Exploration of the Process of Professional Identity Formation of Nursing Practitioners at South Gujarat, India.

ABSTRACT

Background and Aim. A strong Professional Identity of nursing practitioners enhances confidence, accountability, job satisfaction and quality patient care, whereas a weak identity may contribute to role confusion, burnout, and workforce attrition. Despite its importance, limited research has explored the process of Professional Identity Formation among practicing nurses in the Indian healthcare context. The study aimed to explore the process of Professional Identity Formation of nursing practitioners in South Gujarat, India.

Methods. Fifteen nursing practitioners from government and private hospitals selected through purposive sampling were interviewed either face-to-face or online via Zoom meetings, lasting about 30 to 40 minutes, with audio-video recording. Data collection continued until saturation was achieved. The interviews were transcribed verbatim and analysed using Braun and Clarke's six-steps thematic analysis approach. A reflexive diary was maintained throughout the study to enhance credibility, dependability, and confirmability.

Results. Reflexive thematic analysis identified eleven themes describing Professional Identity Formation as a progressive process. The findings showed that nurses evolved from a limited, task-oriented perception of their role to a patient-centered, ethical, competent, resilient, and leadership-oriented professional identity.

Conclusion. Professional Identity Formation among nursing practitioners of South Gujarat is a dynamic and continuous process influenced by personal, professional, and organizational factors. Clinical experience, mentorship, teamwork, and continuous learning were identified as important factors influencing this process, whereas staff shortages, heavy workload, limited resources, and workplace stress emerged as major challenges. Strengthening mentorship, leadership development, reflective practice, and supportive work environments may enhance professional identity, improve nursing practice, and promote high-quality patient care.

Keywords: Professional Identity Formation; Professionalism; Nurses; Qualitative Research.

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INTRODUCTION

Professional Identity [PI] in Nursing is a sense of oneself and in relationship with others, influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting and feeling like a nurse [1]. PI is a fundamental aspect of nursing practice and professional development. The formation of PI is a lifelong developmental process that begins during nursing education and continues throughout professional practice. Nursing education plays a crucial role in shaping this identity [2]. Development of PI is strengthened by growing professional confidence, commitment to client-centred care, and increasing understanding of collaborative practice [3]. Professional comportment is essential for patient-centred, high-quality care and effective integration into healthcare teams.
[4].

Historically, nursing has struggled with issues of professional recognition. Despite being one of the most essential healthcare professions, the attitudes and behaviours of physicians, hospital administrators, and other healthcare professionals can significantly influence the public image of nursing. Nurses reported being perceived as subordinate or merely supportive to physicians, which reinforces hierarchical stereotypes and undermines professional autonomy, particularly when such behaviours are displayed in front of members of health care team or patients [5].

Nursing professionalism is a multidimensional, dynamic, and culturally influenced concept that involves providing patient care grounded in professionalism, caring, and altruism. Research evidence suggests that nurses with a strong PI demonstrate higher job satisfaction, improved clinical competence, greater accountability, ethical practice, and stronger commitment to patient care. They are more likely to remain in the profession, engage in collaborative healthcare practices, and contribute positively to healthcare outcomes. Conversely, weak PI has been associated with burnout, low morale, poor quality care, and intention to leave the profession [6,7]. Professional attributes such as accountability, advocacy, collaboration, ethical values, and professional reputation contribute significantly to nurses' PI and quality healthcare delivery. Eight professionalism attributes includ knowledge, inquiry, accountability, autonomy, advocacy, collaboration, ethics and values, and professional reputation. [8].

Previous study conducted in Eastern India has primarily focused on professional values and nursing professionalism. The findings of the study demonstrated that professionalism among nurses was influenced by several personal and organizational factors, emphasizing the importance of supportive work environments in promoting professional nursing practice [9]. An earlier study from Gujarat, Western India has revealed that staff nurses were dissatisfied with several aspects of managerial practice, including inadequate recognition systems, limited counselling support, insufficient job security, lack of supportive leadership styles, and concerns regarding salary structures [10]. While these studies provide valuable insights into professionalism, professional values, and organizational influences on nursing practice, they do not adequately explain how nurses develop their PI over time.

Despite growing recognition of the importance of PI, many nursing practitioners continue to experience challenges such as professional stigma, workplace stress, lack of support, role conflict, and insufficient recognition. These issues may hinder the development of a positive PI and negatively affect healthcare delivery [6,11].

Despite growing international interest in PIF among nurses, limited evidence exists from the Indian context, particularly in Western India. Gujarat, one of the major states in Western India, presents a unique sociocultural and healthcare environment where organizational structures, professional expectations, and workplace experiences may shape nurses' PI in distinct ways. Understanding how nurses experience and develop their PI is essential for strengthening professional socialization, enhancing job satisfaction, improving retention, and promoting quality patient care.

Therefore, the present study aimed to explore the process of PIF among nurses in South Gujarat, with the intention of generating context-specific insights that can inform nursing education, leadership practices, workforce development, and professional support strategies.

METHODS

Study Design and Study Setting

A qualitative descriptive research design was employed to explore how nursing practitioners understand, experience, and develop their professional identity throughout their clinical practice. This design was considered appropriate because the study aimed to obtain an in-depth, experience-

near account of professional identity formation in the participants' own words and to identify patterns of meaning across their accounts. Data were analysed using Braun and Clarke's six-phase reflexive thematic analysis approach.

Although participants were invited to describe their professional experiences and the changes in their understanding of nursing over time, the study was not designed as a formal phenomenological inquiry involving a specified phenomenological philosophical framework or phenomenological analytical procedures. Therefore, qualitative descriptive research using reflexive thematic analysis was considered the most appropriate description of the study design.

The study was conducted in selected government and private hospitals of South Gujarat, India. Participants were purposively recruited from diverse clinical settings, wherein they were actively engaged in patient care services, enabling exploration of their lived experiences related to PIF in clinical practice settings. The study was reported in accordance with the COREQ checklist [12].

Participants and Sampling Strategy

Participants were 15 registered nursing practitioners with inclusion criteria of minimum qualification of General Nursing and Midwifery [GNM] or Bachelor of Science in Nursing [B.Sc. Nursing], employed as staff nurses, possessing at least one year of clinical experience, who were articulate and able to narrate their experiences clearly.

All participants were female staff nurses aged between 27 and 46 years. Their professional experience ranged from 1 year and 8 months to 15 years, with the majority having more than five years of clinical experience **[Table 1].**

Purposive sampling was used to recruit nurses with relevant clinical experience and varied professional backgrounds. Variation was sought through recruitment from both government and private hospitals and through the inclusion of nurses with different lengths of clinical experience and exposure to different clinical departments. The final sample included eight participants from government hospitals and seven from private hospitals. Participants had experience in medical, surgical, critical care, obstetric, paediatric, ICU, ICCU, surgical OT etc. Some participants had worked in more than one department, providing accounts informed by varied clinical experiences.

Recruitment was facilitated by nursing in-charges or head nurses, who assisted in identifying potentially eligible practitioners. The researcher subsequently approached eligible nurses, explained the purpose and procedures of the study, and invited them to participate. Participation was voluntary, and written informed consent was obtained before data collection.

Table 1 Demographic profile of study participants

Participant Code	Age (Years)	Qualification	Gender	Years of Experience	Clinical Area	Hospital type	Interview mode
P1	32	GNM	Female	5 years	Casualty / Emergency	Government	Offline
P2	30	B.Sc N	Female	9 years	Operation Theatre (OT)	Private	Offline
P3	34	GNM	Female	1 year 8 months	Obstetrics & Gynaecology ward	Private	Online
P4	35	GNM	Female	13 years	Surgical Operation Theatre	Government	Offline
P5	27	GNM	Female	6 years	Ophthalmology / Medicine	Government	Offline
P6	36	GNM	Female	10 years	Surgical OT	Private	Online
P7	34	B.Sc N	Female	9 years	General medicine ward	Government	Offline
P8	27	B.Sc N	Female	5 years	NICU / Paediatrics ward	Private	Offline
P9	28	B.Sc N	Female	2 years	Dialysis ward	Private	Offline
P10	34	GNM	Female	12 years	ICCU	Government	Offline
P11	39	GNM	Female	8 years	General ward	Private	Offline
P12	31	GNM	Female	7 years	General Surgical ward	Government	Offline
P13	36	GNM	Female	14 years	Labour room	Private	Online
P14	34	B.Sc N	Female	12 years	Orthopaedic ward	Government	Offline
P15	46	GNM	Female	15 years	ICU	Government	Offline

Recruitment and non-participation:

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A total of 15 eligible nursing practitioners were approached for participation in the study, and all 15 agreed to participate and were included in the main study**. No eligible participants declined participation, were unavailable, or withdrew during data collection.**

Data Collection Tool and Pilot Testing

In-depth semi-structured interview guide [Table 2] was prepared by researchers which was based on code of ethics from Indian Nursing council [13], International Council of Nurses [14] and review of literature [3-6,9,11]. Open ended questions were included in study tool. The dependability of the tool was ensured through expert review and pilot testing. The interview guide was reviewed by two experts to assess the relevance, clarity, and comprehensiveness of the interview questions. The experts included a Professor from the Department of Health Education with expertise in qualitative research and a statistician from Bhaikaka University, Anand, Gujarat. Their feedback was considered in refining the interview guide before its use in the main study.

A pilot study was conducted among five nursing practitioners similar to the study participants to assess the clarity, relevance, and consistency of the questions. Based on the findings of pilot study, necessary modifications and rephrasing of questions were undertaken to improve clarity and comprehensibility. Additional probing questions were also incorporated to facilitate deeper exploration of participants' understanding and experiences related to PIF, motivating and demotivating factors, interprofessional relationships and societal perceptions. **The five participants involved in pilot testing were not included in the final study sample.**

Table 2 Domains of In-Depth Semi-Structured Interview Guide

Domain/Section	Focus of the Domain	Key Areas Explored
Section 1: Briefing	Introduction and establishment of the interview context	Introduction of the researcher, explanation of the purpose and interview process, informed participation, and collection of demographic information
Section 2: Understanding of Professional Identity	Exploring nurses' understanding and perception of their professional identity	Experiences that shaped understanding of the nursing role; meaning of being a nurse; development of professional self-concept; changes in professional identity over time
Section 3: Teaching–Learning Experiences Impacting Professional Identity Formation	Exploring the contribution of nursing education, clinical learning, and professional experiences to identity formation	Hands-on clinical experiences; significant learning experiences; clinical placements and role models; development of confidence and competence; challenges and conflicts; interactions with patients, colleagues, and healthcare professionals; continuing professional development and higher education
Section 4: Role of Organizational and Social Context	Examining the influence of workplace and wider social environment on professional identity	Workplace culture and organizational practices; supportive and challenging work experiences; mentorship and leadership; interpersonal and interprofessional relationships; societal perceptions of nursing; influence on professional pride, confidence, values, and professional self-concept
Section 5: Reflection and Future Perspectives	Exploring participants' reflections on their current identity and future professional development	Areas requiring further development; motivations for professional growth; resources and support required; future career goals and aspirations; anticipated evolution of professional identity over the next five years
Debriefing and Closing	Concluding the interview and ensuring participants' perspectives are accurately represented	Summary of the interview; clarification or confirmation of interpretations; opportunity to add further experiences or information; addressing participants' questions and formally closing the

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		interview

Data Collection Procedure

Prior to data collection from participants, administrative permission was secured from the authorities of the hospitals. Nursing in-charges/head nurses assisted in identifying nursing practitioners who were capable of clearly articulating their professional experiences. Eligible participants meeting the inclusion criteria were approached and provided with detailed information regarding the purpose, objectives, and procedures of the study. Written informed consent was obtained from all participants before participation. **Interviews were conducted between November-2025 to February-2026.** Interviews were scheduled at times convenient to the participants. Data were collected through in-depth semi-structured interviews.

Recruitment and interviewing proceeded iteratively, with attention to the depth, relevance, and variation of information obtained in relation to the research question. **After the first 12 interviews, the researchers reviewed the accumulated dataset and noted that subsequent interviews were not generating new themes or substantial new information relevant to the developing analysis.** Three additional interviews [P13–P15] were conducted to examine whether the developing patterns were supported by further accounts and to assess the adequacy of the dataset. The additional interviews did not lead to the identification of new themes or meaningful variations in the existing thematic structure. Recruitment therefore concluded after 15 interviews. **Given the use of reflexive thematic analysis, this assessment is best understood as a pragmatic judgement of sample adequacy and thematic sufficiency rather than as evidence that a single, objectively fixed point of saturation had been reached. The decision to conclude recruitment considered the richness of participants' accounts, the relevance of the material to the research aim, and the extent to which the dataset supported the development of meaningful patterns of shared meaning.**

With participants' consent, interviews were audio- and video-recorded to ensure accurate capture of the data. A total of 15 interviews were completed, including 8 participants from government hospitals and 7 from private hospitals. Of these, 12 interviews were conducted face-to-face and 3 online via the Zoom meeting. For online interviews, participants were contacted in advance and provided with meeting details, including the interview schedule and Zoom link, by email and WhatsApp message. Individual face-to-face interviews were conducted in a private and comfortable settings within the hospital, with each interview lasting approximately 30 to 40 minutes.

Researcher Characteristics and Reflexivity

The research team comprised three researchers with professional backgrounds in **medical and nursing disciplines. The interviewer was the first author, who held a Master of Science in Nursing (MSc Nursing) qualification and pursuing a PhD. The interviewer had no prior experience in conducting qualitative interviews. The interviewer was responsible for conducting the interviews and documenting reflexive notes, and maintaining the confidentiality of participant information. The interviewer had no prior professional, supervisory, educational, or personal relationship with the participants before recruitment. Participants were informed about the researcher's role, the purpose of the study, and the voluntary nature of their participation before the interviews.**

Reflexive journaling enhances transparency and rigor in qualitative research. Researcher reflexivity is considered essential for establishing trustworthiness in qualitative inquiry [15] A reflexive diary was maintained throughout the research process to enhance transparency, credibility, and trustworthiness while minimizing researcher bias. Before interviews, the researcher documented personal assumptions, expectations, professional background, and potential biases. During and after interviews, reflections on participant interactions, interview dynamics, emerging insights, emotional responses, observations, and methodological decisions were recorded. Regular review of these entries promoted ongoing self-awareness of the researcher's positionality and supported transparent analytical decision-making, thereby strengthening the credibility and confirmability of the study findings.

Data Management and Reflexive Thematic Analysis

All interviews were audio-video recorded and transcribed verbatim; each participant was assigned identification code [P1–P15], and all study data were securely stored with access restricted to only the researcher. Data were analysed following Braun and Clarke's Six-step Reflexive Thematic analysis including: 1. Familiarization with the data through repeated reading of transcripts; 2.

Generation of initial codes from meaningful data segments; 3. Identification of potential themes by grouping related codes; 4. Review and refinement of themes; 5. Definition and naming of themes; and 6. Production of the final report supported by representative verbatim quotations. This systematic approach facilitated the identification of recurring patterns and themes related to the process of PIF of nursing practitioners [16].

The first researcher initially familiarized themselves with the data through repeated reading of the interview transcripts. Initial codes were generated from meaningful data extracts and were reviewed and discussed among research team to refine their interpretation and application. Similar codes were grouped into subthemes and subsequently organized into broader themes through an iterative process of review and refinement. Hierarchical organization of codes, sub-themes, and the themes identified during the thematic analysis process were represented by developing coding **tree [Table 3]. New** codes were created when data did not fit existing patterns. Throughout the analysis, a reflexive journal was maintained to document analytic decisions, emerging insights, and researcher reflections, supporting transparency and critical examination of potential assumptions influencing the development of codes, subthemes, and themes. Final themes were reviewed against the dataset to ensure they accurately represented participants' experiences.

Trustworthiness of the findings was ensured through credibility, dependability, and confirmability [15]. Member checking was conducted to enhance the credibility and trustworthiness of the study findings. After the interviews, participants were contacted in person after their respective interviews. Participants were invited to review their interview transcripts to verify the accuracy of the information, clarify their statements, and ensure that their views and experiences had been appropriately represented**. All 15 participants responded to the member-checking process. The feedback received was reviewed carefully, and any relevant corrections or clarifications were incorporated into the interview data and analysis, as appropriate. This process helped ensure that the findings accurately reflected participants' perspectives and strengthened the credibility of the thematic interpretations.**

Peer debriefing was conducted to enhance the credibility and analytical rigor of the study. The developing analysis was discussed **with two experts who had relevant experience in qualitative research** and thematic analysis. **These discussions took place during the coding stage, theme development and refinement stages and focused on the interpretation of selected interview extracts, the development and refinement of codes, the boundaries and coherence of themes, and the consistency of the thematic account with participants' experiences. Feedback and alternative interpretations were considered reflexively, and relevant changes to the coding and thematic interpretations were made where appropriate. These discussions, together with sustained reflexive engagement with the dataset, supported a transparent, coherent, and contextually grounded interpretation of professional identity formation.**

RESULTS

The Reflexive Thematic analysis resulted in the **identification of 06 themes** which reflected the multifaceted process of PIF among nursing practitioners. Each theme was supported by representative verbatim quotations, providing rich descriptions of participants' lived experiences and enhancing the credibility and authenticity of the findings.

Table 3 Coding tree developed during thematic analysis

Theme	Subthemes	Consolidated codes
1. Initial conceptions and evolving understanding of the nursing role	1.1 Task-oriented and subordinate perceptions;	Perceived dependence on doctors; subordinate role perception; procedural focus; limited role awareness; recognition of nursing responsibilities; accountability
	1.2 Expanding role awareness and accountability	
2. Relational, holistic and ethical nursing practice	2.1 Therapeutic relationships and psychological support,	Approachability; therapeutic communication; patient education; trust-building; empathy; reassurance; emotional support; continuity of care; holistic care; compassion; patience; emotional self-regulation; fairness; non-discrimination; ethical practice
	2.2 Holistic and continuous patient care;	
	2.3 Professional conduct and ethical responsibility	

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3. Clinical learning, competence and continuing professional development	3.1 Experiential learning and clinical confidence;	Practice-based learning; skill acquisition; clinical competence; confidence development; experiential knowledge; technology adoption; digital equipment use; knowledge enhancement; continuous education; professional growth
	3.2 Technological adaptation and lifelong learning	
4. Professional socialization, collaboration and leadership development	4.1 Mentorship and collaborative learning;	Guidance from senior nurses and educators; mentorship; teamwork; communication; knowledge sharing; mutual support; mentoring junior nurses; leadership aspirations; professional maturity; career goals
	4.2 Leadership aspirations and career development	
5. Organizational constraints and emotional resilience	5.1 Structural barriers to quality care;	Staff shortages; resource constraints; heavy workload; time limitations; restricted patient interaction; perceived effects on care quality; emotional stress; grief; work–life conflict; crisis-related strain; coping strategies; resilience; emotional adaptation
	5.2 Emotional challenges and adaptive coping	
6. Societal recognition and professional identity validation	6.1 Social perceptions and professional recognition;	Societal stereotypes; limited professional recognition; respect; patient appreciation; external validation; professional pride; identity affirmation
	6.2 Patient appreciation and professional pride	

Theme 1: Initial conceptions and evolving understanding of the nursing role

Participants described entering nursing with a relatively narrow understanding of the profession, often associating it primarily with assisting doctors and performing clinical procedures. Statements such as "I thought nurses only follow doctors' orders" (P13) and "Earlier I thought it was only about injections" (P4) illustrate an initially task-oriented understanding of nursing. These perceptions suggest that some participants initially understood nursing through its visible procedural responsibilities rather than through its broader clinical, relational, ethical, and decision-making dimensions. One participant's reflection, "I didn't know about the full responsibility before,"(P2) further illustrates how professional experience can prompt practitioners to reconsider their initial assumptions about the scope of nursing practice.

As participants gained experience, their accounts reflected a broader understanding of nursing responsibilities, including sustained patient involvement, accountability, and comprehensive care. This development suggests that professional identity formation involved a gradual reconsideration of what it means to be a nurse, extending beyond task completion and perceived dependence on medical authority. Importantly, these accounts reflect participants' retrospective descriptions of their experiences rather than evidence that all practitioners follow an identical developmental sequence.

Theme 2: Relational, holistic and ethical nursing practice

Participants described professional identity as closely connected to the ability to establish therapeutic relationships, respond to patients' emotional needs, and provide care that extends beyond physical treatment. They emphasized approachability, communication, reassurance, and patient education as integral aspects of nursing practice. One participant explained, "I ensure that patients and attendants can approach us easily," (P9) while another described providing psychological support to patients experiencing fear. A further account, "I reassure them, sometimes hold their hand,"(P5) illustrates how participants understood compassionate actions and emotional reassurance as meaningful elements of patient care.

Participants also emphasized continuity of care and responsibility for patients throughout their healthcare journey. The statement "From admission to discharge, we are responsible" (P10) conveys a sense of sustained accountability, while the observation "Doctors may give orders and leave, but nurses stay" (P4) highlights participants' perceptions of nurses' continuous presence in clinical settings. These accounts suggest that participants associated their professional identity with being consistently available to patients and attending to their physical, psychological, and social needs.

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Ethical conduct was another important dimension of this theme. Participants emphasized patience, emotional self-regulation, fairness, and non-discriminatory care. Statements such as "All patients should be treated equally" (P3) and "We should not discriminate between rich and poor" (P1) demonstrate how participants connected professional identity with moral responsibility. Taken together, these accounts indicate that participants understood nursing professionalism not merely as technical competence, but also as the enactment of compassionate relationships, comprehensive care, and ethical commitments in everyday practice.

Theme 3: Clinical learning, competence and continuing professional development

Clinical experience emerged as an important influence on participants' confidence, competence, and understanding of professional practice. Participants described learning through direct involvement in patient care, progressing from less complex to more demanding procedures, and developing confidence through repeated practice. One participant recalled, "When I conducted my first delivery independently, I initially felt nervous, but after completing the procedure successfully, I gained confidence. (P8) while another stated, "I progressed from minor to major procedures." (P3). These accounts illustrate how practical experiences could provide opportunities to apply knowledge, develop clinical capabilities, and recognize personal growth

Participants also described learning as an ongoing process rather than something completed during formal education. The statement "Experience taught me more than theory"(P2) reflects the perceived contribution of clinical exposure to professional learning, while "With practice, I became more confident in handling patients" (P12) connects repeated experience with growing confidence in clinical responsibilities. Such accounts suggest that competence and professional identity developed in relation to one another: as participants became more capable of managing clinical situations, they also developed a stronger sense of themselves as practising professionals.

Continuing professional development and technological adaptation extended this learning orientation. Participants referred to using digital monitors and ventilators and recognized the importance of learning new technologies. Statements such as "Learning never stops" (P14) and "I want to improve my knowledge"(P15) reflect an ongoing commitment to professional development. These findings indicate that participants viewed professional identity as requiring continued learning and adaptation to changing clinical demands, rather than as a stable achievement attained at a particular career stage.

Theme 4: Professional socialization, collaboration and leadership development

Professional relationships played an important role in shaping how participants understood and enacted their nursing roles. Participants described receiving guidance, encouragement, and practical support from educators, senior nurses, and colleagues. One participant reflected, "My teacher challenged me to improve my knowledge and skills. Initially, I felt that it was difficult, but the challenge motivated me to work harder. I became determined to prove myself, improve my performance, and develop confidence in my professional practice." (P1) while another stated, "Senior nurses supported me." (P13) These accounts suggest that professional learning was influenced not only by individual experience but also by interactions with people who offered guidance, expectations, encouragement, and opportunities to develop.

Collaborative practice was also described as an important part of nursing work. Participants emphasized teamwork, communication, mutual support, and the sharing of knowledge. Their accounts suggest that professional identity was developed within a collective practice environment in which nurses learned from one another and coordinated their contributions to patient care. The statement "As a senior, I trained juniors" (P6) illustrates how participants' professional responsibilities could extend from receiving guidance to supporting the learning of colleagues.

Some participants also expressed aspirations for leadership and career advancement. Statements such as "I want to become a head nurse" (P8) and "I want to guide junior nurses" (P7) indicate an interest in assuming greater responsibility and contributing to the development of others. These aspirations reflect how participants envisioned their future professional selves. However, leadership aspirations and mentorship should not automatically be interpreted as the final stage of identity formation; rather, they represent one dimension of professional development that may vary according to individual goals, opportunities, and workplace contexts.

Theme 5: Organizational constraints and emotional resilience

Participants described organizational conditions that shaped their ability to enact their professional responsibilities. Staff shortages, heavy workloads, limited resources, and time constraints were identified as challenges affecting daily practice. Statements such as "One nurse managing many

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patients" (P14) and "Sometimes we cannot give enough time to each patient" (P6) illustrate the tension between participants' commitment to providing comprehensive care and the practical limitations of their working environments. Participants also expressed concern that workload pressures could affect the quality and continuity of patient care.

These challenges were not described solely in operational terms; they were also associated with emotional strain. Participants referred to the distress of losing patients, difficulties balancing work and family responsibilities, and emotionally demanding experiences during the COVID-19 pandemic. One participant recalled, "Losing patients was emotionally very difficult," (P10) while another described how "Balancing work and family was challenging." (P5) These accounts demonstrate how professional responsibilities intersected with personal well-being and emotional experience.

Participants also described developing ways of responding to difficult circumstances. The statement "Over time, I learned to handle these situations" (P10) suggests that some practitioners perceived changes in their ability to manage emotional demands as they gained experience. These accounts point to coping and resilience as aspects of professional development shaped by exposure to challenging situations. Nevertheless, the findings should not imply that individual resilience resolves structural problems such as understaffing or excessive workloads. Instead, they show how professional identity is negotiated within organizational environments that may both support and constrain the provision of care.

Theme 6: Societal recognition and professional identity validation

Participants described societal perceptions of nursing as an influence on how they understood the status and value of their profession. Some reported that nursing continued to be viewed narrowly as a subordinate occupation, as reflected in the statement "People think nurses only follow doctors." (P13) Such perceptions appeared to contrast with participants' accounts of the clinical, relational, and ethical responsibilities they associated with nursing practice.

At the same time, participants described experiences of recognition and appreciation that affirmed the significance of their work. One participant observed, "Now society respects nurses more," (P11) while others referred to appreciation from patients and the pride associated with being able to provide meaningful care. The statements "Patients appreciate our care" (P6) and "This appreciation makes us feel proud" (P8) suggest that recognition from those receiving care could reinforce participants' sense of professional worth.

These findings illustrate the relationship between professional identity and its social context. Participants' understandings of themselves as nurses were not shaped exclusively by their individual skills or experiences; they were also influenced by how nursing was perceived and valued by others. Societal stereotypes could challenge professional recognition, whereas appreciation and respect could strengthen professional pride and affirm the perceived value of nursing work. Professional identity formation therefore emerged as both a personal and a socially situated process.

DISCUSSION

This study explored the process of professional identity formation (PIF) among nursing practitioners through their clinical experiences, professional relationships, ethical responsibilities, and workplace challenges. The findings identified six interconnected themes, indicating that PIF is a continuous, dynamic, and potentially iterative process shaped by individual experiences and organizational and social contexts rather than a fixed sequence of developmental stages.

From initial role perceptions to a broader understanding of nursing

Initially, participants perceived nursing primarily as assisting doctors and performing clinical procedures. However, clinical exposure gradually broadened their understanding of nursing responsibilities, including holistic care, accountability, and professional autonomy. These findings support the role of experiential learning and professional socialization in identity development (17–21). Similar concerns regarding nursing hierarchies and professional socialization have been reported in previous studies (5, 19, 20). Kumari et al. (2024) (9) highlighted professional responsibility as an essential component of nursing professionalism, while Khomami and Rustomfram (2019) (10) reported concerns regarding nursing autonomy in a Gujarat hospital. The present study further illustrates how everyday clinical experiences influence nurses' understanding of their professional roles.

Relational, Holistic and Ethical Practice as Expressions of Professional Identity

Participants identified therapeutic communication, compassion, reassurance, patient education, emotional support, and continuity of care as essential aspects of professional identity. Watson's theory of human caring (22) and broader frameworks of nursing practice (23) support the importance of holistic and patient-centred care.

Participants also emphasized fairness, patience, confidentiality, and non-discriminatory care, reflecting the importance of ethical comportment in nursing professional identity (24). These findings indicate that professional identity involves not only clinical responsibilities but also the values and ethical principles guiding nursing practice.

Clinical Learning, Competence and Continuing Professional Development

Clinical experiences played an important role in developing participants' confidence, competence, and professional responsibility. Kolb's experiential learning theory (21) provides a useful perspective for understanding how practical experiences contribute to professional learning. Increasing clinical competence appeared to strengthen participants' confidence in fulfilling their professional roles.

Kumari et al. (2024) (9) also emphasized the importance of training and continuing education. Furthermore, participants recognized technological adaptation and lifelong learning as essential for maintaining professional competence, consistent with previous literature (25, 26). Thus, professional development appeared to be an ongoing component of identity formation.

Professional Socialization, Collaboration and Leadership Development

Mentorship, teamwork, and guidance from senior nurses and educators contributed to participants' professional learning and sense of belonging. Wenger's communities of practice perspective (27) explain how participation in professional communities facilitates the development of knowledge, practice, and professional identity.

Participants also expressed aspirations to guide junior nurses and undertake leadership responsibilities. These findings suggest that professional identity incorporates future career expectations and opportunities for professional contribution. However, leadership is not necessarily the final or universal stage of professional identity development, as professional growth may be expressed through clinical expertise, mentorship, ethical practice, and leadership.

Organizational Constraints, Emotional Experiences and Resilience

Participants identified staff shortages, heavy workloads, inadequate resources, and limited time for patient care as major organizational challenges. Previous research has examined the influence of nursing work environments and staffing conditions on professional practice (28). These findings highlight the gap between nurses' commitment to holistic care and their ability to deliver it under challenging working conditions.

Participants also described emotional distress associated with patient loss, workplace stress, and work–life responsibilities. Similar concerns were reported by Khomami and Rustomfram (2019) (10) in Gujarat. Kavitha et al. (2025) (29) also reported a positive correlation between professional identity and work–life balance ($r = 0.326$, $p < 0.05$). Furthermore, previous research has highlighted the importance of resilience among healthcare professionals (30).

The findings suggest that coping and resilience develop through professional experience but should not be considered solely individual responsibilities. Adequate staffing, organizational support, supervision, and opportunities for emotional support are equally important in facilitating professional identity formation.

Societal Recognition and Professional Identity Validation

Participants described both positive and negative societal perceptions of nursing. While some experienced stereotypes portraying nurses as assistants to doctors, others reported professional pride and appreciation from patients. These experiences indicate that professional identity is influenced by both nurses' self-perceptions and the recognition they receive from society.

Patient appreciation, professional respect, and recognition strengthened participants' sense of professional value. However, societal recognition was only one contributing factor; clinical competence, ethical responsibility, professional relationships, and continuing learning also shaped their professional identity. Overall, the findings demonstrate that PIF develops through continuous interaction between personal values, clinical experiences, professional relationships, and broader organizational and societal influences.

Implications for nursing education, practice and management

The findings suggest several implications for supporting professional identity formation. In nursing education, opportunities for guided clinical reflection may help learners examine assumptions

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about the nursing role and connect theoretical knowledge with the clinical, relational, and ethical responsibilities of practice. Structured mentorship and supportive clinical supervision may further help early-career practitioners interpret challenging experiences, develop competence, and understand professional expectations.

Within healthcare organizations, the findings underscore the importance of collaborative learning environments, continuing professional development, and opportunities to develop clinical and leadership capabilities. Access to appropriate resources, manageable workloads, and supportive supervisory relationships may help nurses enact the standards of care they consider important. Emotional support and opportunities to discuss distressing clinical experiences may also be valuable, particularly when combined with organizational action to address the conditions contributing to stress.

At the institutional and policy levels, the findings support attention to the recognition of nursing contributions, career development, and the working conditions that influence professional practice. These implications should be regarded as directions informed by participants' experiences rather than interventions whose effectiveness has been demonstrated by this study. Further research would be needed to assess the feasibility and impact of specific educational or organizational strategies.

Strengths and limitations

A strength of this study is its exploration of PIF through nursing practitioners' accounts of clinical practice, professional relationships, ethical responsibilities, emotional experiences, and organizational conditions. The analysis provides a contextualized interpretation of how these dimensions intersect in participants' understandings of their professional identities. Including participants from selected government and private healthcare settings may also have broadened the range of experiences represented, although it does not in itself establish systematic differences between these settings.

Several limitations should be acknowledged. First, the study involved an all-female sample, which may have limited the range of gender-related perspectives represented. The findings therefore cannot establish whether nursing practitioners of other genders experience professional identity formation in similar or different ways. Second, participants were recruited from selected hospitals in Gujarat. Their accounts may reflect the particular organizational cultures, staffing arrangements, and professional environments of those institutions and should not be generalized to all nursing practitioners in Gujarat or elsewhere in India. Third, institutional gatekeeper- head nurses were involved in participant recruitment, which may have influenced participant selection and willingness to share sensitive workplace experiences, potentially introducing selection bias. Fourth, both online and face-to-face interviews were conducted, differences in interaction, rapport, privacy, and access to non-verbal communication may have influenced the depth or character of participants' accounts.

The study's qualitative and context-specific design prioritizes depth of understanding rather than statistical generalizability. The findings should therefore be understood as an interpretive account of professional identity formation among the participants, with potential relevance to comparable contexts rather than as a comprehensive representation of all nursing practitioners.

Future Study Recommendations

Future research could examine PIF across a wider range of hospitals and geographical settings in Gujarat and other parts of India. Studies involving more diverse participant groups could explore how gender, professional experience, institutional context, and career responsibilities shape professional identity. Comparative research between government and private hospitals may be valuable where differences in staffing, supervision, resources, and professional opportunities can be examined directly.

Longitudinal qualitative research could also explore how practitioners' understandings of their professional roles change over time, helping distinguish retrospective perceptions of development from changes documented across different career periods. In addition, research evaluating mentorship, reflective learning, continuing professional development, and organizational support could investigate whether and how particular strategies help nurses navigate professional responsibilities and workplace challenges.

CONCLUSION

This study demonstrates that PIF among nurses is a dynamic, lifelong developmental process that progresses through education, clinical experience, interpersonal relationships, organizational impacts, and continuous professional growth. Nurses primarily entered the profession with a limited, task-oriented insight of their role, primarily viewing themselves as aids to physicians. However, exposure to patient-centered care, experiential learning, and increasing clinical skill progressively transformed their understanding toward a holistic and autonomous PI.

The findings emphasise that PI is strengthened through the internalization of ethical values, accountability, compassion, and patient advocacy, while teamwork, mentorship and collective learning play critical roles in professional socialization. At the same time, organizational challenges such as staff shortages and heavy workloads influence identity development by shaping nurses' perceptions of responsibility and care delivery. Emotional experiences such as patient loss, workplace pressure, and pandemic-related challenges, contribute to resilience and emotional maturity, enabling nurses to adapt to complex healthcare environments.

Moreover, commitment to lifelong learning, adaptability to technological advancements, societal recognition, and aspirations for leadership and mentorship reflect the continuing evolution of PI toward professional maturity. Overall, the findings suggest that nursing PI develops through progressive stages from limited role perception to patient-centered, ethical, confident, resilient, and leadership-oriented practice. Supporting these progressive processes through education, positive work environments, mentorship programs, and opportunities for continuous professional development may strengthen nurses' PI and improve the quality of patient care and healthcare outcomes.

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