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EXPLORATION OF THE FACTORS INFLUENCING PROFESSIONAL IDENTITY FORMATION AMONG NURSING PRACTITIONERS AT SOUTH GUJARAT, INDIA

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ABSTRACT

Background and Aim

Professional identity formation is increasingly recognized as an important component of nursing education and professional practice. Although professional identity in nursing has been widely explored in international literature, and emerging Indian literature has begun to recognize the significance of professional identity formation, there is insufficient context-specific evidence regarding the factors influencing professional identity formation among nurses in South Gujarat. Present study aimed to explore the factors influencing professional identity formation among nursing practitioners at South Gujarat, India.

Methods and Materials

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 seven themes describing factors influencing on Professional Identity Formation of nursing practitioners. The findings showed that professional identity formation is a dynamic, continuous, and multifactorial process influenced by patient-centred care, clinical exposure and experiential learning, professional confidence and competence, workplace support, occupational and emotional challenges, societal recognition, and lifelong learning and career aspirations.

Conclusion

Professional identity formation among nursing practitioners is an ongoing developmental journey rather than a one-time outcome of nursing education. Nurses become and continue to develop as professionals through caring relationships, clinical experiences, competence, social interactions, workplace experiences, societal recognition, and future professional aspirations. Creating supportive clinical and organizational environments that nurture these factors may help strengthen professional identity, promote professional satisfaction and commitment, and ultimately contribute to the delivery of safe, ethical, compassionate, and high-quality nursing care.

Keywords: Nurses; Professional Identity Formation; Nurses; Qualitative Research; Interview

INTRODUCTION

Nurses constitute a significant proportion of the global health workforce and play a critical role in health promotion, disease prevention, treatment, and the delivery of healthcare across diverse settings [1]. Professional Identity (PI) of Nurses was described as “A sense of oneself, and in relationship to others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting and feeling like a nurse” [2]. Nurses' professional identities develop throughout their lifetimes, from before entering nursing education, throughout their

years of study and clinical experience, and continue to evolve during their careers. Education is, however, a key period as it is during this time students gain the knowledge and skills that separate nurses as professional healthcare workers from lay people [3]. The important attributes of PI include skills and functions, knowledge and values, personal identity, group identity, and the context of care [4]. Recent conceptualizations of PI in nursing encompass four interrelated domains: values and ethics, knowledge, nurse as leader, and professional comportment [5]. Nurses' PI is

a dynamic process influenced by personal characteristics, understanding of the nursing role, clinical experience, patient care, the work environment, healthcare team, and societal perceptions of nursing. Professional development and increased experience over time contributed to changes in nurses' perceptions of their professional role and identity, highlighting that PI continues to evolve throughout nursing practice [6]. A significant proportion of nurses expressed in a study from Adis Ababa, Ethiopia, negative attitudes toward their profession due to poor salary, inadequate managerial support, lack of autonomy, and unfavourable societal image of nursing. The study found that nurses who perceived greater organizational support and positive public recognition demonstrated more favourable professional attitudes. This indicates that PI is not shaped solely by education but also by workplace experiences and social recognition [7]. Furthermore, healthcare environments are continuously changing due to technological advancements, increased patient expectations, workforce shortages, and complex healthcare demands. These changes require nurses to adapt professionally while maintaining strong professional values and identity. Exploring how nursing practitioners develop and sustain their professional identity can help identify barriers and supportive factors within clinical practice settings [8, 9].

Professional attributes such as accountability, advocacy, collaboration, ethical values, and professional reputation contribute significantly to nurses' PI and quality healthcare delivery. The emergence of "professional reputation" as a culturally influenced attribute indicates that PI formation may differ across healthcare settings and social contexts [10]. 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 [11]. International evidence demonstrates that recognition as a professional expert and valued team member contributes to nurses' PI, while Indian research has shown that nurses negotiate professional boundaries and career identities within healthcare institutions [12, 13]. Thus, examining PI among nurses in South Gujarat requires consideration of not only individual factors but also workplace, professional, interpersonal, educational, and sociocultural influences. Finally, Indian literature specifically addressing professional identity remains comparatively limited, with existing studies focusing on career decisions among nurses in Bangalore, faculty sensitization in Gujarat, or attitudes toward nursing among students in South

Gujarat rather than comprehensively examining factors influencing professional identity formation among practicing nurses. [13-15].

Therefore, there is insufficient regional evidence regarding how nurses in South Gujarat understand their PI and which personal, educational, clinical, organizational, interpersonal, and sociocultural factors influence its formation and development.

STUDY DESIGN AND STUDY SETTING

To explore the lived experiences of nursing practitioners about factors influencing Professional Identity Formation (PIF), a qualitative phenomenological research design was used. 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 factors influencing PIF in clinical practice settings. The study was conducted in selected government and private hospitals of South Gujarat.

Participants

Participants were 15 female registered nursing practitioners, aged between 27 and 46 years, having professional experience between 1 to 15 years, 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. Participants were recruited from both government and private hospitals and represented a diverse range of clinical departments. Purposive sampling technique was used to select participants.

Data Collection Tool

In-depth semi-structured interview guide (Table 1) was prepared by researchers which was based on code of ethics from Indian Nursing council [16], International Council of Nurses [17] and review of literature [7, 18-22]. Open ended questions were included in study tool. The dependability of the tool was ensured through expert review and pilot testing. A pilot study was conducted among three 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.

Table 1: 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 Impacting Professional Identity Formation	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 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 scheduled at times convenient to the participants. Data were collected through in-depth semi-structured interviews. Data

saturation was reached after 12 interviews, when no new themes or substantial information were emerging from the subsequent interviews. Three additional interviews (P13–P15) were conducted to confirm the attainment of data saturation. Following these interviews, no new themes or meaningful variations in the existing themes were identified. Therefore, data collection was concluded after 15 interviews.

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, with each interview lasting approximately 30 to 40 minutes.

Reflexivity

Reflexive journaling enhances transparency and rigor in qualitative research. Researcher reflexivity is considered essential for establishing trustworthiness in qualitative inquiry [23]. 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 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 factors influencing PIF of nursing practitioners [24].

The researchers 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 2). 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 [23]. Credibility was enhanced by member checking, in which participants verified the interpretations, and by including verbatim quotations. Dependability and confirmability were

established through expert review (peer debriefing) where qualitative research experts evaluated the transcripts, coding process, and thematic interpretations to ensure consistency and methodological rigor. These procedures ensured a comprehensive and credible understanding of nursing practitioners' professional identity formation.

RESULTS

The Reflexive Thematic analysis resulted in the identification of seven themes and related subthemes which reflected the factors influencing the PIF of 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 2: Coding tree developed during thematic analysis

Codes	Subtheme	Theme
Psychological support; Patient satisfaction; Emotional care	1.1 Compassionate and Holistic Care	Theme 1: Patient-Centered Care as the Core of Professional Identity
Politeness, calmness		
Family support; Holistic care; Emotional support		
Patient education; Information sharing; Confidence building	1.2 Therapeutic Communication and Patient Education	
Therapeutic communication; Treatment explanation; Respectful communication		
Patient education; Simple explanation; Time with patients		
Non-discrimination; Equality; Ethical care	1.3 Ethical Practice and Equality	
Equal treatment; Equality		
Equality; Respect; Non-discriminatory care		
Practical learning; Clinical experience; Experiential learning	2.1 Learning Through Practice and Observation	Theme 2: Experiential Learning and Clinical Exposure Shape Professional Growth
Personal growth; Change in thinking; Learning through experience		
Observation; Learning from seniors; Clinical learning		
Increased responsibility; Role transition; Professional development	2.2 Transition from Student to Responsible Professional	
Changing perception; Understanding nursing responsibility; Professional awareness		
Specialized skills; NICU experience; Clinical competence	2.3 Development of Clinical Competence	

Multidepartment exposure; Skill acquisition; Clinical competence		
Experience; Confidence building; Professional growth	3.1 Confidence Through Skill Mastery	Theme 3: Professional Confidence and Competence Strengthen Identity Formation
Independent practice; Confidence; Patient management		
Emergency management; Clinical autonomy; Decision-making		
Patient appreciation; Emotional satisfaction; Professional validation	3.2 Validation Through Patient Outcomes and Appreciation	
Patient recovery; Positive self-concept; Professional satisfaction		
Recognition; Parent appreciation; Professional satisfaction		
Mutual support; Team coordination; Collaborative practice	4.1 Teamwork and Collaborative Practice	Theme 4: Organizational Culture and Teamwork Influence Professional Identity
Interprofessional teamwork; Collaboration; Team-based care		
Teamwork; Shared responsibility; Quality patient care		
Mentorship; Senior support; Professional guidance	4.2 Mentorship and Guidance	
Supportive teaching; Learning; Mentorship		
Professional guidance; Confidence; Interprofessional mentorship		
Supportive culture; Toxic workplace; Organizational environment	4.3 Workplace Environment and Organizational Support	
Workplace stress; Organizational support; Work environment		
Workload; Medication errors; Patient safety concerns	5.1 Workload and Staff Shortage	Theme 5: Organizational and Emotional Challenges Affect Identity Formation
Staff shortage; Excessive patient load; Work burden		
Staff shortage; Quality of care; Work constraints		
Patient aggression; Emotional stress; Workplace strain	5.2 Emotional Burden and Stress	
Patient death; COVID-19; Emotional burden		
Blame from relatives; Patient death; Emotional stress		
Night duty; Family responsibilities; Work-life conflict	5.3 Work-Life Balance Challenges	
Family problems; Lack of support; Mental strain		
Social recognition; Respect for nursing; Professional value	6.1 Improved Social Recognition of Nursing	Theme 6: Societal Recognition and Professional Value Influence Identity
COVID-19; Increased recognition; Social respect		
Professional recognition; Social perception; Professional status		
Patient-family appreciation; Professional pride; Identity validation	6.2 Identity Validation Through Social Appreciation	
Patient outcomes; Social appreciation; Positive professional image		
Soft skills training; Professional development; Skill enhancement	7.1 Continuous Professional Development	Theme 7: Lifelong Learning and Career Aspirations Shape Future Professional Identity
Technology learning; Confidence; Skill development		
Knowledge enhancement; Advanced skills; Lifelong learning		
Leadership aspiration; Career advancement; Head nurse role	7.2 Leadership and Career Aspirations	
Mentoring; Leadership; Guidance of juniors		
Career aspiration; Teaching role; Professional advancement		

Theme 1: Patient-Centered Care as the Core of Professional Identity.

The thematic findings suggest that patient-centered care functions as a significant experiential factor in the formation of nursing practitioners' PIF.

Subtheme 1.1: Compassionate and Holistic Care

Participants emphasized emotional care, psychological support, politeness patience, and calmness as essential aspects of nursing practice. They viewed their role as

extending beyond clinical care to include emotional and psychosocial support for patients and families.

“If we give psychological support, the patient feels satisfied.” (P6)

“A nurse should be polite, patient, and calm.” (P5)

“We support the family so that they do not feel disturbed.” (P12)

These narratives show that caring and compassion are central to being a professional nurse. Participants' experiences strengthened their professional values and deepened their identification with the caring role, contributing to PIF.

Subtheme 1.2: Therapeutic Communication and Patient Education

Participants highlighted respectful communication, simple explanations, adequate information, and spending time with patients. These practices helped build trust, improve understanding, and increase confidence in care.

“Providing proper information... patient feels confident.” (P10)

“We should talk nicely and explain treatment.” (P5)

“Nurse spends more time and explains everything in a simple way.” (P8)

These experiences show that nurses view patient education, effective communication,

and support as important parts of professional nursing. Regular patient interaction strengthens their confidence and reinforces their identity as responsible, knowledgeable, and caring professionals.

Subtheme 1.3: Ethical Practice and Equality

The findings indicate that ethical practice and equality are significant factors influencing PIF, as participants associated being a professional nurse with treating every patient fairly and without discrimination.

“There should be no discrimination among patients.” (P2)

“All patients should receive equal care and treatment.” (P5)

“All patients are equal... same care and respect.” (P6)

The emphasis on equal care, respect, and non-discrimination reflects the internalization of ethical principles as part of nurses' professional values.

Theme 2: Experiential Learning and Clinical Exposure Shape Professional Growth

The findings indicate that experiential learning and clinical exposure constitute significant factors influencing the formation of nurses' PI.

Subtheme 2.1: Learning Through Practice and Observation

Participants described learning gradually through daily clinical experiences and by

observing senior nurses. This practical learning helped them develop clinical judgment, professional behaviour, communication skills, and appropriate ways of responding to clinical situations.

“We learned practical details gradually through experience.” (P9)

“We learned by observing seniors.” (P7)

The gradual learning through experience and observation strengthened nurses' confidence and sense of belonging, contributing to the development of their PI.

Subtheme 2.2: Transition from Student to Responsible Professional

Participants described the transition from student nurse to practising professional as an important identity-forming experience. As they gained responsibility, their understanding of nursing expanded, along with their autonomy, accountability, and awareness of their decisions.

“As a student we were guided... as staff nurse responsibility increased.” (P7)

Earlier I thought nursing was only injections... later realized responsibility.” (P14)

“Slowly my thinking changed... experiences made me grow.” (P9)

Subtheme 2.3: Development of Clinical Competence

Participants shared that varied clinical exposure helped them develop and strengthen their clinical skills, contributing to their PIF. Experience in areas such as orthopaedics, NICU, tuberculosis care, and intensive care helped build their professional competence.

“I learned NICU care... feeding tubes, phototherapy.” (P10)

“Worked in Orthopaedics, TB, and ICU... each department taught me different skills.” (P3)

Participants' experiences across different clinical settings exposed them to varied patients, technologies, procedures, and care needs. This broadened their clinical skills and helped them better understand the complexity and scope of nursing practice.

Theme 3: Professional Confidence and Competence Strengthen Identity Formation

Participants' lived experiences suggest that confidence develops progressively through accumulated clinical experience, mastery of skills, independent patient management, and the ability to respond effectively to emergency situations.

Subtheme 3.1: Confidence Through Skill Mastery

Participants shared that confidence grew with experience and mastery of clinical skills. Managing patients independently and handling emergencies helped them feel

more capable and confident in their professional role.

“Experience has helped us gain confidence.” (P7)

“I gained confidence in handling patients independently.” (P4)

“I can manage emergencies even without doctor immediately.” (P11)

Participants described independent clinical practice as an important step from relying on supervision to becoming more autonomous. Mastering clinical skills strengthened their PI.

Subtheme 3.2: Validation Through Patient Outcomes and Appreciation

Participants expressed happiness and satisfaction when their care was appreciated or patients improved. Such recognition made them feel that their work was meaningful and valued.

“When patients appreciated my care... I felt happy.” (P12)

“When patients improve, I feel positive about myself.” (P6)

“When parents recognize me... it gives me satisfaction.” (P3)

Appreciation and observable improvement in patients appear to reinforce nurses' sense of purpose, value, and effectiveness within the healthcare team.

Theme 4: Organizational Culture and Teamwork Influence Professional Identity

Participants' narratives reveal that PI is shaped not only through individual competence and clinical experiences but also through interactions with colleagues, senior nurses, doctors, and the broader organizational environment.

Subtheme 4.1: Teamwork and Collaborative Practice

Participants described adjusting duty schedules, helping colleagues, and working together with nurses, doctors, and other staff. These experiences showed them that nursing is a shared responsibility within the healthcare team.

“We adjust duty schedules and support each other.” (P10)

“We work as a team with doctors, nurses, and staff.” (P9)

“Patient care is teamwork.” (P1)

These experiences show that teamwork helps nurses see their role as part of a shared effort. Working together strengthens cooperation, accountability, communication, and shared responsibility, reinforcing their professional identity.

Subtheme 4.2: Mentorship and Guidance

Participants viewed senior nurses as important sources of guidance, knowledge, encouragement, and practical learning. Supportive teaching helped them learn, clarify doubts, receive feedback, and gradually build confidence in their practice.

“Seniors supported us and guided us.” (P7)

“When seniors teach calmly, I learn faster.” (P3)

“Guidance from seniors and doctors helps us work with confidence.” (P8)

These accounts suggest that mentorship functions as an important socialization process through which professional knowledge, values, behaviours, and expectations are transmitted and internalized.

Subtheme 4.3: Workplace Environment and Organizational Support

Participants described experiencing both supportive and stressful workplace conditions, suggesting that PI develops within a dynamic organizational context.

“Supportive culture helps... toxic environment affects.” (P2)

“Sometimes supportive... sometimes stressful.” (P5)

A supportive workplace helps nurses feel safe, motivated, and confident, while a stressful environment can affect their well-being and sense of professional worth. Thus, the work environment plays an important role in shaping and maintaining PI.

Theme 5: Organizational and Emotional Challenges Affect Identity Formation.

The findings reveal that organizational constraints and emotionally demanding experiences constitute significant contextual influences on nurses' PIF.

Subtheme 5.1: Workload and Staff Shortage

The findings indicate that excessive workload and inadequate staffing influence PI by creating challenges to nurses' ability to fulfil their perceived professional responsibilities effectively.

“Medication errors may occur due to workload.” (P6)

“I was alone with 72 patients.” (P3)

“Due to staff shortage... unable to provide quality care.” (P9)

Participants described high patient–nurse ratios and staff shortages as increasing their workload and concerns about patient safety and quality of care. Caring for many patients at once created professional strain when they could not provide the individualized care they valued.

Subtheme 5.2: Emotional Burden and Stress

Participants described patient aggression, deaths—especially during COVID-19—and blame from relatives. These experiences created emotional stress while they continued to carry out their professional responsibilities.

“Patients sometimes come aggressively... we feel affected.” (P6)

“Many young patients died during COVID.” (P9)

“Relatives blamed us when patients died.” (P3)

Participants described remaining calm, supportive, and responsible while managing their own emotions during suffering, death, aggression, and blame. These experiences were challenging but also helped them develop emotional resilience and understand the complexities of nursing.

Subtheme 5.3: Work-Life Balance Challenges

The findings further indicate that tensions between professional responsibilities and personal or family responsibilities influence nurses' experiences of their PI.

"Managing night duties and family responsibilities was difficult." (P1)

"Family problems and lack of support affect us mentally." (P7)

Participants described challenges with night duties, family responsibilities, and limited support. These experiences showed that PI is also shaped by how nurses balance their professional and personal roles.

Theme 6: Societal Recognition and Professional Value Influence Identity

Participants felt that changing public perceptions of nursing, especially after COVID-19, increased their professional pride and sense of value. Recognition from patients, families, and the community reinforced the importance of their contribution.

Subtheme 6.1: Improved Social Recognition of Nursing

Participants felt that growing social recognition strengthened their positive PI. They observed that nursing is increasingly viewed as a profession requiring knowledge, skills, responsibility, and commitment.

"Nurses now receive greater respect from society." (P9)

"During COVID, people respected nurses a lot." (P4)

"Now people recognise nurses as professionals." (P11)

The COVID-19 pandemic was identified as a particularly significant period during which nurses became more visible to the public and received heightened social appreciation.

Subtheme 6.2: Identity Validation Through Social Appreciation

Participants shared that appreciation from patients, families, and society strengthened their professional identity. Recognition and positive patient outcomes gave them a sense of pride and reinforced the value of their nursing role.

"When parents say they want the same nurse... I feel proud." (P10)

"When patients improve, society sees us positively." (P4)

Participants felt that appreciation from patients and families strengthened their pride, sense of achievement, and professional worth. Positive patient outcomes also made them feel that their work was meaningful, strengthening their

positive professional self-image and connection to nursing.

Theme 7: Lifelong Learning and Career Aspirations Shape Future Professional Identity

Participants' narratives demonstrate a willingness to enhance their knowledge, acquire advanced and contemporary skills, adapt to emerging technologies, and undertake professional development activities.

Subtheme 7.1: Continuous Professional Development

Participants described gaining soft skills, technological knowledge, and advanced clinical skills. They recognized the need for continuous learning to keep pace with changing healthcare practices and technology.

"I attended soft skills training." (P5)

"Learning new technology increases confidence." (P1)

"I want to improve my knowledge and learn advanced skills." (P2)

Participants' willingness to learn and adapt to new technology strengthened their sense of competence and professional readiness. Continuous professional development helped them maintain and reshape their professional identity as healthcare needs changed.

Subtheme 7.2: Leadership and Career Aspirations

The findings further demonstrate that career aspirations and the desire to assume leadership, teaching, and mentoring roles contribute to the future orientation of nurses' PI.

"I have a desire to become a head nurse." (P12)

"I want to guide juniors properly." (P13)

"I want to work as a nursing officer and teach." (P5)

Participants aspired to become head nurses, nursing officers, educators, and mentors. These goals showed a growing view of themselves as future leaders and role models, strengthening their professional commitment and motivation for continued growth.

DISCUSSION

The study explored factors influencing PIF among nursing practitioners in South Gujarat, India. Findings showed that PI is a dynamic process shaped by clinical experiences, relationships, workplace conditions, social recognition, and future aspirations. Across seven themes, nurses described their professional identity as developing through caring, learning, gaining competence, taking responsibility, receiving recognition, managing challenges, and pursuing growth.

Patient-centred care emerged as a key part of PI. Participants associated professional nursing with compassionate, holistic,

respectful, and equitable care, along with communication, patient education, emotional support, and dignity.

These findings align with **Fagermoen [25]** and **Mazhindu *et al.* [26]**, who emphasized caring, dignity, altruism, and professional values in nursing identity. **Poreddi *et al.* [27]** similarly highlighted caring, dignity, patient rights, safety, and accountability among Indian nurses. Thus, caring and ethical practice strengthen PI.

Experiential learning and clinical exposure played an important role in PI development. Participants gained knowledge and skills through clinical experience, observing senior nurses, taking greater responsibility, and working in diverse settings. These findings are consistent with **Fitzgerald [28]** and **Neishabouri *et al.* [29]**, who emphasized clinical experience, role models, mentorship, professional development, and increasing commitment. Professional confidence and clinical competence further strengthened PI. Participants gained confidence through experience, skill mastery, independent patient care, and managing complex or emergency situations. This supports **Yao *et al.* [30]**, who found positive associations between self-efficacy, competence, and PI. Patient and family appreciation also reinforced nurses' sense that their work was meaningful and valued, consistent with **Johnson [31]**.

Organizational culture, teamwork, mentorship, and workplace support influenced PI. Participants learned and developed through interactions with senior nurses, doctors, and other healthcare professionals. These findings are consistent with **Deppoliti [32]** and **Fitzgerald and Clukey [28]**, who highlighted relationships, role models, mentorship, and professional socialization.

Organizational and emotional challenges also affected PIF. Participants reported heavy workloads, staff shortages, emotional stress, patient aggression, death, criticism from relatives, and work–life conflicts. These findings are consistent with previous evidence showing that workload, limited resources, and psychosocial demands affect nurses' well-being [33–36]. Such challenges may create a gap between professional ideals and the ability to provide quality care, highlighting the need for adequate staffing, supportive leadership, psychological support, and work–life balance.

Societal recognition and perceived professional value influenced PI. Participants described increased respect for nursing, especially during COVID-19, and felt that appreciation from patients, families, and society strengthened their professional pride. These findings align with **Li *et al.* [37]** and studies of emergency and intensive care nurses [38], which reported increased

recognition and positive changes in PI during the pandemic.

Lifelong learning and career aspirations also supported the ongoing development of PI. Participants expressed a desire to gain advanced skills, adapt to new technologies, and pursue roles such as head nurse, educator, mentor, and leader. These findings are consistent with **Johnson [31]** and **Hakvoort *et al.* [39]**, who emphasized continuing education, professional development, career goals, and advancement opportunities.

Overall, PIF is a continuous and multidimensional process shaped by patient-centred values, clinical experience, competence, confidence, workplace relationships, organizational challenges, social recognition, and career growth. These factors interact, while supportive workplaces, mentorship, adequate resources, recognition, and learning opportunities can strengthen and sustain nurses' PI in South Gujarat.

A key strength of this phenomenological study was its in-depth exploration of nurses' lived experiences of PIF. Including participants from government and private settings added diversity and strengthened the contextual relevance of the findings. However, participants were drawn from selected hospitals in Gujarat, which may limit the transferability of findings to other settings.

Future research should examine PIF across diverse healthcare settings and regions of Gujarat and India. Longitudinal and intervention studies could assess mentorship, reflective practice, and professional development programmes to identify strategies that strengthen PI.

CONCLUSION

The present qualitative study demonstrates that PIF among nursing practitioners is a dynamic, continuous, and multifactorial process. It is influenced by patient-centred care, clinical exposure and experiential learning, professional confidence and competence, organizational culture and workplace support, occupational and emotional challenges, societal recognition, and lifelong learning and career aspirations. These factors interact to shape how nurses perceive their professional roles, values, capabilities, and future contributions. Strengthening supportive clinical environments, adequate staffing, mentorship training, professional recognition, continuing education, and career-development opportunities may help nurses develop and sustain a strong professional identity. The findings highlight the need for nursing organizations and healthcare institutions to address both individual and organizational factors to support the professional growth and identity of nurses.

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