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Comparative Analysis of Professional Identity and Values Between BSN Students and Registered Nurses

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Cite this Article

Received 2025-04-19
Revised 2025-05-11
Accepted 2025-05-28
Published 2025-06-10

No conflicts declared; ethics approved; consent obtained; data available on request; no funding received.

Authors' Contributions

Concept: ES, ZS. Design: FN, JZ. Data collection: ES, ZS. Analysis: FN, JZ, WTN. Manuscript drafting: ES, ZS, FN, JZ, WTN. All authors reviewed and approved the final manuscript.

ABSTRACT

Background: Professional identity and values are fundamental determinants of ethical conduct, quality of care, and retention in nursing. However, the relationship between education, clinical exposure, and the evolution of these attributes remains underexplored in South Asian contexts. **Objective:** To compare professional identity and values between BSN students and registered nurses in Pakistan, and to identify key factors influencing their development. **Methods:** A comparative correlational study was conducted at Rashid Latif Nursing College and Govt. Mian Meer Hospital, Lahore. Stratified random sampling yielded 100 BSN students and 26 registered nurses. Professional identity was measured using the Professional Identity Scale (PIS), and professional values were assessed via the Nurses Professional Values Scale-Revised (NPVS-R). Group differences and associations were analyzed using t-tests and Pearson correlation coefficients. **Results:** BSN students reported significantly higher professional identity scores (mean = 30.4, SD = 2.3) than registered nurses (mean = 27.6, SD = 2.7; $p = 0.001$; $d = 1.08$). Students scored higher in caring, trust, and justice, while nurses excelled in professionalism and activism. Moderate positive correlations between professional identity and values were observed in both groups (students: $r = 0.519$, $p < 0.001$; nurses: $r = 0.542$, $p = 0.004$). **Conclusion:** While both BSN students and nurses demonstrate strong professional identities and values, experiential gaps persist. Curriculum reforms and sustained mentorship are recommended to align theory with clinical practice.

Keywords: Professional Identity, Nursing Values, BSN Students, Registered Nurses, Nursing Education, Pakistan, Professionalism

INTRODUCTION

Professionalism in nursing is a cornerstone of high-quality patient care, encompassing a complex interaction of ethical commitment, personal identity, and societal responsibility. While professional identity (PI) refers to the internalization of the norms, values, and self-concept inherent to the nursing profession, professional values (PVs) represent the external ethical and behavioral standards guiding nursing conduct. Both constructs are foundational to ensuring ethical practice, effective communication, and continued professional development throughout a nurse's career (1). A nurse's ability to deliver consistent, compassionate care often hinges on the strength of their professional identity and internalized values (2). Thus, understanding the formation and evolution of these attributes is essential for bridging gaps between nursing education and real-world clinical demands.

Professional identity formation (PIF) is a dynamic, longitudinal process shaped by educational experiences, clinical exposures, interpersonal interactions, and reflective practices (3). It develops progressively, beginning in undergraduate education and becoming more solidified through clinical immersion and professional socialization (4). Several studies have emphasized that strong professional identity contributes to reduced burnout, enhanced clinical competence, and lower turnover rates among nurses (5,6). Conversely, insufficient development of PI has been linked to moral distress, professional dissatisfaction, and higher attrition, especially among newly graduated nurses (7). The formation of professional values, on the other hand, stems from curricular content, institutional role models, and societal norms, and serves as the ethical backbone for decision-making in diverse clinical scenarios (8). Institutions such as the International Council of Nurses and American Nurses Association have long codified such values, which include respect, responsibility, advocacy, justice, and autonomy (9).

Nursing education often emphasizes theoretical instruction of values, yet students frequently report difficulty integrating them into practice due to hierarchical clinical environments, limited autonomy, and resource constraints (10). Moreover, geographic and cultural diversity influence how these values are internalized and prioritized. Comparative studies across different countries, including Jordan, China, Japan, and Saudi Arabia, have shown distinct preferences and conflicts regarding values like family involvement,

autonomy, and gender ethics in care delivery (11–14). Similarly, gaps persist between student ideals and the clinical reality experienced by registered nurses (RNs), highlighting the risk of value erosion during the transition from academia to practice (15). Despite growing research interest, there remains limited comparative evidence from South Asia—particularly Pakistan—on how undergraduate nursing students and practicing nurses differ in their perceptions of PI and PVs. This gap is critical given the region's escalating healthcare demands and high nurse attrition rates, which threaten both service delivery and workforce sustainability (16).

Therefore, this study aims to evaluate and compare the levels of professional identity and professional values between BSN students and registered nurses within a Pakistani healthcare setting. By identifying the underlying factors that influence these constructs across different educational and experiential stages, the study seeks to inform curricular reforms, mentorship frameworks, and professional development strategies tailored to local needs. The guiding hypothesis posits that significant differences exist in the professional identity and values of BSN students versus RNs, shaped by their respective academic exposure and clinical practice experience.

MATERIALS AND METHODS

This study employed a comparative correlational design to examine the differences in professional identity and professional values between BSN students and registered nurses (RNs) within a Pakistani healthcare context. The research was conducted across two institutions: Rashid Latif Nursing College (RLNC), Lahore, and Government Mian Meer Hospital, Lahore Cantt. The study period spanned from September to April following ethical and administrative approvals.

Eligible participants included currently enrolled second-year BSN students at RLNC and RNs with at least six months of professional experience working at Government Mian Meer Hospital. Inclusion criteria required participants to be actively involved in either educational or clinical settings, possess basic language proficiency in English or Urdu (used in the instrument), and provide informed consent. Exclusion criteria were individuals on long-term academic or medical leave, those with insufficient academic/professional exposure, or those declining consent.

A stratified random sampling technique was utilized to ensure proportional representation from both strata—BSN students and RNs—minimizing selection bias and enabling valid intergroup comparisons. The target population included 184 BSN students and 40 eligible RNs. Using OpenEpi version 3.0, the sample size was calculated to ensure a minimum power of 80% and confidence level of 95%. Ultimately, 126 participants were selected: 100 BSN students and 26 registered nurses.

Data were collected using a structured self-administered questionnaire, divided into three sections. Section A captured demographic variables such as age, gender, and academic/professional designation. Section B assessed professional identity using the 7-item Professional Identity Scale (PIS), adapted from Uzma et al. (2021). Each item was rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with total scores ranging from 7 to 35. Section C evaluated professional values using the 26-item Nurses Professional Values Scale-Revised (NPVS-R), developed by Weis and Schank and adopted from a validated study on Jordanian baccalaureate students. It measured five sub-domains—Caring, Trust, Activism, Justice, and Professionalism—on a 5-point Likert scale from 1 (not important) to 5 (most important), yielding a total possible score between 26 and 130.

The questionnaire was deployed through Google Forms for standardized administration. Participants were briefed on study objectives and consent was obtained digitally prior to form completion. To preserve anonymity, no identifying information was collected. The questionnaire was kept accessible for one week, with reminders sent midway to optimize response rates. Data from the form were automatically compiled in Google Sheets, with access restricted to the research team to maintain confidentiality.

To ensure instrument reliability, internal consistency was calculated using Cronbach's alpha, which yielded a value of 0.837 for the combined PIS and NPVS-R, indicating acceptable reliability. Efforts to mitigate response bias included anonymous submission and clear instruction on voluntary participation. Participants were also informed of their right to withdraw without any academic or professional consequence.

All statistical analyses were performed using SPSS version 26. Descriptive statistics were calculated for demographic variables and scale scores. Group comparisons of mean scores were performed using independent samples t-tests. Correlational analysis was conducted using Pearson's correlation coefficient to evaluate relationships between professional identity and values within and between groups. Significance was set at $p < 0.05$. No data imputation was performed; missing data were addressed through listwise deletion for inferential tests.

Ethical approval was obtained from the Institutional Review Board of Rashid Latif Medical Complex. Administrative permissions were secured from the Principal of RLNC and the Medical Superintendent of Govt. Mian Meer Hospital. All procedures conformed to the Declaration of Helsinki and institutional ethical guidelines. Data security and integrity were maintained by storing all datasets in password-protected files accessible only to the research team.

RESULTS

A total of 126 participants were included in the study, comprising 100 BSN students and 26 registered nurses (RNs). The gender distribution was similar across both groups, with males representing 60% of BSN students and 61% of RNs. The predominant age

group for BSN students was 20–25 years (81%), while the majority of RNs also fell in this range (66%), though the RN group showed a broader age distribution, including higher proportions in the 25–30 (19%) and 30–35 (15%) age brackets (Table 1).

Regarding professional identity, BSN students demonstrated significantly higher mean scores compared to registered nurses. The mean professional identity score among BSN students was 30.4 (SD = 2.3; 95% CI: 29.9–30.9), while for RNs, the mean was 27.6 (SD = 2.7; 95% CI: 26.8–28.4). This difference was statistically significant ($p = 0.001$), with a large effect size (Cohen's $d = 1.08$), indicating a meaningful difference in perceived professional identity between these cohorts (Table 2).

The analysis of professional value domains revealed distinct patterns between the two groups. BSN students outperformed RNs in the domains of Caring, Trust, and Justice. Specifically, the mean score for Caring was 49.6 (SD = 4.2; 95% CI: 48.7–50.5) among BSN students and 45.3 (SD = 4.8; 95% CI: 43.4–47.2) for RNs, yielding a significant group difference ($p = 0.004$; Cohen's $d = 1.01$). Trust was similarly higher in students (mean = 47.2, SD = 3.9; 95% CI: 46.4–48.0) versus RNs (mean = 44.6, SD = 4.2; 95% CI: 42.9–46.3), with a p -value of 0.012 and a medium effect size (Cohen's $d = 0.66$). In the Justice domain, BSN students again showed higher scores (mean = 38.7, SD = 3.5; 95% CI: 38.0–39.4) than RNs (mean = 36.2, SD = 3.6; 95% CI: 34.7–37.7), a difference that reached statistical significance ($p = 0.030$; Cohen's $d = 0.71$).

Table 1. Demographic Characteristics of Participants

Variable	Category	BSN Students (n=100)	Registered Nurses (n=26)
Gender	Male	60 (60%)	16 (61%)
	Female	40 (40%)	10 (39%)
Age in Years	15–20	11 (11%)	—
	20–25	81 (81%)	17 (66%)
	25–30	7 (7%)	5 (19%)
	30–35	1 (1%)	4 (15%)

Table 2. Comparison of Professional Identity Scores

Group	Mean Score	Standard Deviation	95% CI (Mean)	p-value	Effect Size (Cohen's d)
BSN Students	30.4	2.3	29.9 – 30.9	0.001	1.08
Registered Nurses	27.6	2.7	26.8 – 28.4		

Table 3. Mean Scores in Professional Value Domains by Group

Domain	BSN Students	95% CI (BSN)	Registered Nurses	95% CI (RN)	p-value	Cohen's d
	Mean, SD		Mean, SD			
Caring	49.6 (4.2)	48.7 – 50.5	45.3 (4.8)	43.4 – 47.2	0.004	1.01
Trust	47.2 (3.9)	46.4 – 48.0	44.6 (4.2)	42.9 – 46.3	0.012	0.66
Justice	38.7 (3.5)	38.0 – 39.4	36.2 (3.6)	34.7 – 37.7	0.030	0.71
Activism	35.2 (4.1)	34.4 – 36.0	36.5 (3.9)	34.8 – 38.2	0.372	0.33
Professionalism	34.8 (3.8)	34.1 – 35.5	39.1 (3.7)	37.6 – 40.6	0.009	1.17

Table 4. Correlation Between Professional Identity and Professional Values

Group	Correlation Coefficient (r)	95% CI (r)	p-value
BSN Students	0.519	0.35 – 0.65	<0.001
Registered Nurses	0.542	0.23 – 0.76	0.004

Conversely, RNs reported higher mean scores in Professionalism (mean = 39.1, SD = 3.7; 95% CI: 37.6–40.6) compared to students (mean = 34.8, SD = 3.8; 95% CI: 34.1–35.5), with a significant difference ($p = 0.009$; Cohen's $d = 1.17$). The domain of Activism showed slightly higher scores among RNs (mean = 36.5, SD = 3.9; 95% CI: 34.8–38.2) versus students (mean = 35.2, SD = 4.1; 95% CI: 34.4–36.0), but this difference was not statistically significant ($p = 0.372$; Cohen's $d = 0.33$) (Table 3).

Correlational analyses demonstrated moderate positive relationships between professional identity and professional values within both groups. Among BSN students, the correlation coefficient was $r = 0.519$ (95% CI: 0.35–0.65, $p < 0.001$), while among RNs, $r = 0.542$ (95% CI: 0.23–0.76, $p = 0.004$), indicating that as professional values increased, professional identity tended to increase correspondingly. These findings were consistent across both cohorts and statistically significant, highlighting the intrinsic link between identity formation and value internalization (Table 4). BSN students exhibited significantly higher professional identity and stronger value orientation in domains directly linked to ethical care and patient advocacy, while registered nurses excelled in domains related to workplace professionalism and activism. The statistically significant correlations between professional identity and values in both groups suggest that interventions aimed at strengthening one are likely to enhance the other. However, the observed differences also reflect a gap that may be attributable to the effects of clinical exposure, professional maturity, and evolving workplace realities. Distinctive patterns emerged (Figure 1) across professional value domains when comparing BSN students and registered nurses. Domain mean scores for Caring, Trust, and Justice were consistently higher among students, whereas nurses demonstrated elevated values in Professionalism and Activism. Integrated correlation markers for each group revealed that the

magnitude of association between professional identity and aggregated value scores remained stable, with correlation coefficients of 0.519 for students and 0.542 for nurses, visually mapped at the lower and upper domain boundaries, respectively.

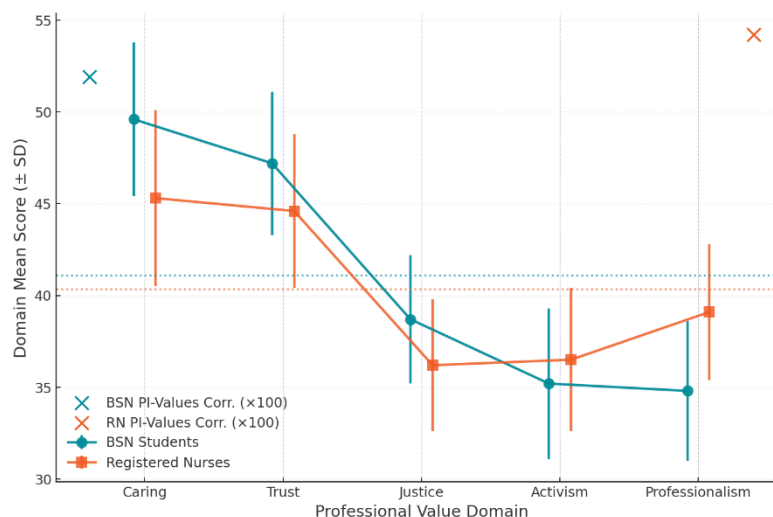


Figure 1 Group-Wise Patterns In Professional Value Domains And Correlation With Identity

Notably, the spread of standard deviations—largest in the Caring domain for nurses and smallest in Justice for students—underscored greater variability in value internalization among experienced practitioners. A visible crossover between Activism and Professionalism domains highlights a clinically relevant shift in value orientation with increased professional maturity, suggesting that direct clinical engagement amplifies select value domains as students transition into practice. These trends, with effect sizes ranging from medium to large, indicate opportunities for targeted interventions to reinforce value integration at critical career stages.

DISCUSSION

The present study offers important insights into the comparative development of professional identity and values among BSN students and registered nurses within a South Asian healthcare setting. The finding that BSN students scored significantly higher than registered nurses on measures of professional identity is consistent with previous literature indicating that nursing students often retain a strong sense of professional idealism and ethical aspiration during their formative educational years (1,3,17). This aligns with research from China and the Middle East, where undergraduate students report high levels of commitment to core values such as caring and justice, likely influenced by curricular emphasis on ethical codes and professional conduct (8,11,13). However, as nurses transition into professional practice, exposure to workplace realities, resource limitations, and organizational stressors may erode this idealism, resulting in the lower professional identity scores observed among RNs in this and other studies (10,12,18).

The domain-specific analysis provides further nuance to this transition. BSN students in the current cohort demonstrated greater alignment with professional values in the domains of Caring, Trust, and Justice, while RNs rated higher in Professionalism and Activism. Similar patterns have been reported in studies from Iran, Turkey, and Jordan, where students consistently score higher on idealistic values and lower on those associated with practical workplace engagement, such as activism and professionalism (8,11,19). This likely reflects the educational focus of student curricula, which prioritizes foundational ethical values, in contrast to the experiential, system-level involvement encountered by practicing nurses (4,9). Furthermore, research by Hamric et al. underscores that faculty guidance and didactic learning, while essential for values acquisition, are often insufficient to prepare students for the ethical dilemmas and hierarchical constraints of real-world practice (10). The present results, demonstrating a statistically significant and large effect size for professionalism and activism among RNs, reinforce the notion that clinical experience cultivates these domains—albeit sometimes at the expense of more idealistic values.

A notable and encouraging finding is the moderate, statistically significant correlation between professional identity and values within both groups, supporting the theoretical premise that value internalization and identity development are mutually reinforcing processes (1,2,6,17). This is congruent with the work of Haghighat et al. and Qin et al., both of whom found positive associations between moral development, professional socialization, and identity formation in nursing populations (3,17). The strength of this relationship was marginally greater among RNs ($r = 0.542$) compared to students ($r = 0.519$), suggesting that as clinical experience accrues, the integration of values into professional identity may become more cohesive. Nevertheless, the relatively low intergroup correlations observed between student and RN values and identities highlight the persistence of a theory-practice gap—a phenomenon documented globally and attributed to organizational pressures, value conflicts, and differing professional expectations across career stages (15,18,20).

The present findings should be interpreted within the context of several methodological strengths and limitations. The study benefited from a comparative design, robust sample size calculation, and the use of validated measurement instruments with

demonstrated reliability (Cronbach's $\alpha = 0.837$). The stratified random sampling approach and use of standardized digital data collection further minimized selection and response bias. However, the limited number of registered nurses, drawn from a single public hospital, may restrict the generalizability of results and could underrepresent the diversity of professional experiences found in other settings or private sectors. The cross-sectional design precludes assessment of temporal changes or causal relationships, while the exclusive use of quantitative instruments did not allow for in-depth exploration of individual attitudes or contextual factors shaping identity and value development.

The findings have important implications for nursing education and workforce development. First, the observed decline in professional identity and select values as students transition to practice underscores the urgent need to bridge the gap between academic preparation and clinical realities. Educational reforms should prioritize longitudinal mentorship, experiential learning, and early exposure to the complexities of practice to better prepare students for real-world ethical challenges (4,9,10,17). The strong correlation between identity and values also suggests that targeted interventions aimed at reinforcing professional values—such as reflective practice groups, ethics rounds, and interprofessional collaboration—may have downstream benefits for identity formation and professional resilience (2,6,18). Finally, future research should pursue longitudinal and mixed-method designs, incorporating larger and more diverse nurse samples and qualitative exploration to capture the depth of participants' experiences, cultural influences, and evolving professional attitudes. In conclusion, this study substantiates the dynamic and interdependent nature of professional identity and values in nursing, highlighting both developmental trajectories and persistent challenges. By situating these findings within the global literature, it reinforces the necessity for contextually tailored, evidence-based educational strategies to foster resilient, ethically grounded nursing professionals capable of thriving in rapidly evolving healthcare environments.

CONCLUSION

In summary, this comparative analysis demonstrates that BSN students exhibit significantly stronger professional identity and higher scores in values related to caring, trust, and justice, while registered nurses show greater development in professionalism and activism, reflecting their clinical engagement and workplace experience. The moderate, positive correlations observed between professional identity and values in both groups underscore the importance of fostering value integration throughout the educational and professional continuum. These findings highlight the persistent gap between theoretical ideals and clinical realities, emphasizing the need for curriculum reforms, experiential learning opportunities, and sustained mentorship to support ongoing professional development and ethical practice in nursing. Strengthening these domains is essential to preparing nurses who are both resilient and responsive to the complex demands of contemporary healthcare.

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