Original article

Professional identity of nursing students and readiness for future practice: A qualitative study

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Abstract

Background: Professional identity is increasingly recognized as a critical determinant of nursing students' readiness for practice and long-term professional commitment. Although previous studies have examined these constructs separately, limited qualitative evidence has explained how professional identity develops during the transition toward professional practice, particularly within the Vietnamese educational context.

Objectives: To explore how professional identity develops alongside readiness for practice among final-year nursing students, and to identify critical experiences shaping students' readiness for future professional practice.

Materials and methods: A qualitative study was conducted among 18 final-year nursing students at the Faculty of Nursing, Van Lang University, Vietnam. Purposive sampling was undertaken between March and July 2026, during which semi-structured in-depth interviews were conducted. Data were analyzed using thematic analysis guided by the Professional Identity Formation (PIF) framework and Transition Theory.

Results: Participants described professional identity as developing gradually through their clinical education rather than as a stable personal characteristic. Participants described moving from choosing nursing for external reasons to gradually internalising professional values. Key experiences during the transition, including successful performance of complex clinical procedures, recognition from patients, workplace criticism, and encounters with patient death, became important turning points that strengthened self-efficacy, ethical reflection, professional responsibility, and empathy. Although participants generally perceived themselves as clinically prepared (approximately 60-80% readiness), uncertainty about making independent clinical decisions and legal accountability remained one of the main challenges to full readiness for professional practice.

Conclusion: Professional identity formation and readiness for practice were closely linked as final-year nursing students prepared for entry into professional nursing practice. Educational strategies that incorporate reflective learning, simulation-based education, and supportive clinical mentorship may support professional identity formation and improve graduates' readiness for independent professional practice.

Keywords: *professional identity; professional identity formation; nursing students; readiness for practice; transition theory; qualitative research.*

1. INTRODUCTION

In modern healthcare systems, nurses play a fundamental role in ensuring the quality of healthcare services [1]. In addition to performing clinical procedures, nurses are involved in hospital management, health education, and mental health support [2]. The quality of nursing practice directly affects patient safety and the effectiveness of healthcare systems [1, 3]. Within a patient-centered care model, nurses also provide humanistic care, contributing to patients' recovery and the fulfillment of their expectations [1].

Professional Identity (PI) is a core factor in the development of the nursing profession, reflecting individuals' self-perception of their professional roles through the internalization of professional values and norms. A strong PI enhances professional commitment and reduces turnover intention [3, 4], while also improving the quality of care, core competencies, and confidence in clinical practice [1, 4, 5]. PI also facilitates adaptation to change and promotes innovation in healthcare settings [4].

The development of PI is strongly influenced during the transition from academic education toward professional nursing practice, which is often challenging for nursing students [4, 6]. Students frequently experience "reality shock" due to the gap between theory and practice [5], along with

psychological challenges such as anxiety, lack of confidence, and work-related pressure [3]. The intention to leave the profession has also been reported among some students even before entering professional practice [4].

In Vietnam, research on nursing students' professional identity remains limited, particularly regarding its relationship with readiness for practice. This gap is important because students transition from structured, supervised university learning to clinical practice requiring greater autonomy, accountability, adaptability, and communication. Differences between educational and clinical settings, hierarchical relationships, and varied practice expectations may influence students' confidence, professional belonging, and identity development. Qualitative research can clarify how students interpret these experiences and contextual challenges, thereby informing strategies to strengthen professional identity formation and support their transition into nursing practice.

Therefore, in-depth research on the professional identity and practice readiness of nursing students is needed to provide evidence for improving nursing education and developing appropriate support strategies, thereby contributing to the enhancement of the future nursing workforce.

Based on this rationale, the study aimed to explore how professional identity develops alongside readiness for future nursing practice among final-year nursing students and to identify the critical experiences that shape this transition. Specifically, the study addressed the following research question: How do final-year nursing students describe the development of their professional identity and readiness for future nursing practice during their transition from student to professional nurse?

2. RESEARCH SUBJECTS AND METHODS

2.1. Research design

Theory-informed qualitative descriptive study.

2.2. Study setting and study period

The study was conducted from March 2026 to July 2026 at the Faculty of Nursing, Van Lang University.

2.3. Study participants

Participants were fourth-year undergraduate nursing students expected to graduate in 2026 and had no outstanding courses at recruitment. Participation was voluntary and required informed consent. Students were excluded if they declined or withdrew consent, felt uncomfortable with the interview, or could not complete the interview or provide sufficient information relevant to the study objectives.

2.4. Sample size and sampling method

Purposive sampling was used to recruit eligible final-year nursing students who could provide rich, relevant perspectives on professional identity formation and readiness for practice. Recruitment and interviews were conducted iteratively with data analysis. Saturation was reached after the 13th interview, when no substantially new codes or themes emerged. Five additional interviews were conducted to confirm theme stability, resulting in 18 participants.

2.5. Data collection techniques, instruments, and procedures

Data were collected through individual semi-structured interviews conducted by two study authors, a nursing faculty secretary (Bachelor's degree) and a nursing lecturer (Master's degree). Students could choose the interviewer they felt more comfortable with and were assured that participation was voluntary, responses were confidential, and participation would not affect their academic performance or relationship with the university. Interviews were conducted privately, lasted 30 - 45 minutes, and were audio-recorded with consent. The two researchers transcribed and cross-checked the recordings for accuracy. The interview guide was developed based on the Professional Identity Formation framework and Transition Theory and reviewed by experts for relevance and appropriateness before data collection.

2.6. Data processing and analysis

Audio recordings were transcribed verbatim by the two researchers and cross-checked against the recordings for accuracy. Data were analyzed using thematic analysis, including familiarization, independent coding, grouping of related codes into themes and subthemes, and review and refinement of themes. Discrepancies were discussed until consensus was reached.

The PIF framework and Transition Theory were used as complementary lenses for interpreting professional identity development and students' transition to practice. They were not used as predetermined coding categories; codes and themes were derived primarily from participants' accounts, with the frameworks subsequently used to support theoretical interpretation.

2.7. Research ethics

The study was approved by the Biomedical Research Ethics Committee of Van Lang University under Decision No. 28/2026/HĐĐĐ-IRB-VN01.078, dated March 21, 2026.

3. RESULTS

3.1. Participant characteristics

Eighteen final-year nursing students participated in the study. Participants were aged 21 - 23 years, with a mean age of 21.7 ± 0.8 years. The majority were female (17, 94.4%), while one participant was male (5.6%). Eight participants (44.4%) were from Ho Chi Minh City, and ten (55.6%) were from other provinces. Regarding their selected graduation pathway, 15 participants (83.3%) chose the professional practice course, whereas three participants (16.7%) chose the thesis course. Detailed participant characteristics are presented in Table 1.

3.2. The process of Professional Identity Formation and key transition points

Professional Identity Formation (PIF) emerged as a continuous and transformative rather than linear process. Participants described a shift from externally influenced views of nursing toward an internalized sense of professional competence, responsibility, and belonging. Key transition points included career choice, clinical exposure, challenging care, professional socialization, patient recognition, and internalization of professional values. From PIF and Transition Theory perspectives, these experiences reflected changes in professional self-concept, roles, relationships, and routines as students moved toward professional nursing practice.

3.2.1. Career choice and clinical exposure: From external influences to emerging professional competence

Participants differed in the extent to which nursing was initially a self-determined career choice. For some, nursing was influenced by family expectations, employment opportunities, or academic constraints:

"At first, I was planning to study psychology. Then my family said that the job opportunities in that field were not as stable as in nursing, so they encouraged me to choose this field instead." (P3).

"I liked being a doctor... I wanted to become a doctor, but I didn't get a high enough score... so I chose nursing to study instead." (P5).

Others reported an early orientation toward caring for others:

"I decided to study this field because I wanted to take care of people... because I realized that I liked taking care of others, and I liked caring about other people." (P14).

"I knew from the beginning that I liked it... I liked taking care of others, and I liked doing hands-on work to care for people." (P2).

Although these motivations differed, initial career choice did not determine subsequent PIF. Authentic clinical experiences progressively reconstructed students' understanding of nursing and their professional capabilities.

Clinical exposure provided opportunities to test and develop competence. One participant described deliberately choosing challenging procedures:

"At first, I chose the easier ones, but after reflecting on it, I wanted to choose more difficult ones, more challenging cases... I wanted to challenge myself to cannulate smaller veins... even though it was just a tiny vein, I still wanted to master it." (P1).

Clinical participation also fostered independence and internalization of professional routines:

"When I entered the clinical environment and started working, it was like there was a sequence of things I had to do... I didn't complain about anything... My mind was programmed that when I came in for the day, I had to do this, this, and this, so I just did it myself. I didn't even need to ask the senior nurses." (P1).

Another participant described increasing enactment of the professional role:

"I went to the intensive care unit... I assisted the nurse as if I were a real nurse. I gave injections, entered data, administered medications... I did all of her work for the entire day... I felt like I was a real nurse." (P6).

The statement "I felt like I was a real nurse" illustrates how authentic clinical participation supported emerging professional competence and role identification.

3.2.2. Confronting difficult care and internalizing professional values

Clinical transition also required students to confront physically, emotionally, and psychologically challenging aspects of nursing. One participant described accepting tasks that had initially seemed unimaginable:

"I thought about doing things that I had never done before, but now I had to do them, such as taking care of patients, giving bed baths, changing diapers, and things like that. I never thought I would be able to do it." (P16).

Another described accompanying a patient at the end of life:

"I was also honored to accompany someone during the final stage of their life... I thought that I had done everything I could and given my best." (P13).

These experiences expanded students' understanding of nursing beyond technical competence to include emotional presence, dignity, and professional responsibility.

As students accumulated clinical experiences,

professional values became increasingly internalized. One participant emphasized professional integrity:

"When I start working in the future, I don't think I will do things carelessly because I will do them properly... even if the salary is low, my conscience must remain strong..." (P14).

Another identified responsibility as central to nursing identity:

"The very first and most important factor in professional practice is the responsibility of a nurse. We must be responsible for the work we are assigned and for the profession we have chosen... If we lack responsibility, our work will not be successful at all." (P18).

Empathy also became central to the professional self:

"When I see what people are suffering from, I feel very sorry for them... I value health more, both my own health and that of patients, and the health of my parents as well." (P5).

"I think the most important quality is being able to empathize with and share patients' feelings. Without that quality, it would be impossible to stay in the profession and provide wholehearted care." (P13).

These accounts suggest that empathy and responsibility were increasingly understood as defining professional values rather than simply interpersonal skills.

3.2.3. Professional socialization and recognition from others

Professional identity was also shaped through interactions with teachers, nurses, patients, and other members of the clinical environment. Positive relationships with teachers provided support and affirmation:

"My teachers were the ones who helped me the most... The reason I have made it this far is because my teachers helped me a lot and gave me advice." (P13).

In contrast, criticism could undermine confidence and expose tensions between student and professional roles:

"Patients seemed a little worried when they saw us wearing student epaulettes. The patient's family member kept urging me, asking why I was not going in and why I was not doing anything. I felt sad because I was suddenly being scolded like that." (P17).

"After the nurses scolded me, I became less confident... Every place has different equipment, and at first I wasn't familiar with it, so I worked more slowly." (P10).

Differences between university-based learning and clinical expectations could further challenge students' confidence:

"The senior nurses still didn't trust the procedures taught at our university... She said, 'Is this how your university teaches you?'... That also made me feel less confident during clinical practice." (P12).

These experiences illustrate identity negotiation across educational and clinical contexts. Conversely, recognition from patients could strengthen professional self-belief:

"When patients saw that we were students, they were somewhat worried... but after I did it once, they would say something like, 'This girl does it more gently than the other nurses,' and I felt happy. I thought, 'Oh, maybe I can actually do it!'" (P17).

The patient's recognition transformed external affirmation into self-belief. Another participant described the emotional reciprocity of patient relationships:

"The patients really liked us... when they saw that I was very tired, they felt sorry for me and helped me with things, and they gave me various things... In terms of the patients' affection, I received so much, far more than I had expected." (P4).

Together, these experiences show that professional identity was negotiated through both challenge and recognition within the clinical social environment.

3.2.4. From role performance to professional commitment

As professional values became internalized, students increasingly acted according to an emerging sense of professional responsibility rather than external instruction. One participant described acting beyond formal task requirements:

"For example, when we were waiting for an X-ray, it was already time for us to finish our shift, but the patient still hadn't had the X-ray... The nurse told me to go home and let the patient return by themselves. But I felt that I couldn't leave the patient like that, so I waited until the patient had finished the X-ray and then accompanied them back... At that moment, I felt that I had truly fulfilled my responsibility as a nurse." (P10).

This account illustrates a shift from role compliance to identity-based action, with professional responsibility becoming an organizing principle for behavior.

Overall, PIF involved progressive shifts from externally guided career choices toward personally meaningful professional identification; from dependence on instructions toward independent role enactment; from resistance to acceptance of

difficult care; and from external evaluation toward internalized responsibility, empathy, and ethical commitment. These transitions were shaped by authentic clinical participation, social recognition, reflection, and progressive integration of professional values into the self.

3.3. Level of professional practice readiness

The interviews indicated that professional practice readiness was a multidimensional and evolving process involving technical competence, psychological readiness, and professional responsibility. Most students rated their readiness at approximately 60%–80%, indicating a functional foundation for clinical practice but incomplete readiness for independent responsibility. From the perspective of Transition Theory and PIF, students were moving toward greater autonomy and progressive enactment of the nurse role.

3.3.1. Developing competence and enactment of the nurse role

Students described increasing practical competence and independence, but technical performance did not always translate into readiness for autonomous responsibility. One participant distinguished between confidence in performing nursing activities and professional responsibility:

"In terms of confidence, I feel 100% ready, but when it comes to professional responsibility, I fall back to around 50%... because I'm used to studying with teachers beside me. If I make a mistake, my teachers can still support me... but when I enter the real world, I'll be on my own, so I'm still afraid." (P1).

This account suggests that competence developed faster than confidence in assuming professional accountability. Readiness also depended on exposure to diverse clinical situations:

"I think I'm about 70% ready... because sometimes there are clinical situations that I haven't encountered very often, so I don't really have enough experience yet." (P6).

By the final year, some students reported greater independence in routine practice:

"Now that we are fourth-year students... we are already proficient, so the nurses just assign us tasks, or we can check medication lists ourselves, administer medications to patients ourselves, and work like nurses." (P9).

The phrase "work like nurses" reflects increasing enactment of the professional role through authentic clinical participation. Critical clinical experiences could further reinforce this developing competence:

"The first time I inserted an IV cannula into an older man... He said, 'Go ahead, even if it hurts or you miss, it's okay... I'll let you try a second time.' After I successfully inserted the needle, I cried... because I had succeeded... He complimented me and said I had a gentle touch." (P12).

This experience illustrates how technical success, patient reassurance, and recognition could transform clinical performance into an internally experienced aspect of the emerging professional self.

3.3.2. Psychological transition and remaining barriers to independent practice

Although technical competence had developed considerably, psychological readiness remained less stable. Students expressed uncertainty about transitioning from student life to full-time professional practice:

"I still think about the future, having to go to work and do shifts every day, and I'm not really ready yet... I feel like I still want to have fun too much, and suddenly I'm expected to go to work." (P16).

This reflects tension between the current student identity and the anticipated professional identity, consistent with the psychological adaptation described in Transition Theory.

Readiness also involved adaptation to broader clinical systems. One participant identified electronic medical records as a practical barrier:

"The barrier for us is the electronic medical record system... We hope that future students will have more opportunities to learn about electronic medical records." (P8).

This suggests that readiness was not solely an individual characteristic but also depended on students' ability to function within organizational and technological environments.

Overall, final-year students demonstrated substantial behavioral readiness, particularly in familiar clinical tasks, while psychological readiness and professional responsibility remained developing. A gap persisted between performing nursing tasks and feeling fully prepared to assume independent accountability. Professional practice readiness was therefore understood as a process of progressive integration rather than a completed state at graduation.

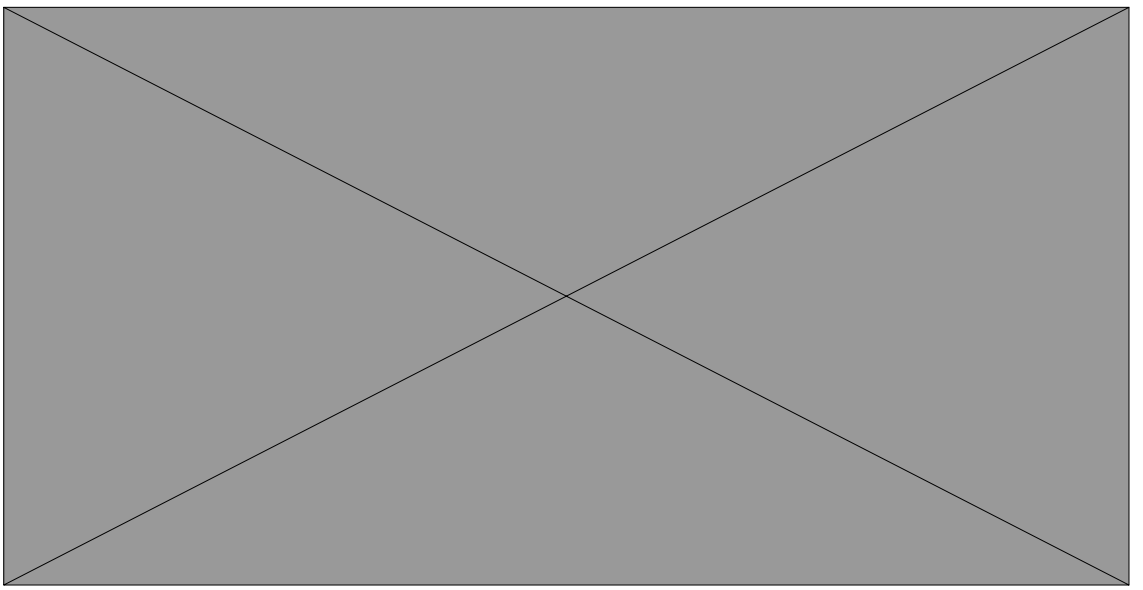


Figure 1. Conceptual model of professional identity development and readiness for future nursing practice among final-year nursing students

4. DISCUSSION

4.1. The transition of professional identity from "doing" to "being a nurse": The role of value internalization and reflection

The present study indicates that professional identity formation among nursing students extends beyond technical skill acquisition. Students gradually moved from "doing" nursing tasks toward "being" a nurse through clinical participation, reflection, and internalization of professional values. This finding is consistent with the Professional Identity Formation (PIF) framework, which conceptualizes professional identity as the integration of professional knowledge, behaviors, values, and self-concept [7, 8]. Previous studies have emphasized the importance of authentic clinical experiences in strengthening professional identity and self-efficacy [9, 10]. The present findings further suggest that meaningful "turning points," such as successfully performing challenging procedures, gaining patients' trust, or assuming responsibility for patient care, provided concrete evidence of students' capacity to enact the professional role. Clinical practice thus became a space for both skill acquisition and development of the emerging professional self.

This process is particularly relevant in the Vietnamese nursing education context, where students move between supervised university learning and clinical settings characterized by professional hierarchies, workplace routines, and accountability. The transition therefore requires adaptation beyond technical performance to communication, prioritization, and professional behavior.

The internalization of professional values was another important mechanism. Physically and emotionally demanding care experiences appeared to strengthen empathy and responsibility as components of students' professional self-concept [7-9]. Reflection helped students reconsider their capabilities, responsibilities, and future professional behavior, particularly following difficult procedures, criticism, or emotionally challenging encounters [10]. Given hierarchical relationships in clinical settings, guided reflection with faculty or clinical mentors may help students interpret such experiences as opportunities for professional learning rather than evidence of inadequacy.

Overall, the transition from "Doing" to "Being" cannot be achieved through technical proficiency alone. Skills provide the behavioral foundation, while reflection and value internalization help students integrate clinical experiences into a coherent professional identity. Nursing curricula should therefore combine authentic clinical participation with guided reflection, positive role models, and supportive learning environments [8, 10].

4.2. The relationship between professional identity and practice readiness: the impact of the clinical ecosystem and critical points

The findings suggest that professional identity

and practice readiness developed reciprocally. Greater identification with the nursing role was associated with increased confidence, initiative, and responsibility, while successful clinical experiences reinforced professional identity, consistent with previous research linking professional identity with confidence and practice readiness [9, 11].

An important contribution of this study is the distinction between technical or behavioral readiness and psychologically integrated readiness. Students could perform familiar procedures independently and describe themselves as working "like nurses," yet remain uncertain about independent accountability, unfamiliar situations, and the transition from supervised education to employment. Thus, technical competence alone may not adequately represent readiness; self-efficacy, confidence, and psychological adaptation are also important dimensions of transition to practice [9, 11].

The Vietnamese clinical context may help explain this gap. During undergraduate education, clinical responsibility is shared within a supervised environment, whereas new nurses must adapt to staffing patterns, shift work, institutional procedures, documentation, interprofessional communication, and direct accountability for patient care. Students may therefore feel technically competent while remaining psychologically unprepared for autonomous practice.

The clinical ecosystem was central to both professional identity and readiness. Supportive relationships with teachers, clinical nurses, and patients strengthened confidence and belonging, whereas criticism or mistrust could undermine perceived competence. This is consistent with previous research highlighting the social environment as an important influence on professional identity and transition to practice [8, 10, 12, 13]. Differences between university teaching and clinical practice may also challenge students when conflicting expectations are not adequately explained. Coordinated university–hospital relationships may therefore help students adapt to contextual differences without undermining confidence.

The study further highlights the role of "critical points" in connecting identity and readiness. Successful performance of difficult procedures, patient recognition, assuming responsibility beyond minimum expectations, and emotionally challenging experiences could strengthen confidence and professional self-understanding [9, 10]. Reflection may determine whether such experiences become developmental resources or sources of anxiety and withdrawal.

The concept of transition shock is therefore relevant [11]. Elements of this transition may emerge before graduation as students anticipate increased workload, responsibility, and uncertainty. Preparation should begin before entry into practice through graduated increases in autonomy rather than an abrupt shift from supervised learning to full responsibility.

Overall, practice readiness is best understood as the integration of competence, confidence, responsibility, and contextual adaptation within a developing professional identity. Readiness extends beyond technical performance to managing uncertainty, communicating within professional teams, and accepting accountability for patient care. For nursing education in Vietnam, this transition may be strengthened through closer university–hospital collaboration, structured clinical mentorship, graduated autonomy, exposure to workplace systems such as electronic medical records, and guided reflection.

4.3. Limitations

This study has several limitations. The qualitative and self-reported nature of the data may have introduced recall or social desirability bias. The single-institution sample may limit transferability to other nursing education and clinical settings in Vietnam. The interviewer–participant relationship may also have influenced responses despite private interviews and confidentiality. Finally, the cross-sectional design did not capture changes in professional identity and practice readiness after graduation.

5. CONCLUSION

Professional identity formation and practice readiness among final-year nursing students should be understood as interrelated developmental processes rather than as separate outcomes of nursing education. Preparing students for professional practice therefore requires an educational approach that moves beyond technical competence toward the cultivation of professional values, ethical responsibility, reflection, and confidence in assuming professional roles.

Nursing education should strengthen the continuity between academic learning and clinical practice through supportive clinical environments, positive professional role models, and structured reflective opportunities. Such an approach can facilitate students' transition into professional

nursing practice and contribute to the development of a competent, responsible, and patient-centered nursing workforce.

Conflict of Interest

The authors declare that there are no conflicts of interest related to the research, authorship, or publication of this article.

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