

Integrating the Conceptual Model of Professional Identity in Nursing Into a Concept-Based Undergraduate Curriculum

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Pre-licensure nursing education programs are tasked with preparing the next generation of registered nurses (RNs). Professional identity, an emerging concept in nursing, must be a foundational component of contemporary nursing education programs. Godfrey (2022) defines professional identity in nursing as “a sense of oneself, in relationship with others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse” (p. 184). Professional identity is a component of but much broader than the notion of professionalism, which pertains to awareness of RN scope, standards, skills, and conduct (Owens & Denny, 2024). RNs with a well-developed professional identity are more likely to adhere to ethical standards and engage in continuous and lifelong learning (Hinkley et al., 2022). A strong sense of professional identity leads to improved client care, greater job satisfaction, and retention in the workforce (Halverson et al., 2024).

With the increasing number of published studies on the importance of professional identity in registered nursing practice (Godfrey, 2022; Joseph & Godfrey, 2023; Joseph, Godsey, et al., 2023; van der Cingel & Brouwer, 2021), baccalaureate nursing education programs should be purposeful in its integration. However, limited guidance exists on how to integrate this foundational concept in curricula and student learning. Our school of nursing in an urban Canadian city adopted the conceptual model of professional identity in nursing (Joseph, Edmonson, et al., 2023) as a guiding framework for our undergraduate program. This article explores the following central question: How can the conceptual model of professional identity be implemented in a concept-based curriculum?

As a result of this process, we identified and addressed curriculum gaps, designed a plan to address professional identity formation across the three levels of curriculum, and aligned the program more closely with regulatory standards. Our experience may offer valuable insights for other nursing education programs aiming to integrate the concept of professional identity.

Background

In 2015, faculty teaching in the undergraduate nursing program at our university implemented a concept-based curriculum. At that time, the previous conceptual model was replaced with a new framework built around three concept streams: health and illness, client and context, and professional foundations (University of Manitoba, n.d.). Program outcomes were aligned with entry-level competencies established by the College of Registered Nurses of Manitoba (2019).

In Canada, nursing programs must receive approval from their provincial regulatory body. Programs may also choose to be accredited by the Canadian Association of Schools of Nursing (CASN), a national organization that sets standards of excellence for nursing education, research, and scholarship. During our program’s accreditation review in 2020, reviewers noted the need for stronger connections across our nursing philosophy, conceptual model, and program outcomes. As the 2022 regulatory approval process approached, we saw an opportunity to enhance our conceptual model by making the connection between our nursing philosophy and program outcomes more explicit. Most importantly, the purpose was to develop a model that could effectively guide nursing students in forming their professional identity in alignment with our program outcomes.

We encountered three key challenges during the process of adopting the professional identity model. First, we needed to use a backward design approach (Rinaldi et al., 2025). Although not the ideal method when developing nursing curricula, this approach allowed us to preserve our existing philosophy and program outcomes by working backward from outcomes to the conceptual model. Second, the model needed to align with the principles of concept-based learning and reflect the program’s existing concept

streams and concepts. Finally, we required a model that explicitly addressed the development of professional identity formation grounded in nursing research.

Understanding the Conceptual Model of Professional Identity in Nursing

The conceptual model of professional identity in nursing (see Figure 1) provides a modern conceptualization of the interrelatedness and complexity of nursing practice within society. Joseph and Edmonson (2023), building on the germinal nursing research of Bender (2018), Carper (1978), Chinn and Kramer (1999), and King (1981, 1999), developed a conceptual model representing holism within nursing practice while recognizing the interdependency of nursing globally, nationally, and locally. The model illustrates how society influences what nursing is and the concepts needed to start to think, act, and feel like a nurse (Benner et al., 2010; Godfrey & Young, 2021). The model was developed by nurses and verified using an action research methodology in the United States and internationally (Joseph, Edmonson, et al., 2023). The model situates professional identity as a concept that is comprehensive, provides new modes of thinking, depicts a positive nursing image, and better positions nurses to engage as interprofessional team members to affect health.

Figure 1

Conceptual Model of Professional Identity in Nursing



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The model is circular, with the centre composed of four domains: value and ethics, knowledge, leadership, and professional comportment. Goodolf & Godfrey (2021) define these domains as follows (p. 497):

- **Values and ethics:** “A set of core values and principles that guide conduct.”
- **Knowledge:** “Analysis and application of information derived from nursing and other disciplines, experiences, critical reflection and scientific discovery.”
- **Leadership:** “Inspiring self and others to transform a shared vision into reality.”
- **Professional comportment:** “A nurse’s professional behavior demonstrated through words, actions and presence.”

The model posits that nursing practice is interdependent within the global context, contains antecedents that form the environment for professional identity formation, and requires lifelong learning. Its five contextual factors (culture, demographics, history, politics, and society) and four domains (values and ethics, knowledge, nurse as leader, and professional comportment) can be used as system levers for identity formation, coaching, and examining curricular gaps. The model’s philosophical underpinnings create possibilities for a) providing a new mode of thinking about nursing, b) leveraging contextual factors that influence the professional identity of nurses, c) examining how professional identity in nursing is formed and sustained, and d) understanding the influence of nursing on direct and indirect health outcomes using two levers of systems thinking (Joseph, Edmonson, et al., 2023).

Step 1: Integration of Professional Identity

In this section, we describe the decisions made in three key areas: how we used backward curricular design, how professional identity would align with a concept-based approach, and whether the approach would support conceptual learning and the use of strategies.

Backward Design

To determine whether the conceptual model for professional identity in nursing represented the core foundations of our curriculum, we employed a backward design approach (Rinaldi et al., 2025). Backward design is a planning approach used primarily in education in which the process of developing curriculum, instruction, or learning experiences begins with the end goals in mind—what learners should understand and be able to do by the end of the course or program. It asks: What should students know, understand, and be able to do? What are the expectations for program outcomes based on relevant entry-to-practice guidelines? Which concepts will best support the integration of student learning? While evidence pertaining to achievement of entry-level competencies using a backward design is inconclusive, benefits such as better program alignment, student engagement, and faculty effectiveness justify this approach in health care education programs (Rinaldi et al., 2025).

Program Philosophy

We reviewed our existing undergraduate program philosophy and compared it to the core domains and concepts of the conceptual model for professional identity in nursing. Our school of nursing embraces a learner-centred philosophy that emphasizes student responsibility, self-reflection, and critical thinking. Educators support this approach by creating learning environments that build on students’ existing knowledge and foster the development of the skills, attitudes, and understanding essential for professional nursing practice. Nursing is conceptualized in our philosophy as a dynamic, socially responsive profession committed to promoting health, equity, and social justice across all levels of care. The philosophy is grounded in nursing research and theory and informed by the humanities, sciences, and

social sciences. These beliefs underpin a curriculum designed to meet the changing health needs of individuals and communities.

Our program philosophy aligns with the professional identity model by encouraging active student engagement, self-directed learning, and the transformation of perspectives through reflective practice. The model supports the development of essential competencies, including knowledge integration, lifelong learning, leadership, and professional comportment, effectively reflecting the values and goals of our program.

Concept-Based Approach

We examined how the model aligned with our concept-based curriculum and the principles of conceptual learning. In our program, core concepts serve as hubs for transferable knowledge (Giddens et al., 2012), enabling learners to recognize connections among related and relevant ideas. Our concept-based theory courses are organized into three conceptual streams: health and illness, client and context, and professional foundations. Two additional course themes—nursing skills and nursing practice—are designed to reinforce concepts introduced earlier in the curriculum.

To assess how our existing core concepts aligned with professional identity formation, we mapped the four core domains of the model to the bachelor of nursing program concepts. We then analyzed how the model's five key concepts—attributes, formation as a nurse, professional identity across roles, consequences, and impacts on health—were enacted within our curricular design.

To facilitate this process and support collaborative dialogue, the director of curriculum integrity provided detailed spreadsheets outlining how each course concept was mapped and levelled across the curriculum. The professional identity in nursing model concepts were aligned with the course concepts.

Conceptual Learning

We examined how the model aligned with the principles of conceptual learning, which emphasize promoting cognitive development and critical thinking over rote memorization (Giddens, 2015). Conceptual learning challenges the behaviourist assumption that all learning occurs through direct instruction, instead recognizing the influence of diverse educational environments in shaping student learning and professional identity formation. This approach focuses on attributes rather than isolated details, enabling learners to make meaningful connections across concepts. Most importantly, conceptual learning provides a foundation for lifelong learning, which is essential as students transition into professional nursing practice (Hardin & Richardson, 2012).

The professional identity model supports conceptual learning in two critical ways. First, it supports conceptual learning through its description of antecedents—the conditions that exist before professional identity is observed. These antecedents serve as precursors to the development of professional attributes and behaviours. The relevance of antecedents has been described in two recent concept analyses of professional identity in nursing (Fitzgerald, 2020; Halverson et al., 2022). Second, the model emphasizes lifelong learning as a central component of ongoing professional identity formation. Through this reflection, we became increasingly confident that the professional identity model offered a clear and philosophically aligned pathway connecting our program's educational philosophy, intended outcomes, and conceptual learning.

Step 2: Implementation Across the Three Levels of Curriculum

Curriculum has been described in terms of three different dimensions: the curriculum as planned, the curriculum as lived, and the hidden curriculum (Aoki, 2005). When implementing this conceptual model, it was important to reflect on each dimension. The curriculum as planned is the prewritten detailed program of studies and course descriptions (Aoki, 2005). The curriculum as lived is what occurs in the classroom in the student–teacher interface. The hidden curriculum deals with “the tacit ways in which knowledge and behavior get constructed, outside the usual course materials and formally scheduled lessons” (McLaren, 1994, as cited in Pinar et al., 2008, p. 75).

The implementation of the professional identity model gave us an opportunity to reflect on its integration via the three levels of curriculum. In this section, we will discuss what we learned in the first year of implementation.

The Curriculum as Planned

We conducted a comprehensive review of our existing curricular framework to ensure that the professional identity model aligned with the program’s philosophy, learning outcomes, and program outcomes. One challenge was faculty members’ confusion about the difference between professional identity development and professionalism within the context of the nursing program. Professionalism refers to the outward behaviours, skills, and adherence to norms expected within a profession (Canadian Nurses Association, 2015). Professional identity development is the internal process of integrating those norms and values into one’s self-concept, shaping how one thinks, acts, and feels as a member of that profession (Santivasi et al., 2022). Though we conducted information sessions, we could have spent more time explaining the model and, in particular, this distinction and engaged faculty in collaborative conversations about professional identity development within the curriculum.

During the information sessions, faculty had opportunities to ask questions and identify gaps in the model’s integration into the curriculum. The importance of integrating Indigenous knowledge within the Canadian historical context was highlighted; we explained that the model’s four domains could be adapted to support curricular approaches to Indigenization.

One challenge with the formal curricular integration of the professional identity model was that faculty expected it to unfold in a linear process. However, professional identity formation has emergent characteristics, meaning that the domains and concepts combine in different ways. The model illustrates the components of professional identity formation rather than a prescriptive process of “making” one a professional. We suggested that the model be evaluated annually and that data be collected on its use, the experience of implementing it, and how to improve it.

The Curriculum as Lived

While the conceptual model may be written into curricular documents, its adoption is contingent upon faculty buy-in, how it is presented in the classroom, its use during course planning, its representation in course documents, and its use in student–teacher interactions. Furthermore, the ways in which faculty talk about professionalism, professional identity development, and nursing as a discipline affect the understanding, appreciation, and implementation of this model.

Nursing programs carry the responsibility to provide the antecedents or environmental context for professional identity formation. Antecedents and the environmental context include inclusive, innovative, open, and psychologically safe learning environments for students. For example, nursing programs that focus on punitive or restrictive measures for professionalism that do not include student

reflection on the potential impact on their professional identity formation, may develop students who fear failure rather than learn how their mistakes affect their professional growth. Furthermore, students who have opportunities to engage in self-awareness, accountability, and integrity develop attributes connected to professional identity formation. When topics such as clinical judgement and evidence-based practice are linked to identity formation rather than just a constituent of nursing knowledge, they become something that a nurse inherently possesses rather than an act that is performed. While the changing nursing environments place differing demands on nursing practice, students can come to understand that professional identity transcends nursing roles and settings. Most importantly, students can begin to conceptualize how their professional role has direct and indirect impacts on the health of clients, families, communities, and populations.

Evaluation strategies, particularly high-stakes evaluation, play a significant role in how students engage in professional identity formation. For example, if students are allowed only two attempts at a skills demonstration exam before course failure, they will likely become focused on learning rote skills rather than critically thinking through complex concepts. If evaluators opt solely for testing rather than grading papers, students miss opportunities for valuable reflection and feedback. If students are not allowed to learn from failure and mistakes, they will not develop the skills to reflect and reset within their future nursing roles. Faculty can learn to adapt to this model in creative ways to help students reflect on their program progression, mistakes, and future goals so they can see the larger picture related to their development as a registered nurse.

The Hidden Curriculum

Faculty relationships with students and their ability to model professional identity play a significant role in shaping the hidden curriculum. Through their interactions and behaviours, faculty can either reinforce or contradict the values taught in the formal curriculum. They influence students' attitudes towards clients, colleagues, and health care organizations; shape perceptions of professional conduct and workplace expectations; and affect students' confidence, motivation, and sense of belonging within the nursing profession. Furthermore, faculty shape students' professional identity by modelling ethical decision-making, accountability, critical thinking, cultural competence, and compassion in their daily practice. Through observing how instructors interact with clients and colleagues and manage clinical challenges, stress, and conflict, students learn what being a professional nurse means. Positive role-modelling reinforces nursing values and professional standards, while negative role-modelling may contribute to cynicism, burnout, and the normalization of unprofessional behaviours. This role-modelling becomes even more important as students navigate the complexity of clinical education environments.

Clinical education environments and engagement with practice partners present both challenges and opportunities for implementing the model. For example, professional identity formation is often confused with the socialization of nursing students. Socialization is the process of learning a profession's norms, values, and behaviours, while professional identity formation is the process of developing a sense of self based on the internalization of nursing values, knowledge, and activities (Fitzgerald, 2020; Halverson et al., 2022). Faculty need to model professional comportment, a critical element of professional identity. Doing so includes engaging practice partners in their critical role in shaping nursing students' professional identity and creating opportunities that extend beyond the basics of socializing students to a nursing unit or practice. However, we recognize the current challenges and ongoing strain faced by nurses in clinical environments. High-pressure settings and understaffing contribute to burnout, moral distress, and the risk of fragmenting the holistic nursing role to a series of tasks and technical skills (Tomblin Murphy et al., 2022). This task-oriented focus undermines the

development of a strong professional identity, which is essential for nurses to see themselves as knowledgeable, autonomous, and ethically grounded practitioners. Without intentional support for professional identity formation, nurses may struggle to connect their values, critical thinking, and sense of purpose to their daily practice, ultimately affecting both job satisfaction and client care.

Finally, the most pervasive component of hidden curriculum in nursing programs is the depiction of nursing practice through social media. Nursing students' pre-conceived knowledge of the nursing profession is through social media platforms and nurse influencers. Social media platforms create social trends for nurses, highlight challenges, and promote tropes surrounding nursing practice. Nurse educators must stay current with social media when considering discussions with students about nursing practice and their professional identity development.

Curricular Integration and Future Directions

At the time of writing, our university's curriculum renewal is at its inception, making now the ideal time to embed a common understanding of professional identity within and across the program. Professional identity in nursing can be developed through common language based on the conceptual model and purposively developing the new curriculum with the focus on defining attributes and components (Halverson et al., 2022). The conceptual model for professional identity in nursing, therefore, is serving as the foundation for a multi-year program update, which is also allowing for discussion, integration, and uptake of the model among all key stakeholders.

Evaluation of the model will be embedded in the new curriculum to be launched in 2027, enabling ongoing program improvement over time. A key component of this evaluation will involve assessing students' professional identity development both before and after program completion. The Professional Identity in Nursing Scale 2.0 (Landis et al., 2024), which has demonstrated adequate psychometric properties, may be modified for use as an assessment tool to evaluate professional identity development among students. A key resource continues to be the International Society for Professional Identity in Nursing (2026) website, which hosts more than 50 publications on the concept, including implementation and measurement tools.

Conclusion

Integrating the conceptual model of professional identity in nursing into our undergraduate concept-based curriculum provided both opportunities and challenges. Using a backward design approach, we aligned the model with our program philosophy, outcomes, and principles of conceptual learning. Implementation across the three levels of curriculum—curriculum as planned, curriculum as lived, and hidden curriculum—highlighted the importance of faculty engagement, inclusive learning environments, and critical reflection on evaluation practices. We also recognized the influence of clinical partners and the hidden curriculum, particularly through socialization processes and social media. By embedding professional identity formation as a core component of our nursing education program, we enabled closer alignment with regulatory standards and believe that our students will be better prepared for the realities of nursing practice. Our experience demonstrates that purposeful integration of professional identity into nursing curricula not only addresses accreditation expectations but has potential to foster graduates who think, act, and feel like nurses—with the ultimate outcome of enhancing client care and strengthening the nursing profession.

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