educators can help students not only learn medicine, but also learn to become the kind of physicians their patients and societies truly need.

## 5 CONCLUSION

This study demonstrated that reflection serves as more than an academic exercise—it is a lived process through which medical students construct their ethical and professional identities. Through reflection, students moved from simply understanding ethical concepts to internalizing them, linking moral reasoning with emotion, experience, and self-awareness. Their narratives revealed that reflection helped them discover their values, negotiate cultural and professional tensions, and ultimately express their own professional voice. In this way, reflection acted as a catalyst for personal transformation, turning moral uncertainty into self-knowledge and responsibility.

These findings suggest that reflection should be seen as an essential component of medical education rather than an optional or peripheral task. When structured, mentored, and integrated throughout the curriculum, reflection nurtures empathy, accountability, and moral integrity—the qualities that define humane and competent physicians. As previous research shows (Wong & Trollope-Kumar, 2014; Dongre et al., 2025), sustained reflective practice enables students not only to think ethically but to become ethical practitioners. Embedding reflection across training therefore holds the potential to shape future doctors who are as self-aware and compassionate as they are clinically skilled.

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**Authors' Contribution**

Both authors contributed equally to the development of this article.

## Data availability

All datasets relevant to this study's findings are fully available within the article.

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