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Original research article

The impact of professional identity and preparedness for hospital practice among undergraduate nursing students: a cross-sectional study

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Abstract
Background: Professional identity is central to nursing preparedness, reflecting the internalization of values, norms, and roles of the profession. A strong identity fosters confidence and supports students in navigating clinical complexities. This study examines the impact of professional identity on undergraduate nursing students' preparedness for hospital practice, considering predictors such as Grade Point Average and clinical experience.
Methods: A cross-sectional study was conducted among 60 undergraduate nursing students at Farasan University College. Data were collected using a structured questionnaire assessing professional identity and preparedness. Descriptive statistics, Pearson's correlation, and multiple regression analyses were performed.
Results: The mean professional identity score was 4.08 (SD = 0.59), and preparedness mean was 3.92 (SD = 0.64). A significant positive correlation was observed between professional identity and preparedness ($r = 0.56$, $p < 0.01$). Regression analysis identified professional identity, GPA, and number of clinical courses as significant predictors of preparedness.
Conclusion: Stronger professional identity, higher Grade Point Average, and more clinical exposure are linked to better preparedness for hospital practice. Nursing programs should prioritize these elements to improve students' readiness for clinical roles.

Keywords: Hospital practice; Preparedness; Professional identity; Undergraduate nursing students

Introduction

Professional identity in nursing is cultivated through socialization processes in which students absorb the norms, values, and behaviors expected in the profession. Clinical experiences, mentorship, and structured training contribute significantly to this process by fostering a sense of belonging and confidence that is essential for clinical practice (Mafumo et al., 2022).

Contemporary theories on professional identity (PI) emphasize socialization as a key mechanism in helping students transition from viewing nursing as a collection of technical tasks to understanding it as a holistic and value-driven profession (Johnson et al., 2012). Through observation of experienced nurses and participation in clinical interactions, students develop resilience and adaptability – two traits essential for meeting the demands of hospital environments (Ten Hoeve et al., 2017).

The longitudinal study tracks nursing students' changing perspectives on the profession over time, finding that exposure to clinical experiences helps students build a professional identity aligned with professional standards. Structured socialization activities are noted to be critical in reducing anxiety and increasing preparedness (Ten Hoeve et al., 2017).

New graduates' readiness for hospital practice is strongly linked to quality clinical placements and mentorship, as these experiences bridge the gap between theoretical learning and practical skills application. Students who have meaningful clinical experiences report feeling more confident and competent (Galletta et al., 2017).

The study delves into the meaning of "readiness" for new graduates, revealing that a supportive learning environment, comprehensive mentorship, and hands-on experiences are essential. Students who received consistent feedback and guidance from experienced nurses felt more equipped for the responsibilities of hospital practice (Levett-Jones and Lathlean, 2009; Wolff et al., 2010).

The study focuses on how early professional identity formation impacts nursing students' clinical performance and adaptability. It found that students who saw themselves as

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integral parts of the nursing profession were more adept at meeting the challenges of clinical roles, including patient interactions and team collaboration (Adams et al., 2006).

A cross-sectional study showed that professional identity is closely linked to students' commitment to nursing and clinical competence. Students with strong professional identity displayed higher adaptability in clinical practice, which translated into improved patient care and teamwork abilities (Sabanciogullari and Dogan, 2015).

The study discusses how bedside nurses facilitate the development of professional identity among students through supportive guidance and feedback. Nursing students who received mentorship were more likely to adopt professional behaviors, demonstrating that mentorship positively affects both professional identity and clinical readiness (Henderson and Eaton, 2013).

The study found that nursing students with higher professional identity and self-efficacy are more likely to exhibit caring behaviors and proactive clinical problem-solving. Professional Identity and self-efficacy are mutually reinforcing, suggesting that fostering professional identity in educational settings can improve clinical performance (Labrague et al., 2015).

The research explores the relationship between new nurses' professional identity, occupational commitment, and clinical competence. Findings indicate that strong professional identity enhances self-efficacy, which in turn positively influences clinical performance and commitment to the profession (Numminen et al., 2016).

Despite advancements in nursing education, many students still report challenges in translating theoretical knowledge into clinical skills (Ajani and Moez, 2011). This underscores the need for immersive and experiential learning. Our study addresses this gap by exploring how professional identity, academic performance, and clinical exposure collectively impact preparedness.

Thus, this study investigates the impact of professional identity on preparedness for hospital practice among undergraduate nursing students, offering evidence-based insights to inform curriculum development and support strategies in nursing education.

Material and methods

Study design

A cross-sectional design was employed with convenience sampling to explore factors influencing professional identity among nursing students. This approach allows the assessment of a broad range of variables at a single point in time, offering insights into professional identity and preparedness for hospital practice.

Setting and participants

- This study was conducted at Farasan University College, affiliated with Jazan University, located in the Kingdom of Saudi Arabia. The nursing program was established in 1422 AH / 1423 AH, and approximately 30 to 40 female undergraduate nursing students are enrolled each academic year. Admission to the program is based on a competitive Grade Point Average and entrance examination scores, ensuring that students demonstrate both academic aptitude and a commitment to healthcare.
- The study targeted female students in their third and fourth years, as they had completed at least one clinical course, making them suitable for assessing professional identity and preparedness for hospital practice.
- Sample size: A non-random convenience sample of 60 students was selected.
- Inclusion criteria: Nursing students in the Bachelor of Science in Nursing (BSN) program who complete six core clinical courses in their third and fourth years, including adult health, pediatric nursing, obstetrics, critical care, and psychiatric nursing.
- Exclusion criteria: First- and second-year nursing students were excluded due to their foundational focus and lack of clinical course experience.

Data collection tools

1. Demographics: Collects data on variables such as
   - age;
   - year of study;
   - grade point average ranges;
   - number of clinical courses (Fundamentals of Nursing 1 & 2, Adult care Nursing 1 & 2, Obstetrics and Gynecological Nursing, Pediatric Nursing, Health Assessment, Emergency & Critical Care Nursing, Community Health Nursing);
   - extracurricular activity engagement (Extracurricular activities refer to participation in nursing student organizations, health awareness campaigns, community service, or leadership roles outside academic coursework);
   - first-degree family member in nursing;
   - first choice of nursing college.
2. Professional Identity Scale for Nursing Students (Cheng et al., 2016): The Professional Identity scale for nursing students is a 17-item, five-subscale tool with a reported Cronbach's alpha of 0.89, indicating high reliability. A 17-item scale with five subscales, measuring self-image, retention, social comparison, independence in career choice, and social modeling, rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicate a stronger PI.
3. Preparedness for Hospital Practice Questionnaire (Hill et al., 1998): The Preparedness for Hospital Practice Questionnaire consists of 41 items across eight domains, with demonstrated internal consistency (Cronbach's alpha = 0.91). A 41-item scale divided into eight subscales, including interpersonal skills, confidence, collaboration, practical skills, understanding science, prevention, holistic care, and self-directed learning, rated on a five-point Likert scale (1 = very inadequately prepared to 5 = very adequately prepared). Higher scores represent greater preparedness.

Data collection procedure

The study was conducted in collaboration with the Dean and course coordinators, and data were collected through paper-based English questionnaires distributed after lectures. Participation was voluntary and anonymous, ensuring confidentiality, and students were given 15–20 minutes to complete the survey. Any concerns were addressed in real-time to ensure clarity.

Plan for data analysis

Data analysis was performed using IBM SPSS Statistics version 26, applying descriptive statistics, Pearson's correlation analysis, and multiple linear regression analysis. Descriptive statistics summarized participant characteristics, while Pear-

son's correlation examined the relationships between professional identity, preparedness, and key variables such as Grade Point Average and clinical course completion. Multiple linear regression was used to determine significant predictors of preparedness, including professional identity, Grade Point Average, number of clinical courses, extracurricular involvement, family background in nursing, and first-choice enrolment. The adjusted R^2 value (0.41) indicated that the model explained 41% of the variance in preparedness scores, and the F-statistic ($F(6, 53) = 5.87$, $p < 0.01$) confirmed the model's statistical significance, demonstrating that the predictors had a meaningful impact on students' preparedness for hospital practice.

Ethical considerations

Ethical approval was granted by the Scientific Research Ethics Committee of Jazan University (Decision Date: 24.03.2024; Reference No.: REC-45/09/1022). Consent was obtained from each participant, and participation was voluntary, with assurances of confidentiality.

Results

The study sample, consisting of 60 undergraduate nursing students, displays a balanced distribution in terms of year of study, Grade Point Average, clinical experience, and personal background, contributing to a diverse participant profile.

- Age: The average participant age was 22.3 years (SD = 1.4), which indicates a relatively homogenous age range, which may reflect typical enrolment ages for third- and fourth-year students in nursing programs.
- Year of study: Participants are nearly evenly split between the third year (46.7%) and fourth year (53.3%) of study, allowing for insights across the advanced years in the nursing curriculum.
- GPA: The sample has a varied Grade Point Average distribution, with the highest proportion of students (33.3%) falling into the 2.7–3.69 range, followed by 25% in the 3.7–4.00 range. Fewer participants achieved a GPA above 4.0 (13.3%) or below 1.7 (11.7%), highlighting an overall middle to high academic performance among students.
- Number of clinical courses taken: On average, students completed 4.2 clinical courses (SD = 1.1). This average reflects students' engagement with clinical experiences, suggesting a consistent exposure to practical skills as part of their education.
- Engagement in extracurricular activities: A majority (58.3%) engaged in extracurricular activities, while 41.7% did not participate. This distribution suggests that over half of the participants actively seek opportunities beyond academics, which could contribute to a well-rounded development in both professional and personal domains.
- First-degree family member as a nurse: Only 30% of students had a close family member in nursing, while the remaining 70% did not. This distribution may highlight differences in students' social or family exposure to the nursing profession prior to enrolment.
- Enrolment in nursing college as a first choice: Most students (66.7%) enrolled in nursing as their first choice, while 33.3% chose it as a secondary option. This suggests that the majority of students entered the program with a strong initial interest in nursing, potentially influencing their commitment and identity within the field.

Overall, this demographic profile reflects a diverse group in terms of academic and personal backgrounds, with considerable variation in Grade Point Average, clinical experience, and familial nursing connections, which may provide insights into the broader factors influencing students' professional development and preparedness for clinical practice.

The descriptive statistics of Table 1 showed that Professional Identity scores were slightly higher than Preparedness scores among participants, indicating a small but notable difference in these two areas. The mean score for professional identity was 4.08, with a standard deviation of 0.59. This higher mean suggested that participants generally felt a strong sense of alignment with their professional role as future nurses. The mean score for preparedness was slightly lower at 3.92, with a standard deviation of 0.64. This indicated that while participants felt fairly well-prepared for clinical practice, their confidence in their readiness was somewhat less pronounced compared to their sense of professional identity.

This comparison highlighted that while participants had developed a solid professional identity, there was a slight gap in their perceived preparedness for practical application, suggesting potential areas for further support in bridging identity and practical readiness.

Table 1. Descriptive statistics for professional identity and preparedness

S. No	Variable	Mean (SD)
1	Professional identity score	4.08 (0.59)
2	Preparedness score	3.92 (0.64)

The analysis revealed moderate positive correlations between professional identity and preparedness scores, as well as between Grade Point Average and Number of Clinical Courses with preparedness, highlighting factors associated with students' readiness for practice. Professional identity demonstrated the strongest correlation with preparedness, with an r-value of 0.56 ($p < 0.01$). This significant positive relationship suggested that students with a stronger professional identity were more likely to feel prepared for clinical practice. Grade Point Average also showed a moderate correlation with preparedness, with an r-value of 0.49 ($p < 0.01$). This implied that students with higher academic performance generally felt more prepared, indicating the importance of academic achievement in contributing to perceived readiness. The number of clinical courses taken correlated with preparedness at 0.45 ($p < 0.01$), showing that students who had completed more clinical courses tended to report higher levels of preparedness. This correlation underscored the value of hands-on experience in enhancing students' confidence and practical readiness (Chart 1).

The analysis concludes that professional identity had the strongest association with preparedness, followed closely by Grade Point Average and the number of clinical courses, suggesting that both academic achievement and clinical experience played important roles in shaping students' sense of readiness for hospital practice.

The study findings suggest that academic performance and clinical training are key determinants of students' preparedness for hospital practice. Students with a higher Grade Point Average reported significantly greater preparedness ($p = 0.01$), while those who completed four or more clinical courses felt significantly more prepared ($p = 0.02$), underscoring the importance of both theoretical knowledge and hands-on experience.

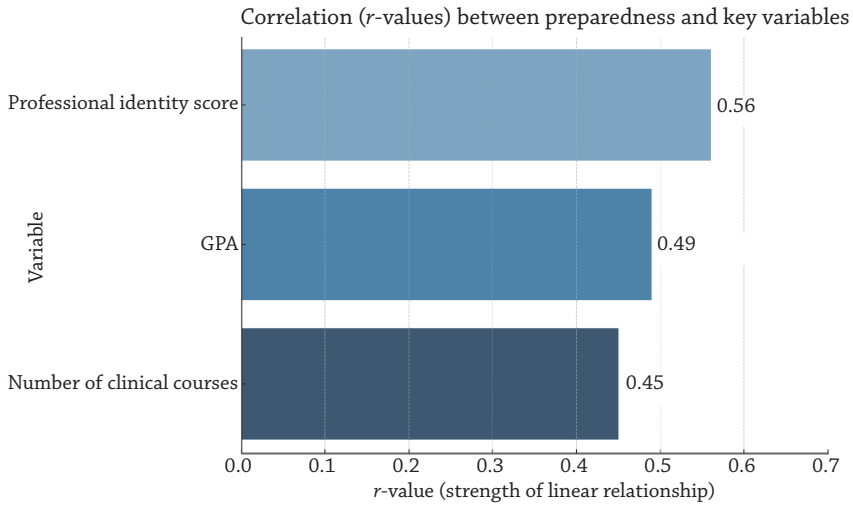

Chart 1. Correlation between professional identity and preparedness

However, extracurricular involvement, family background in nursing, and first-choice enrolment showed no significant impact on preparedness, indicating that academic success and clinical exposure play a more decisive role in shaping students' confidence and competence in clinical settings (Table 2).

Table 2. Comparison of preparedness scores by demographic factors (using independent *t*-test & ANOVA)

Variable	Group	Mean (SD)	Test statistic (*t*/*F*)	*p*-value
Year of study	3rd year	3.85 (0.61)	$t = -1.02$	0.31
	4th year	3.97 (0.66)		
GPA	High (≥3.7)	4.05 (0.58)	$F = 4.62$	0.01*
	Moderate (2.7–3.69)	3.89 (0.63)		
	Low (<2.7)	3.61 (0.72)		
Clinical course count	<4 courses	3.70 (0.69)	$t = -2.31$	0.02*
	≥4 courses	4.04 (0.61)		
Extracurricular activities	Yes	3.95 (0.60)	$t = 0.65$	0.52
	No	3.87 (0.67)		
Family member in nursing	Yes	3.99 (0.59)	$t = 0.78$	0.44
	No	3.90 (0.65)		
First-choice enrolment	Yes	3.94 (0.63)	$t = 0.61$	0.54
	No	3.88 (0.67)		

Note: GPA – Grade Point Average; SD – Standard Deviation; * statistically significant

The findings indicate that professional identity had the strongest influence on students' preparedness for hospital practice ($\beta = 0.48$, $p < 0.01$), suggesting that a well-developed professional identity enhances confidence and the ability to integrate theoretical knowledge with clinical skills. Additionally, Grade Point Average and the number of clinical courses completed were significant predictors ($p < 0.01$), emphasizing the role of academic performance and hands-on experience in shaping students' readiness for hospital practice. Higher Grade Point Average reflects stronger comprehension and critical thinking, while more clinical exposure allows students to refine their competencies in real-world settings. However, extracurricular activities, family background in nursing, and first-choice enrolment did not significantly predict preparedness, indicating that professional readiness is more influenced by structured academic and clinical experiences rather than personal background or extracurricular involvement (Table 3).

This analysis highlighted that students' sense of professional identity, academic success, and clinical experience were key contributors to their readiness for practice.

Table 3. Multiple regression analysis predicting preparedness scores

Predictor variable	B	SE	Beta	*t*-value	*p*-value	95% CI
Professional identity score	0.40	0.10	0.48	4.12	<0.01*	[0.20, 0.60]
Grade point average (high vs. low)	0.35	0.12	0.32	3.15	<0.01*	[0.11, 0.58]
Number of clinical courses	0.28	0.09	0.30	3.11	<0.01*	[0.10, 0.46]
Extracurricular activities	0.10	0.15	0.08	0.68	0.48	[–0.20, 0.30]
Family member in nursing	0.05	0.14	0.05	0.35	0.72	[–0.22, 0.31]
First-choice enrolment	0.15	0.13	0.12	1.17	0.25	[–0.10, 0.40]

Note: B – unstandardized regression coefficient; SE – Standard Error; SD – Standard Deviation; p – significance level; Adjusted R^2 – **0.41**; $F(6, 53)$ – **5.87**, $p < 0.01$; * statistically significant

Discussion

The present study's findings reinforce the relevance of age, academic level, Grade Point Average, and clinical experience in shaping professional identity and preparedness among nursing students. The average age of participants (22.3 years) aligns with that of senior nursing students reported in other literature, such as by Mohamed et al. (2024), who found age to be a stable baseline demographic but not a significant predictor of clinical competence. Similarly, Fitzgerald (2016) noted that age consistency aids in evaluating patterns of identity development among final-year students.

The balanced distribution of third- and fourth-year students in this sample supports the idea that clinical progression affects professional identity formation and hospital readiness. Qin et al. (2024) identified distinct profiles of preparedness, showing fourth-year students to generally demonstrate higher levels of both PI and confidence, consistent with our findings.

The current study found a moderate positive correlation between Grade Point Average and preparedness ($r = 0.49$, $p < 0.01$). This aligns with Mohamed et al. (2024), who reported that academic performance is significantly related to confidence and perceived readiness. Similarly, Godfrey (2022) emphasized that a strong academic foundation strengthens students' sense of identity and perceived ability to transition into clinical roles.

Students completed an average of 4.2 clinical courses, and the data showed a meaningful correlation between the number of clinical courses and preparedness ($r = 0.45$, $p < 0.01$). This reflects findings by Fowler et al. (2018), who advocate for clinical immersion as a means to increase real-world competence and reduce anxiety. Likewise, Kaphagawani and Useh (2018) highlighted that students with more robust clinical experiences, especially under guided supervision, were better prepared for practical demands.

Although extracurricular activities were not significantly associated with preparedness ($p = 0.48$), studies like McGarity et al. (2023) suggest that involvement in student nursing groups and community health outreach enhances students' professional identity, if not always their direct clinical competence. Qin et al. (2024) and Zou et al. (2014) found similar results, suggesting extracurricular involvement supports emotional readiness and professional alignment, especially for students lacking prior clinical exposure.

Thirty percent of participants had a family member in the nursing profession, yet this variable did not significantly influence preparedness ($p = 0.72$). Konlan et al. (2024) explained that clinical readiness is built more through experiential learning and academic structure than through familial influence, consistent with this result.

Motivation also played a nuanced role. Two-thirds of students entered nursing as their first-choice discipline, a factor previously identified by Godfrey (2022) as contributing to stronger professional identity and long-term retention. However, our regression findings showed that this variable did not significantly predict preparedness, echoing Konlan et al. (2024), who emphasized that motivation at entry must be followed by structured development during training to yield tangible readiness.

Most critically, our findings demonstrated that PI had the strongest positive correlation with preparedness ($r = 0.56$, $p < 0.01$). This is supported by Qin et al. (2024) and Zou et al. (2014), who asserted that students with strong professional identities exhibit greater clinical resilience and competence. Kaphagawani and Useh (2018) similarly observed that preceptorship and role modeling promote a stable sense of professional identity, leading to better preparedness.

Regression results confirmed that professional identity (B = 0.40, Beta = 0.48), GPA (B = 0.35, Beta = 0.32), and number of clinical courses (B = 0.28, Beta = 0.30) were the most significant predictors of preparedness. These findings reinforce the framework proposed by Fowler et al. (2018), advocating curriculum redesign that emphasizes professional development, mentorship, and immersive clinical experience.

Broader implications for nursing education

The findings of this study have several important implications for nursing education in Saudi Arabia and similar healthcare education systems. First, the strong predictive role of professional identity suggests a need for programs to systematically integrate identity formation strategies into the curriculum. This could include structured mentorship, reflective practice, role-modeling from experienced faculty, and professional values training.

Second, academic support systems must be reinforced to improve Grade Point Average performance, which, as shown in this study, correlates with readiness for hospital practice. In Saudi Arabia and comparable regions where nursing is still striving to attract first-choice candidates, emphasizing academic excellence and career engagement may help students develop both competence and confidence.

Third, clinical exposure emerged as a vital contributor to preparedness. Policymakers and educators must ensure that students have equitable access to high-quality, diverse clinical placements. This includes promoting collaboration with hospitals to implement supervised, varied clinical rotations starting in earlier semesters.

Lastly, while extracurricular activities and family background did not significantly predict preparedness, they remain valuable for holistic professional development. Institutions should continue to support student-led initiatives and outreach programs that promote soft skills, leadership, and a sense of belonging – factors that may indirectly strengthen Professional Identity.

In summary, this study supports the call for competency-based, identity-focused, and experience-rich nursing education reforms tailored to the cultural and structural contexts of Saudi Arabia and other developing health education systems.

Strengths and limitations

A notable strength of this study is the use of validated, reliable measurement instruments to assess professional identity and preparedness. Additionally, the study offers valuable insights by focusing on a relatively balanced group of third- and fourth-year students, which allows for comparisons across academic levels. The study also contributes to the growing body of literature in the Middle Eastern context, where few similar investigations have been conducted.

However, some limitations must be acknowledged. The study was limited to a convenience sample of 60 nursing students from a single institution, which may restrict the generalizability of the findings. The use of self-reported questionnaires may introduce response bias or social desirability bias, potentially affecting the accuracy of reported preparedness and identity levels. Moreover, the cross-sectional design captures responses at a single point in time, limiting the ability to assess changes in professional identity or preparedness over time.

Future research should consider longitudinal designs and larger, more diverse samples to better understand the developmental trajectory of professional identity and preparedness across different nursing education systems and cultural contexts.

Conclusion

This study highlights the importance of fostering a strong professional identity among nursing students as a means to enhance their preparedness for clinical practice. The findings advocate for nursing education programs to focus on developing students' professional identities through supportive mentorship, clinical experiences, and academic achievement. By prioritizing these elements, nursing educators can better equip students with the confidence and skills needed for successful hospital practice.

In conclusion, nursing programs should embed structured professional identity-building opportunities and ensure rich, consistent clinical experiences to enhance hospital readiness. These efforts are crucial for producing competent, confident, and patient-centered nursing graduates equipped for today's dynamic healthcare environments.

Author's contributions

The authors conceptualized, designed, and conducted the study. All the authors contributed to drafting the work, critically revised the manuscript, gave final approval of the version to be published, and agreed to be accountable for all aspects of the work. *Santhi Muttipoll Dharmarajlu* – Constructing an idea or hypothesis for research and/or manuscript; planning methodology; organizing and supervising the course of the project; construction of the manuscript; data collection. *M. D. Anuratha* – Analysis and interpretation; literature review; organizing and supervising the course of the project; construction of the manuscript; critical review.

Ethical consideration

The study received official ethical approval from Jazan University's Scientific Research Ethics Committee, as well as authorization from the Dean of Farasan University College. Each participant gave his or her agreement to contribute to the study. Ethics committee decision date: 24.03.2024. Decision number: Reference No.: REC-45/09/1022.

Informed consent

Written informed consent was obtained from all participants enrolled in this study.

Availability of data and materials

The data used in this study are available from the corresponding author on request.

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Conflict of interest

The authors have no conflict of interest to declare.

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