Professional Identity Development of Ten Nursing Students in the Era of COVID-19

By

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A dissertation submitted in partial fulfillment of

the requirements for the degree of

Doctor of Philosophy

(Educational Psychology)

at the

UNIVERSITY OF WISCONSIN-MADISON

2024

Date of final oral examination: April 23, 2024

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Abstract

This longitudinal, qualitative study traced changes in nursing students' professional identity (PI) development from pre-college through college and examined the impact of the COVID-19 pandemic on their PI development. Adopting a developmental-contextual approach (Ford & Lerner, 1992), the study explored the PI development of ten final-year nursing students from diverse ethnic and racial backgrounds enrolled in a traditional Bachelor of Science in Nursing (BSN) program. From this perspective, PI emanates from the continuous interactions between the developing person (multidimensional) and the changing, multilevel context(s) over time. This approach called for a change-sensitive and diversity-sensitive longitudinal design to capture changes over time and within the individual. Participants' narratives revealed four distinct types of PI in nursing, each with its own developmental trajectory influenced by a multitude of factors. These trajectories reflected diverse perspectives on the nursing profession and the qualities desired in nurses. Throughout their BSN programs and clinical rotations, participants experienced increasing clarity and confidence in their roles, shaped by their evolving understanding of nursing through relevant experiences. The study highlights the importance of considering both personal characteristics and external influences, such as motivations and initial exposure to nursing, in understanding the development of PI. Additionally, the findings underscore the differential impact of the pandemic on nursing students' identities, emphasizing the need for a comprehensive approach to studying PI development and its implications for nursing education and practice.

Acknowledgments

Seven years… It has been both a scholarly and personal journey – a quest to figure out who I am, what I want to do, and who I want to be as both a scholar and an individual. In September 2017, I embarked on this journey as someone with no prior background in psychology, grappling with the cycle of meeting others' expectations and persistent self-doubt. Throughout these seven years, I have navigated a path of both scholarly growth and personal discovery. I wouldn't be here today without the support of those who have stood by me throughout this journey and the completion of this dissertation.

First and foremost, I would like to express my sincere gratitude to my advisor, Brad Brown, for his dedicated support and guidance. His patience, dedication, and expertise have not only deepened my understanding of the field but also instilled in me an appreciation for the nuances of developmental theories. Under his mentorship, I became a scholar capable of navigating complex theoretical frameworks with confidence. Over the past seven years, he has significantly invested in my growth, even after his retirement. Whether it was providing feedback on my work, assisting with fellowship applications, pursuing research grants, or exploring new avenues of inquiry, he stood by me, offering invaluable guidance and support at every step. I would not be the person I am today without his mentorship.

I would also like to extend my sincere appreciation to my committee members, Rachelle Winkle-Wagner, Amy Bellmore, Percival Matthews, and Haley Vlach, for their expertise, feedback, and constructive criticism, which have greatly enriched the quality of this research. Your mentorship and scholarly guidance have been invaluable in refining my ideas and enhancing the depth of my analysis. Thank you for your support and encouragement throughout my journey, which has been instrumental in shaping the trajectory of my academic pursuits.

I wish to acknowledge the support of my peers, friends, and family members who have offered encouragement, understanding, and unwavering belief in my abilities throughout this journey. Thank you, Xiangyun Tang, Amy Niu, Maame Adomako, the LAKKC family, and the WCER/Ed-GRS fellows. Your unwavering support has sustained me through the highs and lows of the research process, and the entire journey and I am truly grateful for your presence in my life.

I would like to thank the students whom I have had the privilege to mentor throughout the course of my academic journey. Your dedication, enthusiasm, and willingness to learn have been truly inspiring. It has been a joy to witness your growth and development as a scholar, and I am immensely proud of all you have accomplished. Your hard work, creativity, and passion for learning have enriched my experience as a mentor and contributed significantly to the success of various projects and research endeavors. Thank you for your trust, collaboration, and unwavering commitment to excellence.

I would like to express my gratitude to all my previous mentors who have played instrumental roles in shaping my journey: Mrs. Karen Jacobson, Mrs. Judy Maggio, Dr. Jeanett Castellanos, Dr. Lynn Reimer, and Yuning Liu. Your guidance, wisdom, and support have been invaluable, and I am deeply grateful for the knowledge and insights you have shared with me over the years. Thank you for believing in me and helping me grow both personally and professionally. Your influence continues to guide me, and I am honored to have had the opportunity to learn from your wisdom and experience.

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Chapter 1 - Introduction

Colleges provide an important context for students to explore who they are, reflect on their interests, and clarify their future career paths (Jones & Abes, 2013). Accordingly, extensive research has been conducted on adolescent identity development during the college years, with particular emphasis on professional identity (PI; Trede et al., 2012). Developing a sense of identity in one's chosen profession is essential because it impacts psychological and behavioral processes in the workplace (Matthews et al., 2019). Scholarship in this domain has predominantly aimed at elucidating the process of PI development and the various influencing factors, including educational experiences, professional socialization, social influences such as the public image of the profession, and demographic characteristics of the individual (Mao et al., 2021). Rarely, however, have scholars considered how sociohistorical factors help to shape PI. This is an important oversight because historical factors can alter supply and demand for a profession as well as the expected behaviors of individuals in a profession. To address this missing element of PI development, my thesis considers how the COVID-19 pandemic, alongside other individual and contextual factors, influenced the formation of PI among students, specifically those entering the nursing profession.

Scholars have differed in their conceptualizations of nursing PI (Johnson et al., 2012). Some scholars conceptualized it as a social identity (Tajfel et al., 1979), while others considered it a role identity (Stryker, 1980). Although many scholars agree that identity is a developmental process and an outcome of human development across the lifespan, few studies have adopted a developmental approach to conceptualize and examine PI development. This study adopted an Eriksonian perspective on identity development, which is grounded in Erikson's (1968) theory of

lifespan development. It suggests that identity development is a psychosocial phenomenon that emerges and changes over time, with the goal of achieving a stable and coherent sense of identity.

A large literature suggests nursing PI is shaped by multidimensional factors (Mao et al., 2021), but few consider immediate sociohistorical influences, such as COVID-19. This public health crisis significantly affected nursing education, the nursing workforce (Goni-Fuste et al., 2021), and nursing students' well-being (Rosenthal et al., 2021)—all known to contribute to nursing students' PI. However, the literature has largely focused on specific factors at a time, making it challenging to attain a comprehensive understanding of all the elements that contribute to the development of PI. Moreover, most studies on the development of nursing PI have relied primarily on quantitative design, fixating on numbers to provide a gallery of before-and-after snapshots of nursing PI. Although these cross-sectional studies suggest a definable trajectory for the development of nursing PI, it remains unclear how and why nursing students' PI has evolved over time and whether it differs for students from different racial and ethnic groups.

Purpose of the Study

This dissertation adopted a developmental-contextual approach (Ford & Lerner, 1992) to explore the developmental trajectories of ten nursing students who were completing the final year of their traditional Bachelor of Science in Nursing (BSN) program. These students began their traditional BSN program in Fall 2021, which was after their universities shifted to in-person instruction from the COVID-19 pandemic. From a developmental contextual perspective, PI emanates from the continuous interactions between the developing person (multidimensional) and the changing, multilevel context(s) over time. This approach allowed me to capture the complexity of PI development over time, understanding the outcomes or content of development

and the processes and dynamics by which developmental outcomes are generated. The purposes of this study were to 1) explore the content of PI in final-year nursing students, 2) trace changes through the pre-college and college years in nursing students' PI development, and 3) explore the impact of the pandemic on nursing students' PI development.

This dissertation was guided by three research questions: *(1) What is the PI of final-year nursing students who are pursuing a Bachelor of Science in Nursing (BSN) degree from a public, four-year university? (2) How has their PI changed over time? (3) How has the pandemic affected their PI development?* This study employed a narrative approach, centered on gathering and analyzing stories or narratives from individuals (Creswell, 2016). The primary goal of narrative research is to understand the meaning and significance of these stories as they relate to individuals' experiences, perspectives, beliefs, and identities, offering a rich and nuanced understanding of people's lived experiences. To examine changes in PI over time, this study used a longitudinal, qualitative design. Ten final-year nursing students from two four-year public, research-oriented universities participated in three individual interviews, during which they reflected on their journey to nursing.

Four types of PI emerged from participants' descriptions of their aspirations and perceptions of nursing, with distinct developmental trajectories, considering the interplay of various factors on their PI journey. Participants were categorized into four groups based on the evolution of topics and themes in their depictions of nursing, significant experiences, and aspirations within the field. Each group emphasized different aspects of the nursing profession and desired qualities in a nurse, reflecting diverse perspectives on what it means to be a nurse and who they aspire to be within that role.

Findings indicate that all participants' journeys to nursing highlighted increasing clarity and confidence throughout their BSN programs and clinical rotations. This growth in understanding and commitment was influenced by their evolving comprehension of the nursing profession through various relevant experiences. Moreover, thematic trajectory analyses revealed diverse identity trajectories shaped by the interplay between personal characteristics and contextual factors, such as motivations for pursuing nursing and initial exposure to the profession. These variations in prior understanding and exploration of the profession influenced how participants interpreted their experiences during their BSN programs, contributing to divergent PI trajectories among them. Findings also highlight individual differences in how the pandemic influenced nursing students' PI, specifically affecting identity issues such as commitment and aspirations.

This study contributes to the literature on PI development by adopting a developmental contextual approach. By exploring the developmental trajectories of nursing students' PI over time, the study sheds light on how nursing students evolved over time. Findings add depth and nuances to the existing literature on nursing students' PI and its development, providing insights into the complex interplay of individual factors and contextual influences over time. Findings from this study suggest the need for a more holistic and integrated approach to studying PI, considering the interrelatedness of various factors and their collective influence on PI development over time. Findings from this study also have practical implications for nursing education and practice. By understanding the factors that influence nursing students' PI development, educators and practitioners can tailor educational programs and support mechanisms to better prepare students for the challenges and opportunities they may encounter in their nursing careers.

Chapter 2 - Review of Relevant Literature

The purpose of this study was to understand the development of PI among final-year nursing students, as well as factors and processes contributing to its development. Within this chapter, I will synthesize the existing literature on PI development and introduce this study's theoretical frameworks. This chapter is divided into four major sections. The first section will overview existing knowledge regarding the development of PI. The second section will discuss major issues in the PI literature, including issues related to the conceptualization and operationalization of PI, and the different approaches to study PI. The third section will introduce and explain this study's key theoretical frameworks, including the Eriksonian perspective on identity and the developmental contextual approach. The last section will summarize current knowledge related to the impact of COVID-19 and identify gaps in the literature in this sub-topic.

The Development of PI

Many researchers have depicted the development of PI as an ongoing process that evolves throughout individuals' education, clinical placements, and professional careers (Brown et al., 2012; Johnson et al., 2012; Walker et al., 2014). Interestingly, there is a lack of consensus on when PI begins to develop. Some believed that it begins when students make conscious decisions to pursue nursing education (Sabanciogullari & Dogan, 2015), while others argued that it begins when students begin formal training in the profession (Cruess et al, 2014).

A review conducted by Johnson and colleagues (2012) concluded that the pathway for the formation of a nursing PI is definable with five phases: initiating the PI pathway; academic content, teachers, and mentors; clinical placements and their effects; PI and transition to practice; and evolving PI within a changing world of health care. The authors argue that the PI pathway is

initiated when students choose to pursue nursing education, often with pre-existing values and beliefs about nursing. It continues as nursing students engage in ongoing identity construction and deconstruction throughout their educational journey as they gain more relevant knowledge through nursing classes and clinical placements.

PI is formed through a process of professional socialization, which involves individuals learning and internalizing the attitudes, knowledge, skills, values, norms, and behaviors necessary to fulfill a professional role (Price, 2009; Dinmohammadi et al., 2017). This process occurs through professional education and clinical experiences (Marañón & Pera, 2015; McNiesh et al., 2011) that provide nursing students with a balance of knowledge, skills, and real-world experiences (Trede et al., 2012). In nursing, professional socialization serves as both the means and the outcome of achieving a PI, as illustrated by four goals defined by Cohen (1981):

The student must (a) learn the technology of the profession – the facts, skills, and theory; (b) learn to internalize the profession's culture; (c) find a personally and professionally acceptable version of the role; (d) integrate this professional role into all the other life roles. (p. 15)

Here, Cohen emphasizes the importance of developing a clear understanding of one's professional role through professional socialization that aligns not only with the profession's expectations but also with personal values, beliefs, and aspirations.

In addition to nursing education and clinical experiences, nursing students' PI development is influenced by a variety of personal, family, institutional, and social factors (Mao et al., 2021). For example, an increased length of the program is associated with a lower level of PI because nursing students may hold a more ideal image of the profession when they begin their academic study (Du & Lu, 2016; Miheriayi & Parida, 2017; Wang et al., 2016; Zhang et al.,

2015). In terms of family factors, receiving support and having family members working in the healthcare sector are associated with higher PI in nursing students (Fan et al., 2018; Gao, 2013; Tian et al., 2012). Mao et al. (2021) indicated that studies have yet to explicitly examined the impact of social factors on the PI of nursing students and nurses. However, there is some evidence that the public image of the profession also matters, as nursing is not regarded as a decent, well-respected job in China (Chai, 2012; Deng, 2015; Li et al., 2012; Miheriayi & Parida, 2017). Hoeve and colleagues (2013) also argued that nurses' PI is reflected through their self-concept, which can be negatively affected by public opinions about nurses. Together, these studies strongly suggest that the development of PI is a dynamic process shaped by multidimensional factors (Cowin et al., 2008; Mao et al., 2021; Rasmussen et al., 2018).

Major Issues in PI Research

Despite the considerable body of literature on PI development and the factors contributing to it, PI remains a confusing construct due to the various definitions, different theories and conceptualizations, and multiple measures to which it has been used in the literature. To attempt to bring some clarity to the construct, a thorough review of literature in the areas of health, education, psychology, and sociology was conducted, with health profession literature contributing the most.

Terminology

PI has been studied in various disciplines, including psychology (Richardson & Watt, 2018), health care (Fitzgerald, 2020), and education (e.g., Rodrigues & Mogarro, 2019). In psychology, PI is often used interchangeably with other terms, such as vocational identity, occupational identity, or career identity (Holland et al., 1993; Skorikov & Vondracek, 2011). However, being a professional is different from being a worker. Mortimer J. Adler, an American

philosopher, defined a professional as "a man or woman who does skilled work to achieve a useful social goal. In other words, the essential characteristics of a profession are the dedication of its members to the services they perform." (Adler, 1966, p. 280). A profession is different from other forms of employment or career because a profession requires a superior body of professional knowledge shared within a community of practice (Shulman, 1998; Sutherland & Markauskaite, 2012). Several prominent researchers in the early 2000s emphasized that one important element of being a professional is a commitment to providing professional practices to clients and society (Gardner & Shulman, 2005; van Oeffelt et al., 2017). Some examples of professionals include teachers, doctors, and nurses. It is evident that responsibility to the client and society is a recurring theme in defining what it means to be a professional. These definitions suggest that PI and vocational (or occupational, career) identity, a commonly studied construct in psychological research, are distinct but inextricably linked.

Definitions and Attributes

More specifically, scholars differ in their definitions of PI in nursing literature (Fitzgerald, 2020; Johnson et al., 2012). For example, some researchers used Fagermoen's (1997) definition, which is "the nurse's conception of what it means to be and act as a nurse; that is, it represents nursing students' philosophy of nursing" and "the values and beliefs held by the nurse that guide her/his thinking, actions, and interaction with the patient" (p.435). Other researchers considered PI as one's professional self-perception, or how one perceives themselves within a particular professional context (e.g., Goddard et al., 2019). To clarify the concept, Fitzgerald (2020) reviewed 60 relevant studies in health-related fields and identified five common themes (or defining attributes) in researchers' definitions of PI: actions and behaviors; knowledge and skills; values, beliefs, and ethics; context and socialization; and group and

personal identity. However, the source of these defining attributes is the literature that has used various definitions in their studies. The author did not provide an in-depth discussion of the theoretical perspectives of PI adopted in the reviewed studies, nor did the author critically evaluate each perspective. While Fitzgerald's review is instrumental in understanding the breadth of PI definitions, it would be enlightening to delve deeper into the theoretical perspectives adopted in these studies to gain a more nuanced understanding.

Theories and Conceptualizations

The literature seems to present a consistent picture that PI development is an ongoing, dynamic process that evolves throughout individuals' education, during clinical placements, and throughout their professional careers (Brown et al., 2012; Johnson et al., 2012; Walker et al., 2014). However, researchers diverge in their theoretical perspectives and conceptualizations of this construct. Two major theories have been prominent in PI literature: social identity theory (Tajfel et al., 1979) and identity theory (Burke, 1980; Stryker, 1968). Both theories emphasize the social nature of the self as constituted by society, that the self exists only through social interactions. However, social identity theory is rooted in psychological traditions, while identity theory is a micro-sociological theory (Hogg et al., 1995).

Social Identity Theory (SIT). The core idea of SIT (Tajfel et al., 1979) is that individuals' identities are formed through self-categorization and identification with social groups (e.g., nationality, gender, race, ethnicity). A social group consists of individuals who view themselves as members of the same social categories. Individuals who share similar social identifications are considered the "in-group"; individuals who differ and don't belong to the group are labeled as "out-group." Individuals are motivated towards identification with their groups because they are important sources of pride and self-esteem (Hogg & Terry, 2000). SIT

also recognizes the importance of context, arguing that the salience of one's social identity depends on the social setting. As a result, social identity development is dynamic and non-linear (e.g., Turner et al., 1987). According to SIT, individuals behave according to the perceived beliefs, values, and norms of the social group, especially the one that is salient in the social setting at hand. From a SIT perspective (Tajfel et al., 1979), PI is the extent to which individuals perceive themselves as a professional group member. A professional group is a social group composed of individuals doing similar work in a particular profession, sharing similar values, expertise, and passions.

Identity Theory. Some scholars also conceptualize PI as a role identity grounded in identity theory (Stryker, 1968; 1980). The core of identity theory is that the self is a multifaceted social construct that emerges from people's socialized roles in the structured society, which is "complexly differentiated but nevertheless organized" (Stryker & Serpes, 1982, p.206). Identity theorists argued that individuals have multiple, distinct components of self, or what they called role identities. These are self-defining roles that people occupy in society rather than social attributes that were ascribed to them (e.g., ethnicity, race, gender). Through social interactions between the self and the social structure, people develop self-definitions and self-meanings, reflecting sets of behavioral expectations that society considers appropriate (Simon, 1992). People may act out different roles in accordance with their self-meanings in different social contexts. These roles are hierarchically ranked according to their salience, and strong identification implies that the individual considers the role to be a defining characteristic of who they are as an individual (Stryker & Burke, 2000). From an identity theory perspective (Stryker, 1980), PI comprises sets of meanings, values, and beliefs about specific roles within the context

of a profession. PI helps define boundaries and role confusion, particularly in multidisciplinary teams (Brown et al., 2000).

There are several conceptual similarities between social identity theory (i.e., group identity) and identity theory (i.e., role identity). Both theories view identity, or PI in this case, as a life-long process, and it can change over time as individuals' interactions with others change. Both theories also emphasize the role of context by suggesting that the self can vary in different social contexts. These together suggest that change in identity happens through interactions between the self, others, and the social contexts. However, both theories describe the process by which people come to understand self (or identities) without explaining the input or outcome of identities.

Empirical Approaches

Scholars have taken two approaches to examining PI: a) investigating professional identification as a state of being or b) exploring the meaning and the process through which this meaning is constructed. Drawing from both social identity theory and identity theory, some scholars focus on professional identification or the extent to which individuals identify themselves as a member of a professional group. This area of literature approached professional identification as a state of being and examined factors that may predict the extent to which an individual may identify themselves as a member of the profession, along with the process and the outcomes of such identification (e.g., Avidov-Ungar & Forkosh-Baruch, 2018; Cruess et al., 2018, van den Broek et al., 2021). Generally, research using this approach has indicated that a strong identification with the nursing profession is linked to various positive outcomes. These include higher retention rates in nursing programs and the workforce (Worthington et al., 2013),

increased commitment to the nursing profession (Lu et al., 2019), and improvements in nursing practice, patient satisfaction, and quality of care (Johnson et al., 2012; Deppoliti, 2008).

Another approach in PI research draws on role identity theory (e.g. Burke, 2006; Stryker, 1980; Stryker & Burke, 2000) and explores PI formation, or how individuals construct a subjective understanding of themselves in relation to a profession. These scholars focus on the meaning and the process through which this meaning is constructed. This perspective assumes that individuals are active agents of their PI development, where they engage in relevant identity work to form a self-concept that is congruent with their image of what it means to be a member of a particular profession. Research in this area tends to focus on exploring people's self-definitions of the profession (e.g., Cook et al., 2003), perceived attributes and values shared within the profession (e.g., Burford & Rosenthal-Stott, 2017), the types of work that are expected to be done in their roles (e.g., Dadich & Doloswala, 2018), and the clarity of their professional self-concept or identity (Matthews et al., 2019). Researchers also have investigated how individuals establish a self-view that fits the profession's expectations (Jackson, 2017).

PI Measurements

While the existing literature offers insights into factors that contribute to PI development, researchers' measurement of PI makes it challenging for researchers to form a holistic understanding of PI. There are eight PI measures that are frequently used by researchers: the Clarity of Professional Identity (CPI; Dobrow & Higgins, 2005), Macleod Clark Professional Identity Scale (MCPIS; Adams et al., 2006), Nurses' Professional Values Scale – Revised (NPVS-R; Weis & Schank, 2009), Nurse Self Concept Questionnaire (Cowin, 2001), Professional Identity Five Factor Scale (Tan et al., 2017), Professional Identity Scale for Nursing Students (Hao et al., 2014), Professional Self Identity Questionnaire (Crossley & Vivekananda-

Schmidt, 2009) and The Values Survey (Rognstad et al., 2004). These measures were developed using different samples (e.g., nursing students vs. other healthcare professions) with different conceptualizations of PI (e.g., self-concept vs. identification).

For example, the NPVS-R scale (Weis & Schank, 2009) was specifically designed for nursing students, with professional values and professional socialization as components of a PI. This scale assesses common professional values such as caring, activism, trust, professionalism and justice. The CPI scale (Dobrow & Higgins, 2005) primarily measures the clarity dimension. This dimension reflects the degree to which individuals perceive their career and professional identity as clear and well-defined at a particular time point. The scale includes items such as: (1) "I have developed a clear career and professional identity," (2) "I am still searching for my career and professional identity," (3) "I know who I am, professionally and in my career," and (4) "I do not yet know what my career and professional identity is." Another commonly used measure is the MCPIS scale, which contains nine items assessing group identification and attitudes (e.g., I can identify positively with members of this profession).

In their review, Matthews and colleagues (2019) also found that some of these commonly used measures had limited psychometric properties. The authors have called for further psychometric evaluation of existing PI measures to ensure that the data collected are both meaningful and trustworthy, contributing to the credibility and robustness of the research findings. Given PI's complex, nuanced, and multi-layered nature, a unified definition seems elusive and, perhaps, not entirely necessary. Each definition, imbued with its own affordances and limitations, grapples with distinct facets of PI. In this context, there is a risk that researchers may focus on measuring specific elements, which may or may not encompass the holistic view of PI.

Gaps in the Literature

Variations in definitions, conceptualizations, and measurements may lead to confusion and misunderstandings within the field of PI development, particularly in nursing. Another major concern pertains to its fragmented approach to studying PI development. For example, researchers often investigate specific factors influencing PI development in isolation, neglecting their interconnectedness and the broader contextual factors at play. This fragmented approach can limit our understanding of the complex and multifaceted nature of PI development, making it even more challenging for researchers to advance the field and discover new knowledge. These challenges underscore the need for longitudinal investigations that synthesize existing knowledge and provide a comprehensive understanding of PI. Additionally, an interdisciplinary approach, coupled with innovative methodologies, is essential for gaining insights into PI from various perspectives. By adopting such an approach, researchers can develop psychometrically sound and conceptually justified instruments, thereby advancing our understanding of PI in nursing.

This Study's Theoretical Foundations

Existing literature on PI development has suggested that the process of developing PI and PI itself are dynamic; they change over time as individuals engage with their chosen profession (e.g., Johnson et al., 2012). Rarely, however, have researchers adopted a developmental approach to conceptualize and examine PI development. This study applied two developmental theories to better understand how PI develops over time and what factors contribute to its development: a) Erikson's (1968) theory of lifespan development and b) the Developmental Systems Theory (Ford & Lerner, 1992).

An Eriksonian Perspective on Identity Development

Several key principles from Erikson's (1968) perspective on identity development informed this study. Erikson (1968) formulated eight stages of development that one undergoes. He believed each stage of development has a focal point of development crucial to healthy development. As a lifespan theorist, Erikson believed that development is a lifelong process. Although Erikson didn't offer a precise definition of identity in his landmark book, *Identity: Youth and Crisis*, a recurring theme across Erikson's writing on identity is having a subjective sense of coherence across contexts and a sense of continuity across time (Erikson, 1968). To form an identity, one needs to restore a sense of continuity and sameness that was disrupted by puberty and new, potentially conflicting identifications. This is accomplished by first creating a sense of continuity between who you were in the past, who you are in the present, and who you will be in the future. Then, establishing a sense of coherence between your sense of self and the outside world requires consideration of societal expectations.

Applications. An Eriksonian perspective on identity suggests that identity development is a psychosocial phenomenon that emerges and changes over time, with the goal of achieving a stable and coherent sense of identity. It also suggests that even though identity is the key developmental task in adolescence, it can begin in childhood and continue after adolescence. This perspective underscores the need for researchers to study PI development longitudinally, investigating how it manifests at different life stages. It also emphasizes the importance of establishing a sense of continuity between past, present, and future selves. Therefore, this longitudinal study traced changes in nursing students' PI development through the pre-college and college years. Employing a narrative, qualitative approach, this study explored how nursing

students reconcile their past experiences, motivations for choosing the profession, and future aspirations with their present role as student and future role as nurse.

A Developmental Contextual Approach to Human Development

Derived from the Developmental Systems Theory (Ford & Lerner, 1992), a developmental contextual approach is a useful way to conceptualize human development, providing insights into how development happens. The approach posits that development happens through the continuous and reciprocal interchange between the developing person and the changing context (*person ↔ context relations*; Lerner, 1986, 1991). The Developmental System Theory (DST) has six propositions about characteristics that facilitate and constrain development and change.

- **Proposition 1.** An individual's behavior (biological, psychological, and behavioral functions) is continuous and always occurs in the present. This means understanding the current states of functioning within the current contexts and identifying patterns of consistency or change are necessary to understand an individual's change and development.

- **Proposition 2.** An individual always functions as a unit in a context. By recognizing an individual as functioning as a unit within multiple interconnected contexts, identity development is not isolated but rather influenced by the dynamic interplay between an individual's experiences and the environments in which the individual exists. This proposition highlights the importance of the interconnectedness between individuals and their environments, highlighting how contextual factors shape behavior and development.

- **Proposition 3**. The personal characteristics of an individual define current developmental possibilities**.** Individuals differ from each other due to their genetic, contextual, and experiential histories. An individual's current personal characteristics can facilitate and constrain, but not fully determine, the ways an individual can change and develop at a given time.

- **Proposition 4.** Contextual conditions define currently available developmental pathways. The environment in which an individual resides can facilitate and constrain different kinds of development. Contextual conditions and characteristics may vary and change over time, contingent upon and independently of people's actions.

- **Proposition 5.** Development starts with what currently exists. This proposition emphasizes that the developmental process begins with the individual's current circumstances, experiences, and resources. It suggests that individuals build upon their existing knowledge, skills, and opportunities to navigate through developmental changes.

- **Proposition 6.** Change in current states is constrained by a hierarchy of selection operations. This proposition suggests that while individuals may undergo changes in their current states, these changes are not random but are guided by a hierarchy of selection operations. It implies that certain factors or processes influence the direction and extent of change, reflecting a structured and ordered process of development.

Overall, three key ideas that emerged from these six propositions contributed to my study: 1) individuals are active agents of their development; 2) development is embedded in contexts; and 3) development is a lifespan phenomenon.

Individuals are Active Agents of Their Development. From a developmental contextual perspective, everyone has distinctive personal characteristics that they bring to their

encounters with others (Lerner, 1995). While some characteristics are fixed (e.g., race, gender), many others are mutable across the lifespan. These changes within the individual over time are called *intraindividual* changes and the differences between individuals are *interindividual* differences. People also change differently, so interindividual differences exist in intraindividual changes. Due to such distinctiveness, people are producers of their own development as they influence the context that, concurrently, is influencing them.

Development is Embedded within Contexts. Development does not happen in isolation but is influenced by various contexts in which it occurs. As humans are social beings, and changes occur through interactions with others, development cannot be examined independently from individuals' contexts (Lerner, 1995). Lerner (2006) asserts that all levels of the ecology of human development "are fused in a fully co-acting, mutually influential, and therefore dynamic system" (Lerner, 2006, p. 10). It suggests that development is a dynamically interactive process shaped by the interaction between the individual and his/her contexts (*person ↔ context relation*). These interactions are mutually influential, such that changes exist across levels of developmental systems (see Figure 1). The bidirectional link between person and context implies that development is responsive to factors from multiple levels of the context. Moreover, their interaction transforms each of the interrelated features of the individual and the environment. Dynamic changes at any level of the development systems create an opportunity for developmental plasticity to occur.

Development is a Lifespan Phenomenon. Development is a continuous and ongoing process that occurs throughout the lifespan. Individuals experience growth and change across various domains at various stages of their lives. The dynamic interaction of various factors influences an individual's development at a given time. Although change is possible at every

moment in life, the nature of the change is constrained by previous development and current contextual conditions (Lerner, 1984). As a result, there are many possible developmental pathways with different developmental outcomes (Masten & Cicchetti, 2010). Given the continual nature of development, development should be examined longitudinally rather than cross-sectionally to gain a more holistic understanding.

Applications. The developmental contextual approach promotes a holistic outlook of identity development, emphasizing the relationships between individual (with multiple levels of development) and their (multi-level) contexts. This approach suggests that PI development is a combination of quantitative and qualitative changes that occur because of continuous interactions between the developing person and the changing contexts over the lifespan. This approach highlights the need to study this developmental phenomenon in its full complexity, understanding the outcomes or content of development and the processes and dynamics by which developmental outcomes are generated. It calls for a longitudinal design with change-sensitive and diversity-sensitive measures or methods to capture changes over time and within the individual.

Applying a developmental contextual perspective, this study collected longitudinal data to examine the developmental trajectory of nursing students' PI throughout their entire journey, focusing on changes within each individual over time (intraindividual changes). A developmental contextual approach to nursing PI development suggests that there is a dynamic interaction between nursing students' personal characteristics (biological, psychological, and behavioral) and their environments (e.g., academic, clinical, societal, etc.) (Ford & Lerner, 1992). Therefore, this study explored how nursing students' personal characteristics (e.g., identity characteristics, motivation to become a nurse) and their experiences in various contexts

(e.g., academic settings, clinical placements, sociohistorical events such as the pandemic) interact to affect changes in their PI. More specifically, to examine interindividual differences, this study particularly explored the content of PI and the role of the pandemic on students' PI development and how it differed among nursing students.

The COVID-19 Pandemic

The COVID-19 outbreak was declared a global pandemic by the World Health Organization in March 2020 and ended in May 2023 (WHO, 2023). The pandemic changed the world in many ways. This section will discuss previous research related to COVID-19 and its impact on nursing students and explain why further research post-COVID-19 is needed.

The COVID-19 public health crisis significantly disrupted education systems across the United States, including nursing education (Goni-Fuste et al., 2021). Due to the highly contagious and deadly nature of COVID-19, colleges and universities moved face-to-face in-class instruction to remote instruction, either synchronous or asynchronous, and clinical placements was restricted, modified, or suspended (Camelio, 2020; Hargreaves et al., 2021). Recent work highlights that nursing students were more stressed and anxious (Aslan & Pekince, 2021; Espin et al., 2021; Usher et al., 2020), and dissatisfied with the quality of the remote learning environment (Camelio, 2020; Mohammadi, 2020; Ramos-Morcillo et al., 2020). Moreover, nursing students often felt lost and exhausted in the pandemic's chaos, resulting in a feeling of incompetence and even fundamental doubts about their choice to be a nurse (Ulenaers et al., 2021).

Prior research suggests that public health crises, such as COVID-19, can affect the PI of nursing students (Chahley et al., 2021; Goni-Fuste et al., 2021). For example, Heung et al. (2005) interviewed 10 nursing students during the severe acute respiratory syndrome (SARS) crisis in

Hong Kong and found that the crisis affirmed their PI. Using a phenomenological approach, the authors found that the crisis triggered a re-evaluation of the values and roles of self and society and a reorientation of their worldview. Nursing students reported feeling a sense of moral duty and self-growth during times of uncertainty. However, not all of the nursing students in this study worked or volunteered during the SARS outbreak, which could affect their experiences during the crisis.

Many scholars have recognized the potential impact of the COVID-19 pandemic on the nursing PI of nursing students (Heilferty et al., 2021; Shengxiao et al., 2021; Swift et al., 2020). Shengxiao and colleagues (2021) examined nursing students' PI, intention to leave the profession, and their perception of clinical work during the pandemic in China. This descriptive survey study found that lower PI scores were associated with the intention to leave nursing. Students with more COVID-19 knowledge reported a higher level of PI and tended to be more passionate about clinical nursing work. Findings suggest that the pandemic affirmed nursing students' PI. However, this is not the case for all nursing students. Heilferty and colleagues (2021) found that nursing students in the United States expressed both affirmation and concerns about entering the profession during a pandemic. Through analyzing archived letters written by third-year baccalaureate nursing students in the early months of the pandemic, researchers identified three narrative themes: changes (school life, view of nursing, academic performance), challenges (mental fatigue, losses, finances), and thriving (finding the positive, recognizing lessons learned). Findings suggest that although the pandemic could affirm nursing students' PI, it also could trigger fundamental doubts about what it means to be a nurse during a pandemic. Further, the lack of training and supervision during the pandemic could result in a lack of professional confidence in nursing students (Swift et al., 2020).

Emerging literature from around the world has demonstrated that COVID-19 immediately impacted the nursing profession, affecting nursing students' learning environment and PI development. However, many studies examining nursing students' experiences during the COVID-19 pandemic took place in European countries and often were cross-sectional or phenomenological studies (e.g., Lovrić et al., 2020; Monforte-Royo & Fuster, 2020; Ulenaers et al., 2021). To our knowledge, only one qualitative and several cross-sectional studies examined the experience U.S. nursing students had during the early months of the pandemic and their responses to changes caused by the pandemic (Diaz et al., 2021; Nodine et al., 2021; Rosenthal et al., 2021; Wallace et al., 2021). Little to no research examined nursing students' experiences in the latter two years when in-person instruction returned in both academic and clinical settings. COVID-19 has changed nursing education, the healthcare profession, and the public image of nursing (Bennett et al., 2020; Blau et al., 2023; Chen et al., 2020). The question that then naturally arises is how nursing students' PI evolved through the three-year-long COVID-19 pandemic and whether such changes vary among students.

Research Questions

Drawing on Erikson's perspective and a developmental contextual approach, this study had three central research questions: (*1) What is the PI of final-year nursing students who are pursuing a Bachelor of Science in Nursing (BSN) degree from a public, four-year university? (2) How has the PI of final-year nursing students who are pursuing a Bachelor of Science in Nursing (BSN) degree from a public, four-year university changed over time? (3) How has the pandemic affected their PI development?*

Chapter 3 – Methods

To address these questions, this qualitative study employed a narrative approach to investigate the trajectories of PI development and factors contributing to its development among final-year nursing students. Narrative research focuses on the collection and analysis of stories or narratives from individuals (Creswell, 2016). The primary goal of narrative research is to understand the meaning and significance of these stories as they relate to individuals' experiences, perspectives, beliefs, and identities, offering a rich and nuanced understanding of people's lived experiences. As suggested by the developmental contextual perspective, development and change are constrained by previous development and are more visible over time. Therefore, I adopted a longitudinal design to examine development over time. This design included three individual interviews with participants conducted over an 8-month period, during which they reflected on their journey into nursing.

Participants and Recruitment

I conducted a total of 30 individual interviews with ten final-year nursing students who were pursuing a BSN degree at either of two public, research-oriented universities: AU, a Hispanic-serving institution on the West Coast, and BU, a predominantly White institution in the Midwest. I intentionally recruited participants from varying racial and ethnic backgrounds to ensure a diverse sample. Recruitment was carried out through 1) online flyers posted on social media, 2) emails sent to students through the School of Nursing, and 3) word of mouth. Interested students completed a screening questionnaire where they confirmed their eligibility, provided relevant demographic information, and reviewed the consent form.

Although all participants started their BSN programs in the Fall of 2021 and graduated in the Spring of 2023, there were four fifth-year college students (see Table 1 for participant

demographic). These four students completed an extra year of college before starting their 2-year BSN program. Five participants attended a West Coast university, and five attended a Midwestern university. Out of ten participants, there were nine females, one male, four Asians, four Caucasians, one Afghan, and one Latina student. Participants were assigned pseudonyms to maintain confidentiality.

Research Sites

The two universities involved in the study were both large, public, four-year, research-oriented institutions. AU is a Hispanic-serving institution located in a diverse state on the West Coast, whereas BU is a predominantly White institution located in a predominantly White state in the Midwest. Both universities offer traditional BSN programs where students must complete all general education requirements and basic science prerequisites before applying. Then, accepted students go through a 2-year course sequence, completing nursing coursework and clinical experiences. AU is on a quarter system; each quarter is typically 10 weeks long. BU, in contrast, is a semester system, with each semester typically running 15 weeks. As a result, the BSN program at each university has distinct structures and milestones.

Data Collection

In this study, I used demographic surveys, individual interviews, and document analysis to collect a comprehensive dataset aimed at obtaining a deeper insight into the lived experiences of final-year nursing students and tracing changes in their PI over time.

Demographic Survey

I utilized a demographic survey to confirm participants' eligibility, collect essential demographic information, and ensure a diverse representation of participants from varying racial and ethnic backgrounds. The survey was administered online via Qualtrics, which is operated by

the university to ensure the confidentiality of the data collected. The survey provided information on participants' gender, race/ethnicity, age, state of residence, the university where they pursued their BSN degree, their year in the BSN program, and contact information.

Individual Interviews

This study's primary data collection technique was semi-structured, individual interviews, totaling 30 interviews. Given the demanding schedule of nursing students, all interviews were conducted virtually via Zoom. Conducting semi-structured individual interviews provided the opportunity to have an open dialogue about participants' journeys into nursing and the personal experiences that have influenced their journeys. The open-ended nature of the interview questions provided room for me to follow up on everyone's unique experience and/or story (Merriam, 2009; Creswell, 2012).

I conducted three interviews over a period of eight months with each participant during their final year of study to explore their lived experiences and study changes in their professional identity over time. Given that each nursing program had unique structures and program milestones, the timing of each interview intentionally aligned with each program. This allowed me to engage participants in talking about similar experiences (e.g., first, and final clinical rotations) and giving as many details as possible. Seidman's (2013) three-interview series was used; each interview had a different focus to explore different aspects of the nursing program. This allowed me to build trust with the participants and delve deeply into the context to gain a more comprehensive understanding of their experiences (Seidman, 2013). The questions that I asked in each interview are in Appendix A.

The goal of interview one was to learn about the participant's life history within the context of nursing, from as early as the first nurse that they encountered to their first year in their

BSN program. This included, but was not limited to, the first nurse, the decision to be a nurse, experience before college, and experiences in the BSN program. The first interview was conducted in the late Fall of their final year in their respective programs, spanning from November 2022 to January 2023.

The goal of the second interview was to collect as many details of the participant's current lived experience as possible about the topic of interest. The second interview was conducted from late February to April 2023, after the participants completed their second-to-last clinical rotation in their respective BSN programs. Topics explored in this interview included but were not limited to the white coat ceremony, nursing coursework, clinical experiences, and the impact of the COVID-19 pandemic.

The focus of interview three was to provide participants an opportunity to reflect on their experiences and make meaning out of them (Seidman, 2019). With the trust established through the first two interviews, participants processed their life history and experiences in the BSN program and reflected on how they have shaped their current life and future path. Interview three was conducted between June and July 2023, after the participants had successfully graduated from their BSN programs and had their degrees certified by the State's Board of Nursing. These were the final milestones of the BSN program.

Document Analysis

As previously mentioned, each nursing program had its own structure, with different milestones and requirements. An analysis of relevant documents allowed me to validate the information gathered from the individual interviews regarding their academic programs and participation in clinical experiences (Yin, 2014). These documents included but were not limited to, program plans, degree requirements, curriculum, and course descriptions. These documents

assisted me in understanding the academic prerequisites and experiences of the participants. I also retrieved the COVID-19 timeline from the Center for Disease Control and Prevention (CDC, 2023) to help me understand the different phases of COVID-19 during the years that the participants were pursuing their BSN degree. In total, I referenced seven documents and/or web pages, all of which were available to the public.

Data Analysis

All interviews were audio-recorded, transcribed verbatim, and verified for accuracy. Participants were assigned pseudonyms to maintain confidentiality. In line with Saldana's (2003) approach to longitudinal qualitative research, I employed a set of analytical questions (framing, descriptive, interpretive) to guide the structuring of the analysis. The data analysis process consisted of four phases:

Phase 1: Chronological Assembly of Data

The first task when analyzing longitudinal qualitative data is to assemble the data in chronological order (Saldaña, 2003). I read and color-coded each interview transcript for four temporal units: before high school, high school, pre-nursing, and during the nursing program. Color coding the transcript helps facilitate a visual overview of the data in context, which helps preserve the chronological flow of the data.

Phase 2: Coding

Phase 2 involved utilizing low-level coding, which captures what is said in a sentence or paragraph, often through direct quotes from transcripts (Carspecken, 1996). While most low-level codes are objective, some may include the researcher's interpretations. Low-level coding is essential for maintaining accuracy in data analysis. A subset of 12 transcripts was randomly selected (four transcripts from each round of interviews) to generate as many low-level codes as

possible. These low-level codes were sorted into broader categories to form the initial codebook, which the research team discussed, refined, and finalized. Each transcript was coded by the lead author and one trained undergraduate who served as a reliability coder. After all transcripts were coded, I imported all codes and their definitions and subsequently uploaded them to MAXQDA.

Pattern coding is used as the second cycle coding method to group low-level codes into smaller numbers of categories, themes, or constructs. I reviewed all identified meaningful segments along with their corresponding codes and reassembled them into clusters, or thematic categories, based on similarities. Then, I reviewed and recoded all relevant segments, guided by the following series of questions:

1. What aspects of PI (cognitive, psychological, behavioral) changed over time?

2. What are the dynamics of participant changes through time?

3. What contextual and intervening conditions appear to influence and affect this participant's changes over time?

Phase 3: Thematic Trajectory Analysis

Phase 3 involved conducting a thematic trajectory analysis to examine PI development and changes over time within each participant. The process began with re-reading each transcript carefully and completing time-ordered display matrices for each participant. This step involved arranging codes and data in chronological order. The matrix was organized with thematic categories (rows) and changes (columns), providing a visual representation of how dimensions and influencers of PI may evolve over time within each participant (see Tables 2-11).

Phase 4: PI Profiles and Developmental Pathways

Based on findings from the trajectory analysis, Phase 4 involved crafting profiles of PI and elucidating each developmental pathway, illustrating how various factors interact to

influence its development. This process was reiterative, involving a revisitation of Phase 2 and 3 data and analysis. Each developmental pathway was examined in detail, considering the interplay between individual experiences, external influences, internal processes, and changes in different identity issues over time. Code clouds were generated for each developmental pathway using MAXQDA, showcasing the most frequently used codes among individuals within each pathway (see Figures 2-5).

Data Validation and Trustworthiness

Several data validation techniques were used throughout the analysis process to ensure the trustworthiness and credibility of the findings: 1) data triangulation (Merriam, 2009), where I used multiple data sources to develop a comprehensive understanding of the phenomenon; 2) peer debriefing/review (Carspecken, 1996; Merriam, 2009), where I coded each transcript independently, then discussed and reconciled any discrepancies in the coding with reliability coders; 2) member checks (Carspecken, 1996), where data (e.g., interview transcripts) and notes (e.g., my interview notes and case summaries) were returned to the participant, and then they provided input on whether the data is accurate and/or results accurately reflect their experiences (Merriam & Tisdell, 2015).

The Researcher's Positionality

As my identities, training, and life experiences shaped my interpretation of the qualitative data (Creswell & Creswell, 2018), I engaged in self-reflection to consider how various aspects of my identities influenced the research process. By acknowledging my positionality throughout the study, I aimed to enhance the rigor and validity of the study while respecting the unique experiences and perspectives of the participants.

My interest in studying PI development from a developmental psychology perspective is rooted in my personal and scholarly journey. Throughout my academic career, my primary research focus has centered on understanding how individuals develop a clear and coherent sense of identity. This interest initially emerged from my experiences grappling with my own ethnic and racial identity. As someone who has navigated the complexities of identity development, I am aware of its importance in an individual's life trajectory. As I continued my doctoral studies, I started thinking about my own experience of constructing my professional identity as a researcher. This introspection sparked a curiosity about how individuals in various fields navigate and shape their PIs over time. My education and research training shaped the research design, including the theoretical framework, the interview protocol, the choice to use narrative research methods, and the approach to understanding PI development through studying changes over time.

I am an outsider to nursing education. Yet, this allowed me to learn directly from the participants' own words (Berger, 2015). Each student navigated their program and nursing career differently depending on their own realities. Therefore, I sought to examine how they derived meaning from these experiences across various contexts and how their nursing identities were formed and shaped through their lived experiences. During the interviews, I made conscious efforts to help participants feel comfortable sharing their experiences openly and authentically. I explained to the participants that I do not share a similar educational background to them (e.g., nursing), and my purpose for conducting this study. This transparency allowed the participants to develop mutual trust with me.

Chapter 4 - Results

The findings from this study are presented in two sections. First, I delineate four types of professional identity derived from the participants' descriptions of what it means to be a nurse and who they want to be as a nurse (RQ1). Then, I describe their developmental trajectories, discussing the interplay of various factors, including the pandemic, in shaping their PI journey (RQ2 and RQ3).

RQ1: Who do I want to be as a nurse?

Four distinct groups emerged from the analysis of the evolution of topics and themes derived from participants' depictions of nursing, significant experiences, and their aspirations within it. Each group represents different perspectives on the qualities and aspirations of the individuals as future nurses. Participants assigned to different groups may mention similar qualities, but each group consistently emphasizes different aspects of the nursing profession and desired qualities in a nurse over time.

The Proficient Practitioners: "I want to be a competent nurse."

The perspectives of three participants (all White, 2 females, 1 male) regarding nursing and their aspirations as nurses primarily centered on the practical and professional dimensions of nursing roles. They depicted nurses as individuals who excel in their roles and possess essential qualities for effective healthcare delivery, aspiring to demonstrate competence, compassion, and forward-thinking in their practice. For instance, David, a White male, stated: "I want to be a good, efficient, organized nurse. So, I can go into my job and deal with any situations that arise and be able to get things going and done correctly." As illustrated in this statement, David focused on practical skills and the ability to handle various situations competently in his job as a nurse.

When reflecting on significant experiences as student nurses, these participants recounted instances related to performing clinical procedures or seeing how other nurses handle problems confidently. For example, Evelyn, a White female, discussed how her experience in the emergency department validated her interest:

This past semester, working in the emergency department for clinical has been the most significant to me. That's a field I've always been really interested in working in and so I think being able to have that hands-on experience there has been really significant for me just in terms of reaffirming that [this unit] is where I see myself. I've been able to do a lot of my skills and I think it's just made me really excited seeing the vast array of patient cases. And just really eager to go and know that I'm not going to be seeing the same thing twice.

The perspectives of these participants and the experiences they considered significant throughout their training highlighted their dedication to mastering practical skills and becoming knowledgeable in their future positions as they embark on their journey as nurses.

The Patient-centered Advocates: "I want to be a nurse who brightens up a patient's day."

The perspectives and aspirations of five participants (all females, including 3 Asians, 1 White, and 1 Afghan) as future nurses focused on the experiential aspects of nursing, highlighting the positive impact a nurse can have on a patient's experience. Although they also highlighted the skills and qualities needed to be a nurse (e.g., competent, organized, compassionate), they expressed a desire to create positive, impactful, and empowering experiences for patients. For instance, Mei, an Asian female, stated:

I really want to become a nurse who brightens up the patient's day. Most people don't want to be in a hospital. I want to make their stay better in any way I can, to make it more

comfortable for them to receive medications, to calm them down, or simply to provide a truly impactful experience. I want to leave a lasting impression on their hospital experience. I hope they remember me and think, "Oh yeah, that nurse was really good. I was lucky to have her."

When recalling memorable moments as student nurses, these individuals shared anecdotes involving personal and positive interactions with patients. As noted by Jennifer:

The most memorable experience I had was probably when I was in the trauma unit. We went once a week, and I had a patient there who spoke Mandarin. I don't speak Mandarin super well, but I do speak a little bit. I had her for the first week that I was there, and she was just really excited that someone else could talk to her. They have iPads and everything [for translation], but I feel like it makes things a lot less personable.

These participants' narratives highlighted their commitment to providing meaningful and empowering experiences in patient care, reflecting their aspirations as nurses.

The Supportive Ally: "I want to be an approachable and friendly nurse."

Elena's (female, Filipino) definition of being a nurse and her professional aspirations focused on the interpersonal aspects of nursing, aiming to be a supportive ally to both coworkers and patients and foster a positive and welcoming atmosphere for all involved.

I would like to be a nurse that people can feel like they can approach, like coworkers or patients, that people can confide in when appropriate. I want to be a friendly face that someone like me, a student nurse, can come up to with lots of questions. I want to be able to foster an environment where people feel welcome. I want to be someone welcoming and dependable.

Reflecting on her memorable experiences as a student nurse, she recalled moments that revolved around the interactions she had with nurses:

I think most of my experiences that I really remember have to do with the interactions I've had with nurses and the things that I've learned. Oh, in my third shift, there was a code stroke going on and I was with another nurse. But then the rapid response nurse saw that I was a student. So even though he wasn't assigned to me for that day, he asked if I wanted to come. I said yes and I went. And then, I got to practice a lot of skills. I think just being able to learn in a safe environment with supportive staff has been really helpful in my nursing journey.

Overall, Elena's narrative reflected her dedication to being a supportive ally in healthcare, fostering a supportive and welcoming environment, both for colleagues and patients.

The Visionary Servant: "I want to make a difference in my community."

Unlike other participants, Sofia, a Latina female, stood out in her aspiration to create an impact in her Latino community, extending beyond individual patient care. She aspired to help individuals in her community feel more comfortable and engaged in their healthcare journey:

Being a nurse meant making a difference in the community because you don't often see a Person of Color being a nurse, or at least someone speaking Spanish to patients. I know that happens a lot. We have a strong Latino community back home, so just seeing how comfortable someone can be seeing someone who either speaks Spanish or who looks like you can make an impact on a patient's experience in the hospital.

Her personal experiences have exposed her to the challenges faced by her community, including language barriers, cultural misunderstandings, and the historical impact of racism on healthcare experiences. As a nurse, she prioritized a holistic approach to patient care, recognizing

the interconnectedness of various factors in patients' lives beyond their physical health, such as socioeconomic status and family dynamics.

> As a nurse, most importantly, I want to be someone who takes a holistic view of a patient. So, factors like income, their living situation, family structure, as well as their physical health, and access to healthcare are things I do want to take into account, especially when taking care of patients back in the community, where they may have more barriers to healthcare. I want to be, as a nurse, someone who takes into account everything that's going on in someone's life, not just the physical or the present issue.

When reflecting on special moments in her nursing journey so far, she found fulfillment in her interactions with Latino patients, seeing them become more comfortable with healthcare:

> I think the most memorable one--I think it's kind of relating back to the Latino community I had. It's not just one moment, but I feel like whenever I have Latino patients, just seeing the way they become more comfortable once they see me or I speak Spanish to greet them, brings some comfort to them. Because, again, they're used to not having someone who understands them or having to go through a translator. Just being able to be someone who they can just talk to and just seeing the way they interact with you or become comfortable or start joking around… it's pretty memorable to see that. Because that's what I want to do with my nursing. So just like being able to see that I'm doing that just now and just my presence is already, alone, making a difference. That's what brings me the joy of being in nursing: just being able to help these patients become comfortable with health care.

Overall, Sofia's narrative revealed her commitment to serving her community and making a difference in the field through her presence and practice.

The Journey to Nursing

Tables 2-11 provide specificity regarding the content of changes in each participant over time. As shown in Table 12, all participants demonstrated changes in clarity, commitment, and confidence throughout their nursing education. Throughout their BSN programs and clinical rotations, participants developed a clearer understanding of the nursing profession and the various forms of care it entails, influencing their decisions regarding specialization and future aspirations. Their confidence levels also increased, and their commitments were solidified as they completed their final year of the program.

However, thematic trajectory analyses revealed divergent identity trajectories among participants, shaped by the dynamic interplay between personal characteristics and contextual factors. Specifically, participants' motivations for pursuing nursing and their initial exposure to the profession influenced their PI trajectories and content. Despite undergoing similar nursing curricula, their prior exploration and understanding of the nursing profession differed before entering their programs, influencing how they interpreted their experiences during their BSN programs.

The Proficient Practitioners – Fit-initiated with ongoing reinforcement

The proficient practitioners' decision to pursue nursing was influenced by rational and analytical considerations of the profession's characteristics, including the practical aspects and types of work involved. Their decisions were motivated by informational factors and a perceived alignment between the profession and their personal interests. All three participants had at least one family member in the nursing field, which put nursing on their radar at an early age. They were exposed to the fundamental aspects of nursing work, such as assisting people in their health recovery and charting, from a young age. As David stated:

I had people working in the field, so nursing was on my radar all the time… So my mom didn't really talk about specific patients or anything like that because of confidentiality issues. She would just talk about things, like "I had to chart all this stuff." That made me realize that charting, computers, and medical records are an important part of nursing. Talking to my cousin, who was working at that time in the ICU, obviously, she didn't tell me a whole lot, but just like you get a lot of very sick people, you sometimes develop an emotional bond with them. And for her, that was like a really special moment in nursing where you could do that as part of your job.

Despite considering multiple career options in high school, all three participants were attracted to nursing after gaining information about the profession, such as its versatility and the hands-on, helping nature of the work compared to other professions. All three participants mentioned a working/volunteering experience that reaffirmed their interest in nursing after starting college. For example, Evelyn had been debating between social work and nursing since high school. When she applied for college, she was rejected for nursing. In her first two years of college, she did an internship in social work and worked as a nursing assistant. This experience influenced her decision to apply for nursing again as she gained some exposure to patient care and the field:

[The experience] reaffirmed that [nursing] is what I want to do. I felt like I had a pretty good perception of what the field looked like and what a career would look like for myself after nursing school. I also think it helped me be a little bit more confident just having prior patient care experience and knowing that this is something that I have been interested in. I felt like I wasn't going into nursing school blind. So I think that it also just

helped in terms of confidence that I knew this was a good fit for me and something that I felt like I was capable of doing.

When the pandemic occurred, all three participants had not yet begun their nursing program, and they acknowledged that the impact was minimal. In their perception, the pandemic was considered a very rare event. However, they recognized that it influenced the demands of the profession, leading to more job opportunities being available. The challenges and demands during the pandemic reaffirmed the participants' confidence in their decision to pursue nursing and solidified their belief in its value. For example, Liz stated:

> I realized that healthcare is obviously an essential field. I knew I wasn't going to be working during the pandemic, especially when the vaccine came out and stuff. So that was good. It made me more eager to start working because I started hearing about all the shortages and stuff, and I think it was selfishly good to hear that there are going to be lots of opportunities for jobs when I graduate.

Through completing nursing courses and clinical rotations, they became more confident and competent in their nursing skills but noted no major changes to their understanding of the role of nurses. For example, Evelyn described her changes throughout her clinical rotations:

> I think more self-assurance. I think being able to actually practice some stuff has helped a lot with my confidence, like the skills that I've been able to do on people. I now feel more comfortable with it just because I know that I've done it before.

All participants also have identified areas of specialization (e.g., critical care, pediatrics) as they learned about different units and the types of nursing care provided in those units. For example, Liz recalled her experience working at the Children's Hospital, which informed her decision to work in Pediatrics after graduation:

I was at the Children's Hospital. On my very first day, we had brothers who were

diagnosed with type I or type II diabetes. And we were with them for--; because I went

on Saturday and Sunday, and we were with them for basically both days. It was really

cool just to kind of see the progress actually over a full two days. I like this rotation a lot.

The patient population is really cool. I like working with kids more than adults, but it's

like a wide variety of patients and the environment's just really positive and really

good…Now, I got a job. I'm going to be working in the Pediatrics ICU.

Upon completing their nursing programs, they emphasized the diverse opportunities

within the nursing profession, which they learned through their mentors and clinical instructors.

For instance, David shared about his research mentor and her influence:

[The mentor] made me more open to research and the importance that it has for progress

in health care as well as, you know, teaching me about all the different areas about

nursing, like informatics nursing, research nursing, nursing CEOs, where you can be in a

hospital, in a clinic, and in the community.

Overall, the proficient practitioners approached nursing as a profession rooted in practical

considerations, and their commitment was reinforced by both relevant exposures and an

awareness of the evolving and diverse nature of the profession.

The Patient-centered Advocates: Impact-inspired with commitment consolidation

The patient-centered advocates began their nursing journey after witnessing the impact of

nursing care on patients through encounters with healthcare professionals. Their decision was

influenced by experiential factors, shaped by firsthand experiences and direct observation of

nursing care's impact on patients. All five students recalled a specific experience with nurses

during personal or family health crises or through experiential learning. The encounters served as

a catalyst, shaping their initial perceptions and aspirations, bringing nursing into focus, and narrowing their interest specifically to this field. For example, Angela recalled the nurse who took care of her grandma and explained how it impacted her decision to pursue nursing:

> At the time, I saw that nurses took really good care of her when she was in the hospital. I really liked how they took care of my family. So I wanted to be able to do that for other people. So, I started volunteering at a hospital just to see if I liked it. And I thought that it was a really interesting time, a really fulfilling time. However, I had already declared a city planning major, so I had to switch later on in college. I had to apply to my major later on…I want to be a nurse similar to the one who took care of my family.

> Through these experiences, they witnessed the impact nurses had on the patients and remembered the important qualities of those they interacted with. Subsequently, these participants pursued working/volunteering experiences in healthcare settings to further explore the profession, which, in turn, solidified their decisions.

> When the pandemic hit during their first year of college, these participants were completing prerequisites for their nursing programs. All students described how the pandemic revealed pre-existing issues in the healthcare system, particularly shedding light on systemic challenges within the nursing profession and nursing administration that require attention and reform. These issues included shortages of nurses and an increasing prevalence of nurse burnout, particularly evident in the face of overwhelming workloads and emotional tolls during the pandemic. For example, Fatima stated:

> Nurses were already very burnt out before the pandemic. When the pandemic hit, it felt like the final straw for many people. I think I gained a lot more respect for nurses, and it made me realize that there are flaws in the healthcare system and hospitals in general.

Hopefully, they are working on addressing those flaws. I think it exposed a lot of the faults in the healthcare system and brought them to light, especially regarding nursing and nurses. But I don't think it really deterred me from wanting to go into nursing, though.

All students indicated that going through the pandemic solidified their commitment to nursing by reaffirming the impact of nursing care on individuals who were sick. The world's increased recognition of nurses after the pandemic, coupled with witnessing how nurses cared for critical patients during COVID-19, deepened their appreciation for the necessity of nurses in healthcare, especially in challenging and critical situations. For example, Olivia indicated:

I think a lot of the impact of COVID has been that the world has truly seen the necessity of nurses within the health care team, that nurses are the ones who are truly seeing and taking time with their patients every single day, more than just 10 minutes on rounds or 15 minutes during an assessment of a provider. And for that, I think that nurses are very valued by the world right now, and whether or not that's reflected within their pay and hospital administration depends on the location where they're practicing.

Through their nursing classes and clinical experiences, these participants expanded their understanding of the roles of nurses and became more confident in their roles. As Olivia explained:

I've understood a lot more about the role of a nurse, both in the hospital setting and outside of it. I have learned a lot about the role of a nurse as someone who will assess the patient and someone who will not just provide care but help to understand why a patient needs care and why they're in the hospital at all. So assess them and then being a part of the healthcare team. And I think I've seen that just because of the time that we've been

able to spend in the hospital. Also, through a lot of our theory courses, we learn about what roles and responsibilities we have as nurses…It's been really cool to see how I can now interact in a more confident way with patients as they're going through their treatment process and really look at them as a person rather than that shock of walking into the hospital for the first time and seeing someone in a hospital bed who you don't know and all of a sudden you're trying to touch all their pulses and listen to their heart and everything but truly see them and say, Hey, you're a person. Let me talk to you first and understand you first and then let's get into it.

They also continued to acknowledge and embrace the positive qualities observed in nurses, both those that initially influenced their decision to pursue nursing and those whom they followed in clinical settings. For example, Jennifer stated that her desire to advocate for patients has solidified more:

Now, the part of being a patient advocate has definitely solidified more. I know what I'm able to do and what I can and should stand up for. I think that's something that's solidified [during the program]. I think seeing other nurses [in clinicals] standing up for their patients, following up with doctors, and prodding and asking questions. So that way, their patient knows everything. If there's anything that their patient wants, they really push it forward.

Moreover, through their clinical experiences, they also gained a more nuanced understanding of effective patient care, which sometimes required making tough decisions that prioritize the patient's best interests. For example, Mei described a shift in perspective regarding the role of a nurse and the concept of patient care:

I used to think that caring for people meant that what [the patient] feels is best for themselves is probably best for them because I didn't want them to be uncomfortable or in pain or anything. But I think I realize now that as a nurse, you have to be a bit tougher and you can't just always concede to what the patient wants because sometimes what they want might not be what might not be what is best for them.

Reflecting on their past experiences, two participants discussed how their educational experiences affected their professional aspirations. For instance, two students noted the struggles Students of Color faced in the nursing program and the lack of supportive clinical instructors, inspiring them to return to the education realm. Jennifer elaborated on her reason for going back into the education realm:

I think it'd be really cool to become a clinical instructor to be able to help other people. Because I've had some really good clinical instructors, and they've been really helpful in getting me to where I am now. And I kind of want to do that too. But I know there's been clinical professors who are pretty problematic, and they still keep coming back despite the number of complaints that they get every single year. So I would like to come back and help with that. Also, something that I've noticed in the nursing program is that most of the students who didn't complete year 1 going on to year 2 were Students of Color. It made me want to come back into the education realm later to change that just because I feel like a lot of the Students of Color don't feel supported because they have a lot more going on with their lives than people who grew up here and they have parents who are nurses and they didn't have any issues like financially.

Overall, the patient-centered advocates have come to terms with what they have discovered to be both the negative and positive aspects of their identity commitments in the

nursing profession. These individuals have reflected on and acknowledged both the challenges and rewards associated with being a nurse through their experiences. The desire to provide patient-centered care and their understanding of it has been solidified and deepened as they completed their nursing training.

The Supportive Ally: Identity-guided with external validation

Elena's initial decision to pursue nursing is associated with her Filipino identity. She explained, "[In high school], I didn't know what I wanted to do, and Filipinos default to nursing." However, she had minimal exposure to nursing. Although her mom was a licensed vocational nurse (LVN), she never discussed her work due to patient privacy and didn't want her daughter to pursue nursing:

> As an LVN, she was providing home care to her patients. I didn't see her on the job, and I didn't visit her because it was home care. She didn't tell me much because there is patient's privacy. And actually, she didn't want me to do [nursing] because she just knows how demanding of a job it is. And it has actually led to her having some physical disabilities at this point and so she knows, like, how straining of a job it can be. But I just felt like it was still something I wanted to figure out for myself. So that's why I did have other career options in mind. But again, I just applied and then wanted to see what would happen.

In high school, she applied to volunteer at hospitals, but she was rejected, leading her to question if nursing was the right path for her.

> Before coming to college, I really didn't know that much…I know most of my classmates have volunteered at a hospital, but I never--; I tried to do that, I applied for programs in

high school, but I didn't get in. I was very discouraged and made me think maybe [nursing] just wasn't for me.

These experiences, or the lack of relevant experiences, have influenced her perspective on nursing. As a result, this student's foundational understanding of nursing was someone who "takes care of others and works in the hospital." She applied to nursing and other science-related majors without a clear personal inclination.

Elena's trajectory appeared to be more passive, driven by external validation. Her decision to pursue nursing was validated by getting accepted into AU, where she felt "this is where I supposed to be," underscoring the role of external circumstances in shaping her journey. It is worth noting that her choice was driven primarily by the feeling of belonging and alignment with the college environment rather than an interest in nursing. She stated, "I visited the college, and it just felt like this is where I was supposed to be…At that time, I didn't know much about nursing."

Elena was the only student in this study who stated that the pandemic did not impact her views and aspirations in nursing because she did not have any specific plans or expectations. She explained:

I didn't know what would happen, how [the pandemic] would end. I don't know. That's how I kind of took it as. I didn't even think about, like, 'Oh, am I still going to be a nurse?' I was just trying to get by. I still stuck with what I was doing and just hope for the best.

She remained committed to her path, but the uncertainty brought about by the pandemic led her to focus on getting through the challenges rather than contemplating the future of her nursing career. For Elena, the nursing program provided her with opportunities to learn about the

administrative aspect (e.g., hospital operations), the interpersonal aspect (e.g., working with various populations), and the scientific aspect (e.g., pathology of diseases) of nursing:

> I've learned a lot about how the hospital works and how the body works pathologically, and physiologically. I think I've gotten to see more of how the interdisciplinary teams work, like how nurses work with pharmacy and how nurses work with the doctors and other teams. That's just something I think that I've learned with time and more exposure to the hospital setting.

As she completed more clinical rotations, she noticed how she became more proactive within the healthcare team:

> My confidence as a member of the healthcare team has really improved. I think when I started off, I was just kind of going through the motions, like just helping out when I was asked to. If something didn't make sense to me, I would kind of just like go along with it, and just research it on my own another time.

> Her professional aspirations also primarily centered around the interpersonal aspect of nursing. She envisioned herself as a nurse whom both colleagues and patients could approach and confide in when needed. Her goal was to create an inclusive environment where fellow student nurses feel comfortable asking questions, aspiring to embody a friendly, reliable presence. She also expressed a preference for routine and stability, aspiring to progress in her nursing career from being a novice to eventually becoming an expert nurse. However, she was uncertain about the specific steps that would follow in the future:

> I really like routine and being in one place. So, like, I'd want to get to a point where I'm at a job, at a place in a position where I am very much like I want to become—because they teach us that when we graduate, we're low novice nurses. So, I want to get to a point

where I am beyond novice, beyond, I forget the other steps, like intermediate, to become an expert nurse. There are other steps in between, but I want to become an expert nurse. I would like to start off at the bedside. Down the line, I don't know what comes next.

Overall, Elena's nursing journey was initially influenced by her Filipino identity. Her trajectory seemed to unfold passively, guided by external validation and a need for belonging or fitting in, such as her university and the hospital. Her preference for routine and stability contributed to her professional identity, characterized by a gradual progression from novice to expert in her nursing career.

The Visionary Servant: Community-driven with proactive advocacy

Sofia's identity as a Latina was a salient factor in her encounters with a Latina nurse. Although no one in her family was in the field, she always wanted to be in the medical field due to her interest in the human body and her experience taking her grandma to the hospital. She recalled two important experiences influencing her decision to pursue nursing:

> I had an internship in a hospital back home. That's where I met a Latina nurse practitioner in Women's Health. She has patients from diverse backgrounds. I knew I wanted to be a nurse just seeing the way that she cared for her patients was a lot different than what I witnessed from the doctor's side and seeing how comfortable they were with her. It was something that motivated me to become a nurse, and that was basically the moment that sparked it… Then, one time, my grandma went to the hospital, and I went with her. We had a Latina registered nurse. Everyone else was not speaking Spanish. We needed a translator, or I was translating for her. When [the nurse] came in, it just really changed the mood. As you know, it can be tense, or patients can be nervous. When she came in,

she helped my grandma's nerves come down because she saw someone that looked similar to her.

Sofia indicated that she chose nursing because she wanted to make a difference in her community where People of Color nurses or nurses speaking Spanish were not often seen. Her applications to pre-nursing programs at other universities were rejected; however, she took an active role in her journey at her current university, where she began with a Women & Gender Studies major. She participated in a medical summer internship targeting Students of Color, engaged in a research project that examined health in the Hispanic community and actively built connections with faculty and other nursing Students of Color.

When the pandemic hit, she was completing her second year in college. As she stated, issues during the pandemic motivated her to broaden her scope to health education:

> [The pandemic] wasn't something that drifted me away from nursing. I still wanted to be a nurse. It was still something that I saw I wanted to make a difference in, especially seeing how people understood COVID or some people were so neglectful to either taking the vaccine or understanding the gravity of it. It motivated me more into health education instead of just solely bedside care.

Later, her professional aspirations also revealed the interrelationship between various aspects/segments of her life, where her various identity domains (e.g., gender, race/ethnicity) become interconnected to shape her aspirations as a nurse:

> The goals I've set for myself right now are to 1) make an impact in my community, at least create some changes or just be a nurse like the one for my grandma who was able to help patients feel much calmer and more comfortable in a hospital setting, and 2) become a nurse practitioner eventually. I want to have a more established unit that I'm

comfortable in, and I am thinking about Women's Health now. I'm a big advocate for Women's Health. Growing up in a Latino household, you don't talk about women's health care as much. I want to be able to teach other Latinas and provide better resources for younger Latinas because it is something that's very shamed upon within the Latino community, even talking about the body or being comfortable in your own skin.

Her approach to patient care was primarily informed by her personal experiences and observations in her community. She believed that taking a holistic view of the patient is important, acknowledging the interconnectedness of various factors in influencing the patient's health and life:

> I think, in most, or at least in my personal life, it's always been either— my parents are solely speaking Spanish. So, having to translate medical terminology for them or trying to at least get them to understand how their medications are supposed to be taken or the process of whatever medical thing they were going through. It just got me more open to the fact that patients may not understand what exactly is going on, what they're signing documents for, or what their medication is for. Not only that, but also the financial aspect of it may also have an impact on what they can afford to have done. And, most importantly, preventative care is not accessible to everyone, which makes them more at risk for higher problems that can happen in the future. So, I guess that's mostly why just people that I'm related to or just seeing it happen in the community where everyone has a chronic disease and is not actually being educated for preventative care. And then, again, it can be because of insurance, or not having access, or having no education about proper healthcare that eventually leads to that. So I guess that's why it's more important to take a holistic view of someone in order to prevent those high-risk or chronic diseases.

Similar to other participants, her experiences in the nursing program increased her confidence in herself and her skills:

> At first, being with patients is intimidating as a first-year nurse. When you're like thrown in there, you kind of don't know anything, like every single thing. You're still learning about the content and trying to apply that to nursing and to your first clinicals is pretty difficult. And again, you feel like you need a nurse there to see you. And then, now it's more of like, I know what's expected of me and I know that I can talk to my preceptor if I ever have a question like I'm not as intimidated by it. I'm more confident in myself and my skills in patient care. I guess, I guess that's what mostly I saw since my progression from the first clinical to now. I'm more confident in myself and in my skills, and then I know what resources I have and who I can go to.

She also reflected on how various individuals, such as preceptors and research professors, influenced her understanding of nursing and its broader implications:

> My research professors have added to my nursing, more to like the moral aspect of nursing, like the bigger concept of how to create differences within the system. And then my preceptors are more of like how to treat my patients in bed in patient care. I think respect is one big thing that he added to what nursing means to me. It's like, of course, we're advocates, we're teachers and all that. But the way that he exemplifies it, it's like this big concept of respect. I can see how it makes a difference in his care compared to other people that I've had. It's not that it was bad; it's just like I'm able to see how his way of care is also bringing more calmness in the patient, or it is helping maneuver conflict and challenging moments, too.

Overall, Sofia embarked on her nursing journey driven by a desire to make a difference in her community. Her identity as a Latina female consistently played a crucial role in her journey, guiding her to actively reflect, draw on her experiences, and solidify her commitment and aspirations.

Chapter 5 - Discussion

This dissertation investigated the content of PI in ten final-year nursing students, traced changes through the pre-college and college years in nursing students' PI development, and explored the impact of the pandemic on nursing students' PI development. The findings of this study reveal that as nursing students progress through their education, they gain clarity in understanding the profession and their roles within it—key elements of PI. Throughout their journey, the students not only acquire essential knowledge and skills but also internalize the values and culture of the nursing profession. They strive to find a version of the nursing role that is personally and professionally acceptable, integrating it into their broader life roles. These findings resonate with Cohen's (1981) framework on professional socialization in nursing, in which Cohen outlines the four goals of professional socialization and underscores the importance of aligning one's professional role with both professional expectations and personal values.

Moreover, this study offers a more nuanced understanding of how individual characteristics and contextual factors interact to shape PI development. The identification of the four identity pathways among nursing students sheds light on the complexities of PI development. What sets these pathways apart is how individuals interpret and respond to the myriad influences they encounter throughout their nursing journey, shaping their unique perspectives and aspirations. Through the lens of the DST and its six propositions, this study has elucidated the dynamic interplay between individual characteristics and contextual factors in shaping PI and its developmental trajectories. Overall, the findings offer a more comprehensive understanding of PI development in the nursing profession, emphasizing its multifaceted nature and dynamic interaction between various factors. Additionally, the study explored the

developmental impact of the pandemic on nursing students' PI, providing insights into how sociohistorical events can influence the process of professional socialization and PI formation.

PI Typologies

Researchers have approached the concept of PI with varied definitions, each emphasizing behaviors, knowledge, and skills, internalization of professional values and ethics, and identification with a professional group (Fitzgerald, 2020). This study contributes to the PI literature by identifying four typologies of PI within the nursing profession, each aligning with different aspects of the definitions used in the literature. The *Proficient Practitioners* emphasized the practical dimensions of nursing roles, aligning with definitions that focus on behaviors and performance of a role (e.g., Heldal et al., 2019). Both the *Patient-Centered Advocates* and the *Visionary Servant* demonstrated a commitment to patient-centered, holistic care, aligning their aspirations with the ethical principles and goals of nursing practice. This reflects an internalization of professional values and ethics, in line with the definition of PI that emphasizes the integration of personal and professional values of the nursing profession (e.g., Forouzadeh et al., 2018; Kalet et al., 2017). However, the *Patient-centered Advocates* primarily focused on creating positive and impactful experiences for individual patients, aiming to brighten their days and leave lasting impressions through direct patient care. In contrast, the *Visionary Servant* had a broader perspective on nursing and aspired to make a difference in her community beyond individual patient care. She was driven by a desire to address broader systemic issues and promote health on a community or societal level. Additionally, the *Supportive Ally* discussed interpersonal aspects of nursing, aspiring to be approachable and friendly allies to both coworkers and patients, fostering a supportive and welcoming environment in healthcare

settings. The one participant illustrating this typology emphasized her identification with a professional group and the values associated with that group (e.g., van den Broek et al., 2021).

These typologies reflect diverse perspectives and aspirations within the nursing profession, highlighting the multifaceted nature of PI formation. This finding challenges the notion of a singular, universal definition of PI (Fitzgerald, 2020). Instead, it suggests that PI is multifaceted and dynamic, shaped by individual experiences and aspirations. It is crucial to note that these group assignments are not exclusive; individuals from one group may also share similar values as those from others. The typologies represent different emphases of PI rather than the absence of certain aspects.

PI Developmental Trajectories: A Developmental Contextual Perspective

The second research question of this study was to map the trajectories of participants' PI development from pre-college to the final year of their nursing program. This research question was addressed through the application of the Developmental System Theory (DST), which posits six propositions about characteristics that facilitate and constrain development and change:

- **Proposition 1.** An individual's behavior (biological, psychological, and behavioral functions) is continuous and always occurs in the present.

- **Proposition 2.** An individual always functions as a unit in a context.

- **Proposition 3**. The personal characteristics of an individual define current developmental possibilities**.** Individuals differ from each other due to their genetic, contextual, and experiential histories. An individual's current personal characteristics can facilitate and constrain, but not fully determine, the ways an individual can change and develop at a given time.

- **Proposition 4.** Contextual conditions define currently available developmental pathways. The environment in which an individual resides can facilitate and constrain different kinds of development. Contextual conditions and characteristics may vary and change over time, contingent upon and independently of people's actions.

- **Proposition 5.** Development starts with what currently exists. This proposition emphasizes that the developmental process begins with the individual's current circumstances, experiences, and resources.

- **Proposition 6.** Change in current states is constrained by a hierarchy of selection operations. This proposition suggests that while individuals may undergo changes in their current states, these changes are not random but are guided by a hierarchy of selection operations.

These propositions provided a framework for understanding how various factors influence individuals' developmental trajectories within the nursing profession. By examining the participants' experiences and narratives from each typology, the study explored how these propositions manifested in the context of their PI development.

The Proficient Practitioners – David

A key aspect of the *Proficient Practitioners'* PI revolves around their pursuit of clinical excellence, prioritizing the continual development of their skills and knowledge. David's narrative reflects this emphasis on skill development, as his decision to pursue nursing and his subsequent journey were guided by a commitment to improve his nursing abilities. This view of nursing is affirmed in earlier studies (Fitzgerald & Clukey, 2021; Rhodes et al., 2011).

His decision to pursue nursing emerged as a dynamic process shaped by various factors rooted in his present circumstances (Proposition 1). Consistent with prior research, having a

nurse in the family kept the profession consistently present in David's life, laying the foundation

for his future endeavors (Crick et al., 2014; Ten Hoeve et al., 2017). For instance, David's

interactions with family members provided him with firsthand exposure to the realities of

nursing practice. This experience not only shaped his interest in pursuing nursing as a career,

emphasizing its job opportunities and security, but also influenced his perception of nursing,

which primarily focused on the skill sets required to excel (Proposition 2).

Firsthand experiences as a nursing assistant further solidified his perception of nursing,

providing insights into the essence of the profession and the diverse roles nurses undertake.

David's decision-making process was guided by informational factors and a perceived alignment

between the nature of nursing work and his personal preference toward hands-on work

(Proposition 3). The contextual conditions surrounding David provided fertile ground for the

development of his nursing skills and career progression (Proposition 4). Consistent with prior

research (Chen et al., 2020), contextual factors such as familial influences, initial work

experiences, and educational experiences, each facet of his environment contributed to his

trajectory of becoming a *Proficient Practitioner*. These diverse contexts afforded him

opportunities to hone his skills, explore different specialties, and chart his course within the

nursing landscape.

Building upon his existing knowledge, skills, and opportunities, David embarked on a

journey of continuous professional growth in his nursing skills and adaptation to the evolving

demands of the profession (Proposition 5). His continual development of nursing skills was

guided by factors such as familial influences, firsthand experiences as a nursing assistant, and

educational experiences (Proposition 6). For instance, his interactions with clinical instructors

contributed to his retention of knowledge and skills and influenced his choice of specialty,

further enhancing his proficiency as a nurse and shaping the type of nurse he aspired to become. Previous research supports the notion that such interactions with clinical instructors and educational experiences are key contributors to the development of nursing PI (Felstead & Springett, 2016; Vabo et al., 2022). Each decision and interaction contributed to the formation of his PI, shaping a trajectory characterized by progression in his proficiency as a nurse.

The Patient-centered Advocates – Angela

The *Patient-centered Advocates*' PI involves prioritizing patient-centered care and advocacy. These individuals are committed to advocating for the well-being and rights of their patients, ensuring that their care is centered around their needs, preferences, and values. This altruistic view of the profession, which highlights the caring aspect and the need for empathy, is also echoed in earlier studies (Lyneham & Levett-Jones, 2016; Petrucci et al., 2016).

Angela's journey into nursing exemplifies how this commitment is shaped by the context in which she witnessed the impact of nursing care (Proposition 2). She embarked on her nursing journey after witnessing firsthand the impact of nursing care on patients (Proposition 1). Angela's decision to pursue nursing was influenced by the compassionate care her grandmother received from nurses during her hospitalization, which ignited her interest and desire to replicate that level of care for others. Angela's motivation is consistent with previous research that suggests a desire to care for people and personal experiences with nurses and hospitals were major influences on career choice (Crick et al., 2014; Ten Hoeve et al., 2017). This personal experience also shaped her initial perceptions and aspirations, motivating her to seek further exploration of the profession through volunteering at a hospital (Proposition 5).

Throughout the pandemic, Angela's commitment to patient-centered care and advocacy was strengthened (Proposition 3). She demonstrated empathy and compassion towards patients,

recognizing their heightened vulnerability and anxiety. For instance, during the pandemic, Angela observed the psychological impact of the pandemic on people's mental health, leading her to develop a deeper understanding and empathy for those struggling with mental illness. Moreover, the pandemic exposed Angela to systemic challenges within the healthcare system, such as shortages of nurses and burnout, expanding her understanding of the profession and its challenges (Proposition 4). Together with her observations of the importance of nurses during this time, these experiences further solidified her understanding of the profession and its impact on patients and sparked an interest in psychiatric nursing. These findings align with earlier studies (Heilferty et al., 2021; Kershner et al., 2021), where nursing students expressed concerns regarding the pandemic's future effects, such as long-term mental health consequences, and a renewed commitment to nursing.

Angela's journey as a *Patient-centered Advocate* illustrates a structured developmental process (Proposition 6). For instance, her decision to pursue nursing was influenced by personal experiences with nurses, contextual factors, and intrinsic motivations. As she progressed through her nursing education and clinical experiences, her initial inclination towards nursing merged with the contextual realities witnessed during the pandemic and in clinical settings, further solidifying her commitment to patient-centered care. She continually drew upon these selection operations to navigate her career trajectory, shaping her career aspirations and changes in her perception of nursing.

The Supportive Ally – Elena

Elena, the participant illustrating *the Supportive Ally* typology, embodied a PI centered around providing compassionate care and support to patients, families, and colleagues. Her

dedication to fostering a supportive and empathetic environment, as well as building trusting relationships, is a hallmark of her PI.

Elena's decision to pursue nursing and her initial perception of nursing were influenced by her Filipino identity, cultural norms, and familial background. Growing up with her Filipino identity, she was surrounded by cultural norms that viewed nursing as a common career path among Filipino individuals. Although her mom was a nurse, she had minimal exposure to what nurses do, and her mom didn't want her to do nursing. This aligns with the findings of Neilson & Jones (2012), where knowing someone in nursing could discourage individuals from choosing nursing as a career, contrasting with other studies that highlight a positive effect (e.g., Cricket al., 2014; Ten Hoeve et al., 2017). Her path to nursing was also influenced by her experiences with rejection from volunteering programs, prompting her to question the possibility of pursuing nursing as a career (Proposition 2).

Despite not having a clear personal inclination towards nursing, Elena chose to pursue it after being accepted into AU where she felt a sense of belonging to the campus. Her decision-making process was influenced more by external validation and the need for belonging rather than a genuine interest in nursing (Proposition 6). It is evident that Elena's decision-making process was continuously shaped by her immediate context and experiences (Proposition 1). Furthermore, her need for belonging and stability not only facilitated her decision to pursue nursing but also shaped her career aspirations to become a supportive nurse and progress from a novice to an expert nurse over time (Proposition 3).

With limited opportunities to explore nursing before college, Elena embarked on her nursing journey without a clear understanding of the profession (Proposition 4). However, as she advanced through nursing classes and clinical rotations, Elena gradually gained insight into the

roles of nurses and acquired knowledge about hospital operations (Johnson et al., 2012; Marañón & Pera, 2015). She engaged in learning about nursing practices, patient care, and interpersonal relationships, refining her skills and understanding of the profession. Through reflection on her clinical experiences, Elena further solidified the importance of fostering a supportive and empathetic environment and building trusting relationships with patients, families, and colleagues (Proposition 5). For instance, Elena's experiences in clinical rotations allowed her to witness firsthand the interdisciplinary teamwork within healthcare settings, contributing to her professional growth and confidence as a member of the healthcare team. These findings are consistent with prior research on the role of professional socialization and a sense of belonging in the formation of PI among nursing students (Maginnis, 2018).

The Visionary Servant - Sofia

A key aspect of Sofia's PI as a *Visionary Servant* revolves around her commitment to community empowerment and healthcare reform. Sofia's journey to becoming a nurse exemplifies the continuous engagement of a *Visionary Servant*, driven by her strong sense of social responsibility and commitment to serving her community (Proposition 6).

As a Latina, Sofia's decision to pursue nursing stemmed from her desire to make a difference in her community, particularly after encountering a Latina nurse practitioner during her internship. Sofia's aspiration was shaped by her close connection to her community, where she observed a lack of diversity among healthcare professionals, particularly nurses who could relate to the language and cultural backgrounds of the patients (Proposition 2). This supports the notion asserted by Dawkins (2021) that having role models who share similar characteristics or backgrounds can help them visually see themselves in the nursing role, motivating them to pursue nursing.

Sofia's journey as a *Visionary Servant* was also shaped by the interplay of various factors, including her personal characteristics and community needs. Her sense of social responsibility and altruism drove her desire to make a difference in her community and address healthcare disparities. These traits shaped her perception of the nursing profession and motivated her to represent her community and address the underrepresentation of People of Color in healthcare settings (Propositions 3). Throughout her nursing education, Sofia actively reflected on her community's healthcare needs, particularly those of young Latinas in women's health, and sought opportunities to address them through nursing practice (Proposition 4). This aligns with literature that emphasizes facilitators for ethnic minority nursing students, ranging from individual-level factors to influences within the home and community environments (Diefenbeck et al., 2016; Osakwe et al., 2022).

Her journey as a *Visionary Servant* began with an understanding of her community's needs and her personal aspirations to address them through nursing. Throughout her nursing program, she continued to draw upon her experiences and values, emphasizing the importance of community engagement and advocacy in her nursing practice. For instance, she took a holistic approach to patient care, where she emphasized the importance of addressing not just medical needs but also issues like language barriers, financial constraints, and the lack of preventative care education among patients, particularly those from her community. This aligns with findings from Repo et al.'s (2017) study, suggesting that nursing students from minority backgrounds can integrate their cultural awareness and personal experiences into their practice. This integration results in care that is more culturally competent and responsive to the diverse needs of patients.

In summary, the trajectories of participants in all identity pathways underscore the dynamic interplay between the individual and the contexts over time. Through the lens of the

Developmental Systems Theory, each proposition provides valuable insights into the complexities of PI development and its interaction with individual and contextual factors. Together, these findings align with previous research indicating that various individual and contextual factors contributed to PI development (Mao et al., 2021; Wu et al, 2015). However, this study paints a more holistic picture of how interactions among various factors over time facilitated or constrained participants' PI development, influencing their perceptions of the profession and their career goals as they navigated their nursing journey.

Impact of the Pandemic on PI Development

Findings from this study align with past research on the impact of public health crises on nursing students' and nurses' PI (Chahley et al., 2021; Heilferty et al., 2021; Michel et al., 2021). Similar to previous studies, this study highlights how the pandemic influenced nursing students' commitment to the profession, despite the challenges they faced during the pandemic (Seah et al., 2021; Velarde-García et al., 2021). All participants in this study remained committed to pursuing the nursing profession, which contrasts with the findings of Lin et al. (2021), where half of their cohort considered not pursuing a nursing career in the future.

Unlike previous research that often focused on the immediate impact of public health crises on nursing students' experiences, this study provides a more comprehensive examination of PI development over several years, encompassing the entire trajectory from the initial phases of a crisis to its remission. For instance, during the outbreaks of COVID-19, participants in this study identified challenges and concerns within the healthcare system, such as shortages of nurses and increasing rates of burnout. These reflections and observations influenced their perception of and commitment to the profession as the pandemic appears to be heading toward

remission. This broader perspective sheds light on the developmental impact of public health crises on nursing students' PI, providing a comprehensive understanding of long-term effects.

Findings also add nuances to the existing literature by highlighting individual differences in how nursing students were influenced by the pandemic in shaping their PI, specifically affecting identity issues such as commitment and aspirations. While past research has acknowledged the impact of public health crises on nursing students' PI development (Heilferty et al., 2021; Shengxiao et al., 2021; Swift et al., 2020), the present study goes further to elucidate that the extent and nature of this influence varied among participants. For some, such as the *Proficient Practitioners*, the pandemic reinforced their commitment to nursing. They perceived the increased job opportunities resulting from the pandemic as evidence of the profession's value and importance. This suggests that their commitment to nursing was strengthened by their perception of the profession's resilience and demand during challenging times. The *Patient-Centered Advocates* became more critical of the healthcare system's response to the pandemic. They identified systemic challenges within the nursing profession and administration, such as shortages of nurses and increasing nurse burnout. The increased recognition of nurses during the pandemic, coupled with their observations of nurses caring for critically ill patients, deepened their appreciation for the profession's necessity in healthcare and solidified their commitment to nursing. This suggests that their PI was strengthened by their perception of nursing's role in providing care and support during challenging and critical situations. For the *Supportive Ally*, the uncertainty brought about by the pandemic did not impact Elena's commitment to nursing, as she had minimal exposure to nursing at the time of the pandemic. For *the Visionary Servant*, Sofia's experience during the pandemic motivated her to expand her focus beyond bedside care and recognize the importance of health education. These findings underscore the importance of

considering individual variations in responses to broader societal changes and historical events like public health crises.

Implications

This study has several implications for future research in the study of PI development within nursing and other professions. Existing theoretical frameworks on PI development have primarily focused on professional identification, often overlooking the dynamic and multifaceted nature of individual development. Findings from this study suggest the need for a more holistic and integrated approach to studying PI, considering the interrelatedness of various factors and their collective influence on PI development. Adopting a nuanced and holistic perspective can enhance our understanding of the multifaceted nature of PI and contribute to the development of more robust theoretical frameworks in the study of PI.

This dissertation has been exploratory in that it is the first look at the dynamic interactions of various factors in shaping the PI development of nursing students over time. The contribution of this dissertation is that it lays the foundation for a more nuanced understanding of PI development among nursing students, highlighting the interplay between individual characteristics, contextual factors, and evolving aspirations. Throughout the study, participants' narratives revealed dynamic interactions between various personological variables, including self-concept, occupational self-concepts, interests, and aspirations, along with contextual factors. These interactions, encompassing both intraindividual and individual-contextual relations, shaped participants' PI development within the nursing profession. For instance, participants' self-concept, influenced by early experiences and familial backgrounds, influenced their initial interest and motivations in pursuing nursing careers. Their evolving understanding of nursing was further affected by educational experiences, clinical rotations, and exposure to different

nursing specialties. Contextual factors, such as familial influences, cultural backgrounds, and societal perceptions of nursing, also interacted with these personological variables, further shaping participants' developmental trajectories and aspirations within the nursing profession. By exploring these dynamic interactions, the study highlights the complexity of PI development and calls for future research, particularly in-depth qualitative studies, that delve into the nuanced experiences of individuals over time. These studies should explore both intraindividual and individual-context relations, examining how these variables interact and evolve over time to shape PI development.

Given its exploratory nature and small sample size, further empirical investigations of the identified pathways are needed to validate and refine the identified typologies of PI within the nursing profession. To enhance the robustness of future research, it is necessary to expand the sample to include individuals from various demographic backgrounds, such as race, ethnicity, and socioeconomic status, and individuals with diverse educational trajectories (e.g., traditional vs. accelerated nursing programs) and career paths within nursing (e.g., clinical practice, administration, research) to capture a broader range of experiences and perspectives. Furthermore, future research should aim to develop a validated measure or typology system based on the identified pathways of PI development. Such a measure allows researchers to categorize individuals into distinct PI typologies, considering their unique combinations of personological variables, contextual influences, and developmental trajectories. This approach allows researchers to conduct quantitative assessment and comparison of various PI profiles within nursing populations more effectively. For example, researchers could assess typology prevalence across diverse nursing populations and explore variations based on demographic characteristics, education, and career stage. Moreover, future research should further explore

how intersecting identities or factors like race, ethnicity, gender, and socioeconomic status intersect with PI typologies, exploring whether certain typologies are more prevalent or accessible to individuals from specific demographic backgrounds and how intersecting identities shape individuals' experiences within their chosen typology.

Moreover, longitudinal investigations examining the stability of individuals' PI typologies over time are necessary to provide insights into the factors that facilitate or hinder its stability or change. Such studies can reveal whether individuals transition between typologies as they progress in their nursing careers. These longitudinal examinations could delve into individuals' decision-making processes starting from high school, spanning through the duration of nursing education, and extending into early professional practice. By tracing this trajectory, researchers can gain a comprehensive understanding of PI development from student to practitioner. This approach allows for the exploration of how individuals' values, aspirations, and perceptions evolve over time in response to educational experiences, clinical practice, and professional interactions.

Another area of future research involves exploring the long-term impacts of PI typologies. As evident in this study's findings, individuals from each typology have different career aspirations and highlighted different aspects of their professional development. Future longitudinal studies could examine how individuals' alignment with specific PI typologies influences their long-term career satisfaction, burnout rates, retention in the nursing profession, and overall professional success. This research could provide insights into the lasting impact of PI on nurses' well-being and career trajectories over time. Additionally, this research can inform educational practices and professional development initiatives within the nursing profession. The identification of diverse identity pathways suggests the need for tailored interventions and

support mechanisms that recognize and accommodate the unique experiences and aspirations of individuals. Educators and practitioners can leverage this understanding to develop programs that meet the diverse needs of nursing students, fostering inclusivity and diversity within the field. For example, tailored educational approaches can incorporate experiential learning opportunities for the *Patient-Centered Advocates* or emphasize competence training for the *Proficient Practitioners*, further strengthening their PIs. Moreover, the dynamic nature of individuals' perceptions and commitments suggests the need for ongoing professional development opportunities. Workshops, mentorship programs, and reflective practices can support nursing students in exploring and refining their PI over time.

Given that PI researchers typically focus on specific disciplines at a time, conducting comparative analyses across professions is essential to advance the field's understanding of PI. Future research should conduct comparative analyses across healthcare professions to explore the shared and distinctive aspects of PI development within nursing compared to other healthcare disciplines such as medicine and pharmacy. Researchers also should examine PI development in other fields, such as education, law, engineering, and business. By exploring PI across diverse professional contexts, researchers can identify common principles and processes underlying PI development, as well as unique factors that shape PI within specific disciplines. Comparative analyses across professions can shed light on the universal and context-specific nature of PI development, informing the development of comprehensive theoretical frameworks that transcend disciplinary boundaries.

Limitations

Several limitations should be considered when interpreting the findings of this study. The sample size was small, with only ten participants. This limited sample size may impact the

generalizability of the findings to broader populations of nursing students. Moreover, it is important to note that the *Supportive Ally* and *Visionary Servant* groups only had one member each. The presence of these two groups could be attributed to the small sample size of the study, potentially limiting the reliability of conclusions drawn from their characteristics and trajectories. It also may indicate variability in the development of PI among nursing students, suggesting that certain identity pathways may reflect more idiosyncratic experiences rather than broader trends among nursing students. To address this issue, future research should aim to replicate these findings with larger sample sizes or employ rigorous qualitative methods to explore the nuances of PI development among individuals with similar characteristics.

This study relied on self-reported data, which could be influenced by social desirability bias**.** Participants may have provided responses that they perceived as socially desirable or that aligned with their self-concept, potentially leading to an incomplete or biased representation of their PI development. Moreover, the study focused on retrospective accounts among final-year nursing students. Recall of experiences may not fully capture the developmental trajectories of individuals at various points in their journey.

The identification of identity pathways in this study was based on the narratives provided by participants during interviews. It is important to note that participants' narratives are not static; they are subject to change over time as individuals encounter new experiences and undergo personal and professional growth. As they encounter new experiences, they may revisit and modify their narratives to reflect their evolving perspectives and aspirations. Therefore, it's essential to interpret the findings with caution and consider potential biases related to this methodology. To address these limitations, future research should consider examining a more diverse sample and employing longitudinal designs with mixed methods approaches to provide a

more comprehensive understanding of PI development. This approach allows researchers to validate and contextualize participants' narratives while also capturing any changes or discrepancies over time. By incorporating diverse perspectives and utilizing longitudinal data collection methods, future studies can enhance the validity and reliability of findings regarding PI development.

Conclusion

This study offers insights into the dynamic and multifaceted process of PI development among nursing students, particularly in the context of the COVID-19 pandemic. Through the analysis of nursing students' narratives, this study identified diverse identity pathways, highlighting the complex interplay between individual and contextual factors shaping nursing students' perceptions of the profession and their professional aspirations. Findings of this study offered a more comprehensive understanding of how nursing PI develops, revealing a dynamic interaction between multiple factors and underscoring the importance of considering individual differences and contextual factors in PI development. Moreover, the study sheds light on the impact of the pandemic on nursing students' perceptions and commitments to the profession. These insights deepen our understanding of PI development within nursing and may provide implications for educational practices and professional development initiatives aimed at fostering strong PI among nursing students. As we continue to navigate the evolving landscape of healthcare, understanding the development of PI and the factors that shape nursing PI is crucial for promoting the development of nursing students' PI.

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Tables

Table 1

Participants Demographic

Case	Age	Gender	Race/Ethnicity	Year	Program, Location
Mei	21	Female	Asian/Chinese	Senior	AU, West Coast
Jennifer	22	Female	Asian/Taiwanese	Senior	BU, Midwest
Angela	21	Female	Asian/Chinese	Senior	AU, West Coast
David	23	Male	Caucasian	Fifth year	BU, Midwest
Olivia	21	Female	Caucasian	Senior	AU, West Coast
Evelyn	22	Female	Caucasian	Fifth year	BU, Midwest
Liz	22	Female	Caucasian	Fifth year	BU, Midwest
Elena	22	Female	Asian/Filipino	Senior	AU, West Coast
Fatima	20	Female	Afghan	Senior	AU, West Coast
Sofia	23	Female	Latina	Fifth year	BU, Midwest

Case: David

PI Typology: Proficient Practitioners

Background: Male, Caucasian, Has two degrees (completed then returned for nursing)

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	R's understanding of the responsibilities, duties, and values associated with being a nurse				
	Contributing factors	Roles - Caregiver, Skills - technical; Family influence			Undecided, considering PA and nursing
Aspirations	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.				
	Contributing factors				No relevant codes
Commitment	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.				No relevant codes
	Contributing factors				No relevant codes
Confidence	R's' belief in their abilities and competencies as nurses				No relevant codes
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	R's understanding of the responsibilities, duties, and values associated with being a nurse		Roles - Caregiver; Skills - Technical skills;		
	Contributing factors	Career Attributes - Varieties, Impact Family influence, Relevant work experience		Prior experience	
Aspirations	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.				No relevant codes
	Contributing factors				No relevant codes
Commitment	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Committed to nursing Family influence, Relevant work experience			
	Contributing factors				No relevant codes
Confidence	R's' belief in their abilities and competencies as nurses				No relevant codes
	Contributing factors				

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing

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		Contributing factors	
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Roles - Manager of Care, Teacher, Communicator; Skills - Communication, Critical thinking, Technical; Traits - organized, efficient, trustworthy, attention to details Course, Instructors, clinical experiences, prior exposure	Roles - Caregiver; Skills - Technical skills; Career attributes - varieties Prior experience
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*	"Be a good, efficient, organized nurse" Prior experiences, courses, clinical experiences	
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*	Specialization - Critical care Clinical experiences; Personal interest (preference for technical skills)	
Confidence	*R's' belief in their abilities and competencies as nurses*	Clinical skills, Knowledge of nursing process Clinical experiences	

Case: Liz
PI Typology: Proficient Practitioners
Background: Caucasian, female, 22

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Career attributes- varieties, length of training, impact; Roles - caregiver			Debating between teaching and nursing
	Contributing factors	Family influence			Personal interests, family influence
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*				
	Contributing factors				
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*				No relevant codes
	Contributing factors				No relevant codes
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*			Career attributes- varieties, length of training, impact; Roles - caregiver	
	Contributing factors			Prior experience	
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*				
	Contributing factors				
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*	Committed to nursing			No relevant codes
	Contributing factors	Personal interest, Career attribtutes - varieties, length of training			No relevant codes
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				No relevant codes

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - advocate; Skills - technical, ; Traits - trustworthy, compassionate,knowledgeable, Course, Instructors, clinical experiences		Career attributes - varieties, length of training, impact; Roles - caregiver	
Perception	*Contributing factors*	experiences		Prior experience	
	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.	"Be an effective nurse"			
Aspirations	*Contributing factors*	Courses, clinical experiences			
	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Specialization - Critical care clinical experiences, personal interests (preference for technical skills)			
Commitment	*Contributing factors*				
	R's' belief in their nursing abilities and competencies	Clinical skills, Knowledge of nursing process			
Confidence	*Contributing factors*	Clinical experiences			

Case: Evelyn
PI Typology: Proficient Practitioners
Background: Caucasian, female, 22, Applied for nursing in junior year

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - Caregiver			Debating between nursing and social work
	Contributing factors	Family influence, course			*No relevant codes*
Aspirations	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.				
	Contributing factors				*No relevant codes*
Commitment	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.				*No relevant codes*
	Contributing factors				*No relevant codes*
Confidence	R's' belief in their abilities and competencies as nurses				*No relevant codes*
	Contributing factors				*No relevant codes*

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	R's understanding of the responsibilities, duties, and values associated with being a nurse	Traits - compassionate, Career attributes - impact, Skills - Technical skills		Roles - Caregiver	
	Contributing factors	Relevant work experience		Prior experience	
Aspirations	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.				*No relevant codes*
	Contributing factors				*No relevant codes*
Commitment	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Committed to nursing			
	Contributing factors	Relevant work experience			
Confidence	R's' belief in their abilities and competencies as nurses	Fit			
	Contributing factors	Relevant work experience			

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Career attributes - varieties, Roles - manager of care, Skills - Communication, Teamwork; Traits - Flexibility, and Open-minded Course, Instructors, clinical experiences, Relevant work experiences		Roles - caregiver; Traits - compassionate, Career attributes - impact, Skills - Technical skills	
Perception	*Contributing factors*			Prior experience	
	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.	"Be a confident and knowledgeable nurse" Prior experiences, courses, clinical experiences			
Aspirations	*Contributing factors*				
	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Specialization - critical care Family influence, clinical experiences, personal interests (preference for technical skills)			
Commitment	*Contributing factors*				
	R's' belief in their abilities and competencies as nurses	Clinical skills, Knowledge of nursing process			
Confidence	*Contributing factors*	Clinical experiences			

Case: Jennifer
PI Typology: Patient-centered Advocates
Background: Asian, Taiwanese, Female, 21

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - caregiver; Traits - compassionate, open-minded, spirited	"Similar to the first nurse encountered"		
	Contributing factors	Personal observations of nursing	Personal observations of nursing		
Aspirations	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.				
	Contributing factors				
Commitment	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Committed to nursing			
	Contributing factors	Personal observations of nursing			
Confidence	R's' belief in their abilities and competencies as nurses				No relevant codes
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	R's understanding of the responsibilities, duties, and values associated with being a nurse	Career attribute - challenges,		Roles - caregiver, Traits - compassionate, open-minded, spirited	
	Contributing factors	Pandemic		Prior experience	
Aspirations	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.			"Similar to the first nurse encountered"	
	Contributing factors			Prior experiences	
Commitment	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Solidified commitment to nursing			
	Contributing factors	Relevant work experience			
Confidence	R's' belief in their abilities and competencies as nurses				No relevant codes
	Contributing factors				No relevant codes

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - advocate, communicator, manager of care; Skills - critical thinking, technical; Traits - resilience, trustworthy; Values - empathy, non-judgmental care		Roles - caregiver; Traits - Open-minded, compassionate, spirited;	
Perception	*Contributing factors*				
	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.	Career plan: bedside to education		"Similar to the first nurse encountered"	
Aspirations	*Contributing factors*	Personal values, Clinical experiences, Instructors, Cohort		Prior experiences	
	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Specialization - Burn unit			
Commitment	*Contributing factors*	Clinical experience, relevant work experiences, Social identity			
	R's' belief in their nursing abilities and competencies	Interacting with patients			
Confidence	*Contributing factors*	Clinical experiences, Instructors			

Case: Mei
PI Typology: Patient-centered Advocates
Background: Asian, Chinese, Female, 21

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - caregiver; Skills - technical skills, Traits - spirited; compassionate; Career Attribute - impact, Job shadow program; personal observations of			
Perception	*Contributing factors*		"Brighten up the patient's day, provide an impactful experience" Personal observations of nursing, Personal interest		
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.* *Contributing factors*				
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or* *Contributing factors*	Changed from art to nursing Personal observations of nursing, Personal interest			
Confidence	*R's' belief in their abilities and competencies as nurses* *Contributing factors*				No relevant codes No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse			Roles - caregiver; Skills - technical skills, Traits - spirited; compassioante; Career Attribute - impact, Pandemic, lack of relevant experience	
Perception	*Contributing factors*				

	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.* *Contributing factors*			"Brighten up the patient's day, provide an impactful experience" Prior experience	
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or* *Contributing factors*	Solidified commitment to nursing College acceptance;			
Confidence	*R's' belief in their abilities and competencies as nurses* *Contributing factors*				No relevant codes No relevant codes

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse* *Contributing factors*	Roles - decision-maker; advocate; Skills - teamwork, critical thinking; Traits - Course, Instructors, clinical experiences, Personal values, Career attributes -		Roles - caregiver; Skills - technical skills, Career Attribute - impact, Prior experience	
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.* *Contributing factors*	Career plan: bedside then other pathways (more advanced training) Personal values, clinical experiences,		"Brighten up the patient's day, provide an impactful experience" Prior experiences	
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or* *Contributing factors*	Specialization: Labor and Delivery Clinical experience (impact)			
Confidence	*R's' belief in their nursing abilities and competencies* *Contributing factors*	Roles and responsibilities; Interacting with patients Clinical experiences			

Case: Angela
PI Typology: Patient-centered Advocates
Background: Asian, Chinese, Female, 21

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Roles - caregiver; Traits - compassionate, patient; Career attributes - impact, varieties, stability	"Like the nurse who took care of my grandma, do the same for others"		
	Contributing factors	Personal observation of nursing, relevant work experiences	Personal observations of nursing (family)		
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*	Changed from urban planning to nursing			
	Contributing factors	Personal observation of nursing, relevant work experiences			
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*				
	Contributing factors				No relevant codes
Confidence	*R's' belief in their abilities and competencies as nurses*				
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Career attribute - challenge		Roles - caregiver; Traits - compassionate, patient; Career attributes - impact, varieties, stability	
	Contributing factors	Pandemic		Prior experience	
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*	Interested in psych nursing		"Like the nurse who took care of my grandma, do the same for others"	
	Contributing factors	Pandemic		Prior experience	

	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.* *Contributing factors*	Solidified commitment to nursing Pandemic			No relevant codes
Confidence	*R's' belief in their abilities and competencies as nurses* *Contributing factors*				No relevant codes

BSN	**Description**	**Increase/Emerge**	**Surge/Epiphany**	**Constant/Consistent**	**Missing**
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse* *Contributing factors*	Roles - advocate, decision-maker, manager of care, communicator; Skills - technical, critical thinking; Traits - trustworthy, flexibility, resilience; Value - dignity, autonomy, empathy Clinical experiences, courses, Instructors		Roles - caregiver; Traits - compassionate, patient; Career attributes - impact, varieties, stability Prior experience	
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.* *Contributing factors*	Career plan: bedside for a few years, then change (maybe psych) Clinical experiences, courses, Instructors		"Like the nurse who took care of my grandma, do the same for others" Instructors, prior experiences, clinical experiences	
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.* *Contributing factors*	Specialization: Critical care			
Confidence	*R's' belief in their nursing abilities and competencies* *Contributing factors*	Personal values, Aspirations (impactful care), Clinical experience Interacting with patients Clinical experiences, Instructors			

Case: Ollivia
PI Typology: Patient-centered Advocates
Background: Caucasian, female, 21

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Roles - caregiver; Traits - compassionate; Career attributes - people-oriented, impact	Similar to those nurses who provide compassionate and genuine care		
	Contributing factors	Personal observations of nursing (family), relevant work experience	Personal observations of nursing (family), relevant work experience		
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*				
	Contributing factors				
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*	Change from teaching to nursing			
	Contributing factors	Personal observations of nursing (family), relevant work experience, Personal interests			
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Traits - attention to detail; Values - Altruism, Empathy,		Roles - caregiver; Traits - compassionate; Career attributes - people-oriented, impact	
	Contributing factors	Pandemic		Prior experience	

	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.* *Contributing factors*	"Care for people in the ways nurses care for critical patients during COVID" Pandemic		Similar to those nurses who provide compassionate and genuine care Prior experience	
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.* *Contributing factors*	Solidified commitment to nursing Pandemic			
Confidence	*R's' belief in their abilities and competencies as nurses* *Contributing factors*				No relevant codes No relevant codes

BSN	**Description**	**Increase/Emerge**	**Surge/Epiphany**	**Constant/Consistent**	**Missing**
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse* *Contributing factors*	Roles - Advocate, Communicator, Teacher, Manager of care; Traits - Trustworthy, attention to detail; Skills - critical thinking, teamwork; Clinical experiences, courses, Instructors		Roles - caregiver; Traits - compassionate; Career attributes - people-oriented, impact Prior experience	
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.* *Contributing factors*	Career plan: bedside to outside of the hospital Instructors, prior experiences, clinical experiences		Provide compassionate and meaningful care, patients know that I care for them as a person Prior experience	
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.* *Contributing factors*	Specialization - Critical care Personal values, Aspirations (impactful care), Clinical experience			
Confidence	*R's' belief in their nursing abilities and competencies* *Contributing factors*	Interacting with patients Clinical experiences, Instructors			

Case: Fatima
PI Typology: Patient-centered Advocates
Background: Afghan, female, 20

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Roles - caregiver; Skills - technical; Traits - compassionate, resilience; Career attributes - impact			
	Contributing factors	Personal observation of nursing, relevant work experiences			
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*		"Want to be that person for others"		
	Contributing factors		Personal observations of nursing (self)		
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*	From undecided to nursing			
	Contributing factors	Personal observation of nursing, relevant work experiences			
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Career attributes - challenges, impact			
	Contributing factors	Pandemic			
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*			"Want to be that person for others"	
	Contributing factors			Prior experiences	
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*	Solidified commitment to nursing,			
	Contributing factors	Pandemic			
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				No relevant codes

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - decision-maker, manager of care, advocate; Traits - trustworthy, organized; Skills -Communication, teamwork, Critical thinking; Clinical experiences, courses,		Roles - caregiver; Skills - technical; Traits - compassionate, resilience; Career attributes - impact	
Perception	Contributing factors	Instructors		Prior experiences	
	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.	Career plan: bedside to education Clinical experiences, Instructors,		"Want to be that person for others"	
Aspirations	Contributing factors	Cohort		Prior experiences	
	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Specialization - Critical care			
Commitment	Contributing factors	Personal values, Aspirations (impactful care), Clinical experience			
	R's' belief in their nursing abilities and competencies	Interacting with patients			
Confidence	Contributing factors	Clinical experiences, Instructors			

Case: Elena
PI Typology: Supportive Ally
Background: Asian, Filipino, female, 22

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*	Roles - caregiver			Undecided, considering nursing
	Contributing factors	Family influence, lack of experience			Lack of experience, social identity
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*				
	Contributing factors				
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*				No relevant codes
	Contributing factors				No relevant codes
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse*			Roles - caregiver	
	Contributing factors			Prior exposure (or the lack of)	
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.*				No relevant codes
	Contributing factors				No relevant codes
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.*	Committed to nursing			
	Contributing factors	Contextual (Acceptance to college)			
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				No relevant codes

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
Perception	*R's understanding of the responsibilities, duties, and values associated with being a nurse* *Contributing factors*	Traits - trustworthy; Skills - teamwork, technical, Course, Instructors, clinical experiences		Roles - caregiver Prior exposure	
Aspirations	*R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.* *Contributing factors*	"Be a friendly nurse who patients and coworkers can trust", From novice to expert nurse Clinical experiences, personal interest			
Commitment	*R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.* *Contributing factors*	Specialization: NICU Clinical experiences, personal traits			
Confidence	*R's' belief in their nursing abilities and competencies* *Contributing factors*	Clinical skills, Knowledge of nursing process and hospitals Clinical experiences			

Case: Sofia

PI Typology: Visionary Servant

Background: Latina, female, 23, double majors: Gender and Women Studies (first), and nursing

Prior to College	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - caregiver; Traits - compassion, resilience, spirited; Career attributes - impact, Relevant work experience; Social identity			
Perception	Contributing factors				
	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.	"Make a difference in my community" Social identity, relevant work experence			
Aspirations	Contributing factors				
	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Committed to nursing Social identity, relevant work experence			
Commitment	Contributing factors				
Confidence	R's' belief in their abilities and competencies as nurses				No relevant codes
	Contributing factors				No relevant codes

College (Pre-BSN)	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Career attributes - challenges		Roles - caregiver; Traits - compassion, resilience, spirited; Career attributes - impact,	
Perception	Contributing factors	Academic program, relevant work experience, pandemic, social identity		Prior experiences	
	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.	Interested in health education		"Make a difference in my community"	
Aspirations	Contributing factors	Pandemic		Prior experiences	

	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Solidified commitment to nursing Pandemic, non-nursing courses, relevant work experience, peers, social identity			No relevant codes
Commitment	*Contributing factors*				
Confidence	*R's' belief in their abilities and competencies as nurses*				No relevant codes
	Contributing factors				

BSN	Description	Increase/Emerge	Surge/Epiphany	Constant/Consistent	Missing
	R's understanding of the responsibilities, duties, and values associated with being a nurse	Roles - manager of care, teacher, advocate; Skills - critical thinking; Values - empathy, diversity and inclusion, dignity; Career attributes - varieties		Roles - caregiver; Traits - compassion, resilience, spirited; Career attributes - impact,	
Perception	*Contributing factors*	Social identity, Clinical experiences, courses, instructors, Personal Values			
	R's goals, ambitions, and future-oriented desires that individuals have for their nursing career.	"Be a nurse who takes a holistic view of the patient"; Career plan: bedside to nurse practitioner		"Make a difference in my community"	
Aspirations	*Contributing factors*	Social identity, Clinical experiences, courses, instructors, Personal Values		Prior experiences	
	R's the dedication or allegiance to nursing or specific aspects of nursing practice, values, principles, or responsibilities.	Specialization: Women health clinic			
Commitment	*Contributing factors*	Social identity, Clinical experiences			
	R's' belief in their nursing abilities and competencies	Clinical skills and self			
Confidence	*Contributing factors*	Clinical experiences, courses, instructors			

Table 12g

PI Change Throughout BSN Program Matrix

Case	PI Typology	Clarity	Commitment	Confidence
David	Proficient Practitioners	Increased	Solidified	Increased
Liz	Proficient Practitioners	Increased	Solidified	Increased
Evelyn	Proficient Practitioners	Increased	Solidified	Increased
Mei	Patient-centered Advocates	Increased	Solidified	Increased
Jennifer	Patient-centered Advocates	Increased	Solidified	Increased
Angela	Patient-centered Advocates	Increased	Solidified	Increased
Olivia	Patient-centered Advocates	Increased	Solidified	Increased
Fatima	Patient-centered Advocates	Increased	Solidified	Increased
Elena	Supportive Ally	Increased	Solidified	Increased
Sofia	Visionary Servant	Increased	Solidified	Increased

Figures

Figure 1

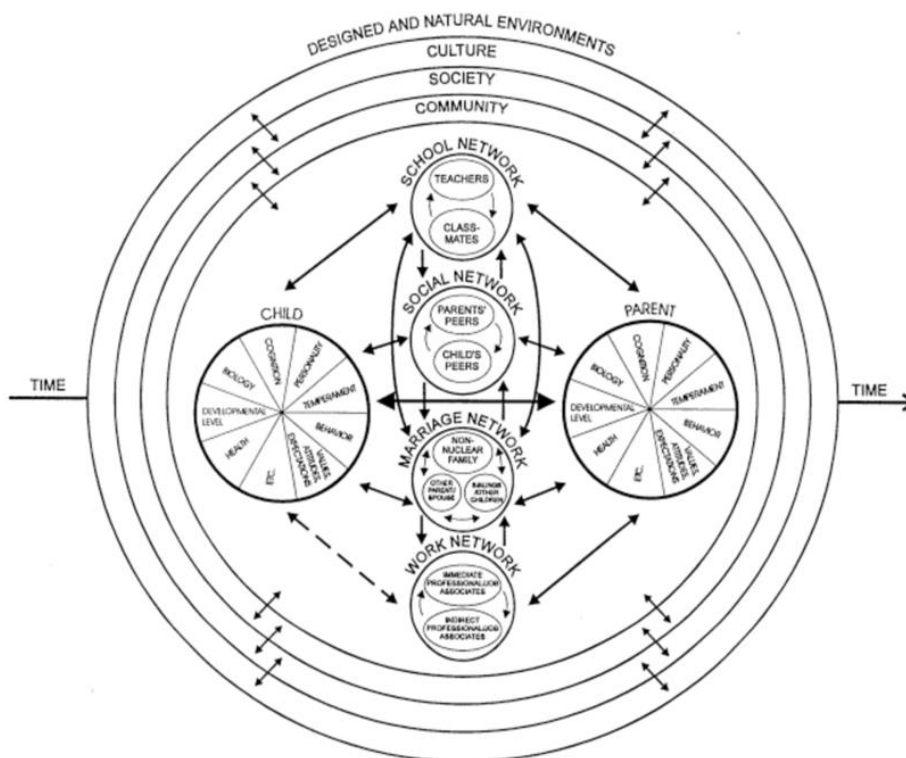*A Developmental Contextual Approach to Development (Ford & Lerner, 1992)*

Figure 2

Code Cloud for the Proficient Practitioners

Figure 3

Code Cloud for the Patient-centered Advocates

Figure 4

Code Cloud for the Supportive Ally

Figure 5

Code Cloud for the Visionary Servant

Appendix
Interview Questions

Interview 1 Questions
  I.   **Decision to Become a Nurse Prior to College**
1. Think back to high school, what do you want to be when you grew up?
   - (*IF not nursing*) What drew you to that profession? What was interesting to you about it?
2. When did nursing come into the picture?
3. What is about nursing that prompted you to go into this field?
4. (*IF someone in house/they knew was a nurse*) You said {person} was a nurse. Tell me about the first time you encountered them being a nurse.
   - If you can remember, what age were you and what details did you notice about what it meant to "be a nurse…"
   - Did [person] ever talk with you about what [his/her] day was like?
   - Did she/he ever talk to you about things that happened at work? What do you remember -- a certain story/time?
   - *If NO:* Why do you think [person] did not really talk about it that much? Did you ever ask about their job?
5. Who was the first "nurse" you encountered as a child?
6. Did you ever have a not-so-great/bad experience with a nurse?
7. When did you know for sure that you wanted to be a nurse? Was there a significant event that affected this decision?
8. At that time, what did it mean to be a nurse? [*Probe for meaningful traits and attributes that they associated with being a nurse*]
   - *For example, when picturing a nurse, what did the person look like?*
9. Has this understanding (about what it means to be a nurse) change before you came to college? If yes, how so?
   - Why? What were responsible for those changes?
10. Before coming to college, was there a time or event that changed the way you thought about being a nurse? If yes, tell me about it.
    - What happened?
    - Why was it significant?
    - What changed?

  II.   **General academic experience (pre-nursing years)**
11. What was it like to be a college student during a pandemic?
12. How do you think the pandemic affected your academic experiences?
    - Did the pandemic have an impact on your thoughts about a profession or your professional development?
13. Have your classes been interesting and informative?
14. How well do you think the pre-major coursework prepared you for your BSN program?

  III.   **BSN Program**
15. Tell me who you want to be as a nurse.
    - What qualities do you think are important for you to have?

o   What skills do you think are important for you to have?

16. How are those qualities or skills -- you mentioned [give an example from their words] -- taught in your BSN program?

17. What is one of your favorite memories of your BSN program?

18. What was one of the hardest things in the program for you?

19. How do you like your classes in the program so far?

20. Have you joined any nursing-related organizations or activities?

21. How has being part of this organization/activity prepared you for your BSN program?

o   Has it affected the way that you look at nursing as a profession?

22. Tell me about your clinical/experiential learning courses.

o   What kind of clinical rotations have you done so far?

o   What do you like/dislike about it?

23. Now that you have completed some experiential learning course (or clinical internship), what changes have you observed in yourself as a nursing student?

24. How has your understanding of what it means to be a nurse changed during your time in the program, if it did?

o   What was responsible for those changes?

25. Was there a time during the program in which you encountered an issue or situation that challenged or caused you to reconsider your beliefs or the way you think about being a nurse?

o   What happened?

o   What was it that challenged you?

o   Why was it challenging?

o   Has anything changed? If so, how?

26. What do you want to accomplish during your nursing career?

27. Where do you see yourself in 10 years?

o   How would you like your career to turn out?

28. In your demographic questionnaire, you said you were a [race and gender]. Is there a time when your gender and racial identities seemed really matter in your work as a nurse?

IV.   COVID-19 Pandemic

29. How has nursing changed because of COVID-19 in your view?

o   Can you think of an experience from your program that showed you nursing had changed?

30. How has the COVID-19 pandemic impacted your experience as a nursing student?

o   What about your clinical internship/experience?

31. Have you had any doubts about your decision to be a nurse?

o   *(IF yes)* How have you dealt with those doubts? Who or what has helped you?

-   Is there anything else you would like to tell me that I have not asked?

Interview 2 Questions

A. **White coat ceremony**
   - Tell me about your white coat ceremony
   - What did the white coat ceremony mean to you?
   - At that time, what did it mean to be a nurse?

B. **Nursing coursework**
   - What is it like to be a nursing student in your program?
   - In your opinion, what course is most helpful in your practice as a nurse?
   - How well do you think the coursework prepared you for the workforce?

C. **Clinical experience**
   - Reflect on the first clinical rotation, and describe the experience and your learning.
   - Tell me about the most memorable experience you had during clinical rotations.
   - Are there moments when you felt like you didn't want to come back for another day?
   - What is the most challenging thing you encountered when you are doing your clinical?
   - What changes did you see in yourself as you are completing clinical rotations?
   - Is there anything that has surprised you?
   - Tell me about your clinical instructors.
     - How does the clinical instructor influence your learning?
     - Your understanding of what it means to be a nurse

D. **Nursing mentor**
   - Tell me about your preceptorship now.
   - How it is different from your clinical experiences from last year?
   - Has your understanding of what it means to be a nurse changed since the last time we met?
   - [IF] In the previous interview, you mentioned having a mentor. Tell me more about that mentor.
   - How has your mentor influenced you or your understanding of being a nurse?

E. **Other identities**
   - As a nursing student, are there social identities you think of now, that you didn't think of before? (or thought about less frequently)
   - If not, how often do you think about the social identities you identified from before? Why?

Interview 3 Questions
- In the last interview, you mentioned wanting to be a [unit/specialty] nurse. Has that changed?
- What does it like to be a [unit/speciality] nurse? How it is different from other nurses?

- Ask participants to draw a simple life diagram describing their journey of becoming a nurse [BEFORE INTERVIEW]
- Reflecting upon your different experiences, is there anything you would have done differently? If so, what? If not, why?
- If you could go back in time, what advice would you give yourself (knowing what you know, now)?
- Looking back, is there anything that has surprised you about nursing?
- What factors, or identities, within your life, make your experiences unique from other nursing students?

- What will passing the NCLEX and getting licensure mean to you?
- Where do you see yourself next? In 10 years?

- What makes you feel special or unique in your work as a nurse?
- What factors do you believe affect your professional identity as a nurse?
- Do you think your professional identity has changed throughout your education?
- Explain why you think your professional identity has changed?
    - Why do you think your professional identity has remained the same?

- Given the pandemic, is becoming a nurse worth it?
- During the pandemic, nurses often are portrayed as "heroes saving lives." What do you think? Has your view about nurses changed?
- Being a nurse is challenging (e.g., long hours, stressful). What is it, you think, about being a nurse that helps you get through times like these?