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RELATIONSHIP BETWEEN HOLLAND'S RIASEC PERSONALITY ORIENTATIONS AND NURSING PROFESSIONAL VALUES AMONG UNDERGRADUATE NURSING STUDENTS

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ABSTRACT

Background: *This study examined the relationship between Holland's RIASEC personality orientations and nursing professional values among undergraduate nursing students.*

Methods: *A descriptive cross-sectional study was conducted among 60 BSN students at Shahida Islam Nursing College, Lodhran. RIASEC orientations were assessed across six domains, while professional values were measured using a 16-item adapted professional-value index derived from the NPVS-R. Pearson's correlation and chi-square tests were used for analysis.*

Results: *The Social domain had the highest RIASEC mean score (5.68 ± 4.40). The mean professional-value score was 13.60 ± 2.34. Positive correlations were observed for Investigative (r = 0.259, p = 0.046), Social (r = 0.260, p = 0.045), and Conventional (r = 0.291, p = 0.024) orientations. No significant associations were found between professional-value level and gender, age group, or academic year.*

Conclusion: *Selected RIASEC orientations showed small positive associations with nursing professional-value scores. The findings should be interpreted cautiously because of the cross-sectional design, multiple correlation testing, and use of an adapted professional-value index. Larger multicenter studies using validated instruments are recommended.*

Keywords: *Nursing students; RIASEC; professional values; nursing education; professional development.*

1 INTRODUCTION

Professional values are fundamental to nursing practice because they guide ethical decision-making, accountability, respect for human dignity, and patient-centered care. Values such as altruism, integrity, autonomy, social justice, and professional responsibility contribute to the ethical foundation of nursing practice and professional identity [1,3,7]. During undergraduate education, nursing students progressively develop and internalize professional values through academic instruction, clinical experiences, reflective learning, mentorship, and interactions with educators and healthcare professionals [1,3,9]. The development of these values is important because they influence students' professional identity, ethical behavior, commitment to nursing, and preparation for future clinical practice.

Individual characteristics may also be associated with professional development. Personality-related characteristics have been linked with interpersonal functioning, empathy, resilience, communication, and other aspects of professional development among nursing students [6,16,17]. Understanding individual characteristics may therefore help nursing educators recognize differences in students' approaches to learning, interpersonal relationships, and professional development.

Holland's RIASEC framework provides a structured approach to understanding vocational personality orientations across six domains: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional. These domains describe patterns of interests and preferences that may be relevant to educational and occupational behavior. Within nursing education, Social orientations may be particularly relevant because nursing involves interpersonal communication, caring relationships, and service to others. Investigative orientations may be relevant to analytical thinking and problem-solving, whereas Conventional orientations may relate to organization, responsibility, and adherence to established procedures. Examining these orientations alongside professional values may therefore provide insight into individual characteristics associated with professional development among nursing students.

Professional values are shaped by multiple factors and cannot be attributed to personality characteristics alone. Educational experiences, learning engagement, clinical environments, reflective practice, mentorship, and leadership may contribute to students' professional development and socialization [3,4,9,11]. Supportive educational and clinical environments may provide opportunities for students to develop professional reasoning, ethical judgment, and a stronger sense of professional responsibility [9,11]. Therefore, personality orientations should be considered within the broader educational and professional context rather than as determinants of professional suitability.

1.1 Personality Orientations and Nursing Professional Values

Personality-related characteristics may influence how nursing students communicate, interact with others, approach learning, and respond to professional situations. Research among nursing students has identified relationships between personality characteristics, empathy, resilience, self-compassion, and aspects of professional functioning [6,16]. Such characteristics may contribute to students' capacity to engage with patients, colleagues, and clinical learning experiences and may have implications for professional development.

Holland's RIASEC framework offers a vocational perspective that complements broader approaches to personality by categorizing individuals according to six orientations: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional. In nursing education, different orientations may be relevant to different aspects of professional learning. Social orientations may be associated with interpersonal interaction and caring, Investigative orientations with analytical thinking and clinical reasoning, and Conventional orientations with organization and structured professional activities. These conceptual relationships provide a rationale for examining whether RIASEC orientations are associated with nursing professional values.

Professional values also develop through professional socialization. Academic education, clinical practice, reflective learning, mentorship, and interaction with healthcare professionals can influence students' understanding of professional responsibilities and ethical practice [1,3,9]. Reflection and professional reasoning have also been emphasized as approaches that may strengthen clinical judgment and ethical decision-making in undergraduate nursing education [9]. Consequently, examining RIASEC orientations in relation to professional values may provide a broader understanding of individual characteristics associated with professional development.

1.2 Research Gap in the Pakistani Nursing Education Context

Although professional values and personality-related characteristics have been investigated among nursing students internationally [1,6,16], limited evidence specifically addresses the relationship between Holland's RIASEC orientations and nursing professional values among undergraduate nursing students. Existing literature has examined professional values, empathy, resilience, professional development, learning engagement, and other educational factors, but these areas do not directly establish whether RIASEC orientations are associated with professional values.

This gap is particularly relevant in Pakistan, where undergraduate nursing education occurs within specific cultural, academic, and clinical contexts that may influence professional socialization and value development. However, there is limited locally generated evidence examining whether different RIASEC orientations are associated with nursing professional values among Pakistani undergraduate nursing students.

Investigating this relationship may therefore provide preliminary evidence regarding individual characteristics that are associated with professional values in the Pakistani nursing education context. Such evidence may inform reflective learning, professional mentorship, communication, ethical reasoning, and individualized educational support. Importantly, personality assessment should be used to understand students' learning and developmental needs rather than to determine their suitability for entering or remaining in the nursing profession.

1.3 Aim and Objectives

Aim

The aim of this study was to examine the relationship between Holland's RIASEC personality orientations and nursing professional values among undergraduate nursing students at a nursing college in Lodhran, Punjab, Pakistan.

Objectives

The specific objectives were to:

Assess the RIASEC personality orientations of undergraduate nursing students.

Assess nursing professional values among undergraduate nursing students using the adapted professional-value index.

Examine the relationship between RIASEC personality orientations and nursing professional values among undergraduate nursing student.

2 METHODS

2.1 Study Design

A descriptive cross-sectional study was conducted to examine the relationship between Holland's RIASEC personality orientations and nursing professional values among undergraduate nursing students at a nursing college in Lodhran, Punjab, Pakistan. The study was reported in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.

2.2 Participants and Sampling

The study population comprised undergraduate Bachelor of Science in Nursing (BSN) students enrolled at the participating nursing college in Lodhran, Punjab, Pakistan. Students enrolled in undergraduate BSN programs were eligible to participate. Graduate nursing students, Post-RN students, Certified Nursing Assistant (CNA) students, and midwifery students were excluded.

A convenience sampling approach was used to recruit eligible participants. The questionnaire was administered electronically through Google Forms. Participation was voluntary, and students who provided electronic informed consent and completed the questionnaire were included in the analysis. A total of 60 eligible undergraduate BSN students completed the questionnaire and were included in the final analysis.

2.3 Sample Size

The final sample consisted of 60 eligible undergraduate BSN students who voluntarily completed the online questionnaire during the data-collection period. No formal a priori sample-size calculation was performed; therefore, the sample size was determined by the number of

eligible students who completed the questionnaire.

2.4 Measures

2.4.1 Sociodemographic Characteristics

The questionnaire collected information on participants' age, gender, academic year, and residence. However, residence was not available in the final analytical dataset and was therefore excluded from the statistical analysis.

2.4.2 RIASEC Personality Orientations

Personality orientations were assessed using a Holland-based RIASEC inventory comprising six domains: Realistic (R), Investigative (I), Artistic (A), Social (S), Enterprising (E), and Conventional (C). The six domain scores were analyzed separately to examine their relationships with nursing professional values.

2.4.3 Nursing Professional Values

Nursing professional values were assessed using 16 items adapted from the **Nurses Professional Values Scale–Revised (NPVS-R)** developed by Weis and Schank (2009). The original NPVS-R consists of 26 items designed to assess professional nursing values across five dimensions: caring, activism, trust, professionalism, and justice. The original scale uses a 5-point Likert-type response format, with higher scores indicating greater importance attributed to professional nursing values (Weis & Schank, 2009).

For the present study, 16 items were selected and adapted from the NPVS-R to reflect aspects of professional values relevant to undergraduate nursing students, including ethical practice, patient advocacy, confidentiality, professional responsibility, competence, professional development, and public health responsibilities. Because the study questionnaire contained 16 adapted items rather than the complete 26-item NPVS-R, the measure was analyzed as a **16-item adapted professional-value index** and was not represented as the original NPVS-R. Higher total scores indicated stronger professional values.

2.5 Data Collection Procedure

Data were collected using a structured, self-administered electronic questionnaire administered through Google Forms. The questionnaire link was distributed to eligible undergraduate BSN students. Before accessing the questionnaire, participants were provided with information about the study and were required to provide electronic informed consent.

Participation was voluntary, and participants could choose whether to complete the questionnaire. No directly identifying information was included in the analytical dataset. The collected information was handled confidentially and used solely for research purposes.

2.6 Data Analysis

Data were analyzed using IBM SPSS Statistics version 20. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize sociodemographic characteristics and study variables.

Mean and standard deviation were calculated for each of the six RIASEC domains and for the 16-item adapted professional-value index. Pearson's product-moment correlation coefficient was used to examine the associations between each RIASEC domain and the professional-value index.

For exploratory categorical analysis, the professional-value index was dichotomized using the sample median of 15. Participants with scores of 15 or higher were categorized as having higher professional-value scores, whereas those scoring below 15 were categorized as having lower professional-value scores. Pearson's chi-square test was used to examine associations between professional-value level and gender, age group, and academic year.

A two-sided p-value < 0.05 was considered statistically significant. Because multiple RIASEC domains were examined separately, statistically significant correlations were interpreted cautiously.

2.7 Ethical Considerations

Ethical approval was obtained from the relevant institutional ethics committee before commencement of the study. Electronic informed consent was obtained from all participants before questionnaire completion. Participation was voluntary, and confidentiality and anonymity were maintained throughout the study.

The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

2.8 Hypothesis

H1: There is a significant relationship between Holland's RIASEC personality orientations and nursing professional values among undergraduate nursing students.

3 RESULTS

3.1 Sociodemographic Characteristics of Participants

A total of 60 undergraduate BSN students participated in the study. The sociodemographic characteristics included gender, age, and academic year. Residence was not included in the analysis because this information was not available in the final analytical dataset.

Table 3.1. Sociodemographic characteristics of participants (N = 60)

Variable	Category	n	%
Gender	Male	31	51.7
	Female	29	48.3
Age	15–19 years	8	13.3
	20–24 years	48	80.0
	25–29 years	2	3.3
	30 years	2	3.3
Academic year	1st year	6	10.0
	2nd year	5	8.3
	3rd year	13	21.7
	Final year	36	60.0

As shown in Table 3.1, 31 (51.7%) participants were male and 29 (48.3%) were female. Most participants were aged 20–24 years (48, 80.0%), followed by those aged 15–19 years (8, 13.3%). Participants aged 25–29 years and 30 years accounted for 2 (3.3%) participants each. Regarding academic year, most participants were in the final year (36, 60.0%), followed by the third year (13, 21.7%), first year (6, 10.0%), and second year (5, 8.3%).

3.2 Descriptive Statistics of RIASEC Personality Orientations

RIASEC personality orientations were assessed across six Holland domains: Realistic (R), Investigative (I), Artistic (A), Social (S), Enterprising (E), and Conventional (C). Descriptive statistics were calculated for each domain.

Table 3.2. Descriptive statistics of Holland's RIASEC personality orientations (N = 60)

RIASEC domain	Mean	SD	Minimum	Maximum
Realistic (R)	4.85	3.30	3	17
Investigative (I)	4.98	3.71	3	18
Artistic (A)	4.53	2.94	3	14
Social (S)	5.68	4.40	3	18

RIASEC domain	Mean	SD	Minimum	Maximum
Enterprising (E)	4.70	3.29	3	17
Conventional (C)	4.88	3.56	3	18

The Social domain had the highest mean score (5.68 ± 4.40), followed by Investigative (4.98 ± 3.71) and Conventional (4.88 ± 3.56). Realistic and Enterprising domains had mean scores of 4.85 ± 3.30 and 4.70 ± 3.29, respectively. The Artistic domain had the lowest mean score (4.53 ± 2.94).

3.3 | Descriptive Statistics of the Adapted Professional-Value Index

Nursing professional values were assessed using the **16-item adapted professional-value index** derived from selected items of the NPVS-R. The index was analyzed separately from the original 26-item NPVS-R. Higher scores represented stronger professional values.

Table 3.3. Descriptive statistics of the 16-item adapted professional-value index (N = 60)

Statistic	Value
N	60
Mean	13.60
SD	2.34
Minimum	8
Maximum	16
Median	15

The mean score on the 16-item adapted professional-value index was 13.60 ± 2.34, with observed scores ranging from 8 to 16. The median score was 15. Scores were concentrated toward the upper end of the observed score range.

Table 3.4. Frequency distribution of adapted professional-value scores (N = 60)

Professional-value score	n	%
8	4	6.7
9	1	1.7
10	2	3.3
11	4	6.7
12	6	10.0
13	6	10.0
14	6	10.0
15	19	31.7
16	12	20.0
Total	**60**	**100.0**

The most frequently observed professional-value score was 15, reported by 19 (31.7%) participants, followed by a score of 16 among 12 (20.0%) participants. Scores of 12, 13, and 14 were each observed among 6 (10.0%) participants. Overall, the scores were concentrated toward the upper end of the observed range.

3.4 Relationship Between RIASEC Personality Orientations and Professional Values

Pearson's product-moment correlation coefficient was used to examine the associations between each of the six RIASEC personality orientations and the 16-item adapted professional-value index.

Table 3.5. Pearson correlations between RIASEC personality orientations and professional values (N = 60)

RIASEC domain	Pearson's *r*	*p*-value	Interpretation
Realistic	0.150	0.254	Not statistically significant
Investigative	0.259	0.046	Small positive association
Artistic	0.240	0.064	Not statistically significant
Social	0.260	0.045	Small positive association
Enterprising	0.228	0.080	Not statistically significant
Conventional	0.291	0.024	Small positive association

All six RIASEC domains showed positive correlations with the adapted professional-value index. At the conventional significance level of $p < 0.05$, statistically significant positive correlations were observed for the Investigative ($r = 0.259$, $p = 0.046$), Social ($r = 0.260$, $p = 0.045$), and Conventional ($r = 0.291$, $p = 0.024$) domains. The strongest observed association was between the Conventional domain and professional values ($r = 0.291$, $p = 0.024$), although the magnitude of the association was small. Realistic ($r = 0.150$, $p = 0.254$), Artistic ($r = 0.240$, $p = 0.064$), and Enterprising ($r = 0.228$, $p = 0.080$) domains showed positive but non-significant associations.

3.5 Association Between Gender and Professional-Value Level

For exploratory categorical analysis, participants were classified into **higher and lower professional-value groups** using the sample median score of 15. Participants with scores of 15 or above were classified into the higher professional-value group, whereas those with scores below 15 were classified into the lower professional-value group. This categorization was based on the sample median and was not intended to represent a validated psychometric cutoff.

Table 3.6. Association between gender and professional-value level (N = 60)

Gender	Higher n (%)	Lower n (%)	χ^2	df	*p*-value
Male	17 (54.8)	14 (45.2)	0.258	1	0.611
Female	14 (48.3)	15 (51.7)			
Total	**31 (51.7)**	**29 (48.3)**			

A higher professional-value level was observed among 54.8% of male participants and 48.3% of female participants. However, the association between gender and professional-value level was not statistically significant ($\chi^2 = 0.258$, df = 1, $p = 0.611$).

3.6 Association Between Age Group and Professional-Value Level

The association between age group and professional-value level was examined using Pearson's chi-square test.

Table 3.7. Association between age group and professional-value level (N = 60)

Higher professional-value levels were observed among 37.5% of participants aged 15–19 years, 52.1% of those aged 20–24 years, 100.0% of those aged 25–29 years, and 50.0% of those aged 30 years. The association between age group and professional-value level was not statistically significant ($\chi^2 = 2.519$, df = 3, $p = 0.472$).

3.7 Association Between Academic Year and Professional-Value Level

The association between academic year and professional-value level was examined using Pearson's chi-square test.

Table 3.8. Association between academic year and professional-value level (N = 60)

Academic year	Higher n (%)	Lower n (%)	χ^2	df	*p*-value
1st year	2 (33.3)	4 (66.7)	3.541	3	0.316
2nd year	1 (20.0)	4 (80.0)			
3rd year	8 (61.5)	5 (38.5)			
Final year	20 (55.6)	16 (44.4)			

The proportion of participants in the higher professional-value group varied across academic years. The highest proportion was observed among third-year students (61.5%), followed by final-year students (55.6%). In comparison, 33.3% of first-year students and 20.0% of second-year students were classified in the higher professional-value group.

The association between academic year and professional-value level was not statistically significant ($\chi^2 = 3.541$, df = 3, $p = 0.316$). Thus, there was insufficient evidence of an association between academic year and professional-value level in this sample.

4 DISCUSSION

The present study examined the relationship between Holland's RIASEC personality orientations and nursing professional values among 60 undergraduate nursing students at Shahida Islam Nursing College, Lodhran. The mean score on the 16-item adapted professional-value index was 13.60 ± 2.34, with scores concentrated toward the upper end of the observed score range. Among the RIASEC domains, Social had the highest mean score (5.68 ± 4.40), followed by Investigative (4.98 ± 3.71) and Conventional (4.88 ± 3.56). The predominance of the Social orientation is consistent with the interpersonal, helping, and service-oriented nature of nursing. Previous research has emphasized the importance of interpersonal characteristics, empathy, and professional identity in nursing education [1,6,16].

The distribution of professional-value scores in the present study is broadly consistent with previous research reporting favorable professional values among undergraduate nursing students [1]. Professional values may develop through academic education, clinical exposure, reflection, mentorship, and professional socialization [3,9]. The relatively large proportion of final-year students in the present sample may have contributed to the observed distribution of professional-value scores, as greater exposure to clinical environments may provide students with more opportunities to understand professional responsibilities. However, this interpretation should be considered cautiously because the cross-sectional design does not allow the effect of clinical exposure or academic progression on professional values to be established.

All six RIASEC personality orientations showed positive correlations with the 16-item adapted professional-value index. Statistically significant positive associations were observed for the Investigative ($r = 0.259$, $p = 0.046$), Social ($r = 0.260$, $p = 0.045$), and Conventional ($r = 0.291$, $p = 0.024$) orientations. The strongest observed association was for the Conventional orientation, although the magnitude of the correlation was

small. These findings indicate that, within this sample, students with stronger Investigative, Social, or Conventional orientations tended to report somewhat higher professional-value scores. The findings should be interpreted as associations rather than evidence that particular personality orientations cause stronger professional values.

The Realistic (r = 0.150, p = 0.254), Artistic (r = 0.240, p = 0.064), and Enterprising (r = 0.228, p = 0.080) orientations also showed positive but non-significant associations with professional values. The pattern of positive correlations across all six domains suggests that professional values were not associated exclusively with a single RIASEC orientation in this sample. Nevertheless, the relatively small correlation coefficients indicate that RIASEC orientations alone explain only a limited proportion of the variation in professional-value scores. Other educational, clinical, social, and individual factors may also contribute to the development of professional values.

Because six RIASEC domains were examined separately, the statistically significant correlations should be interpreted cautiously because of the potential for inflated Type I error arising from multiple testing. The three associations reaching the conventional $p < 0.05$ threshold therefore require cautious interpretation and should be considered exploratory. In particular, none of the observed correlations should be interpreted as evidence of a strong relationship between RIASEC orientation and professional values.

No statistically significant association was found between professional-value level and gender (χ^2 = 0.258, df = 1, p = 0.611), age group (χ^2 = 2.519, df = 3, p = 0.472), or academic year (χ^2 = 3.541, df = 3, p = 0.316). Although the proportion of participants classified into the higher professional-value group varied across academic years, these differences did not reach statistical significance. The small numbers in some age and academic-year categories may have limited the statistical power of these categorical comparisons. Therefore, these findings should not be interpreted as evidence that demographic or academic characteristics are unrelated to professional values in the broader nursing-student population.

The findings have potential implications for nursing education in Pakistan. Awareness of students' vocational orientations may provide educators with additional information for understanding students' learning preferences and supporting professional development. Reflective learning, communication skills, ethical reasoning, clinical reasoning, and professional mentorship may also contribute to the development of professional values [3,9,11]. However, RIASEC assessment should be used for educational guidance and self-awareness rather than as a criterion for selecting, excluding, or ranking students in nursing programs.

This study also has important methodological considerations. The professional-value measure consisted of 16 adapted items derived from the NPVS-R rather than the complete 26-item NPVS-R. Therefore, the findings represent scores on a 16-item adapted professional-value index and should not be interpreted as findings obtained from the fully validated NPVS-R. Direct comparison with studies using the complete NPVS-R should consequently be made with caution. In addition, the current study does not establish whether the adapted 16-item index has the same psychometric properties as the original instrument.

5 CONCLUSIONS

The study identified positive associations between all six Holland RIASEC personality orientations and the 16-item adapted professional-value index among undergraduate nursing students. The Social orientation had the highest mean score, while the Investigative, Social, and Conventional orientations showed statistically significant but small positive associations with professional-value scores at the conventional $p < 0.05$ level. No statistically significant associations were observed between professional-value level and gender, age group, or academic year.

Because the study was cross-sectional and six RIASEC domains were examined separately, the findings should be interpreted cautiously and do not establish causality. The results provide

preliminary evidence of an association between selected RIASEC orientations and nursing professional values and support the need for further research using larger samples and rigorously validated measurement instruments.

5.1 Limitations

The study had several limitations. First, the sample size was relatively small (N = 60) and participants were recruited from a single nursing institution, limiting the generalizability of the findings to nursing students in other institutions and regions of Pakistan. Second, no a priori sample-size calculation was performed, and the sample was based on the number of eligible students who voluntarily completed the questionnaire. Third, the cross-sectional design prevents causal relationships between RIASEC personality orientations and professional values from being established.

Fourth, data were collected using self-reported questionnaires, which may be subject to social desirability and response bias. Fifth, the professional-value measure consisted of 16 adapted items rather than the complete 26-item NPVS-R; therefore, the findings should not be interpreted as results from the original validated NPVS-R and direct comparisons with studies using the complete scale should be made cautiously. Sixth, the methodological information available for the adapted professional-value measure, including its psychometric properties, should be considered when interpreting the findings. Seventh, six RIASEC correlations were tested separately, creating a possibility of inflated Type I error. Finally, some age and academic-year categories contained small numbers of participants, which may have reduced the statistical power and reliability of the categorical comparisons.

5.2 Recommendations

Based on the findings, nursing institutions may consider incorporating personality awareness, reflective learning, ethical reasoning, communication skills, and professional mentorship into undergraduate nursing education. RIASEC information may be used as a supportive educational tool to increase students' self-awareness and help educators understand differences in students' vocational orientations. However, personality or vocational orientation should not be used as a criterion for admission, exclusion, or academic ranking.

Future studies should recruit larger and multicenter samples from different regions of Pakistan to improve generalizability and statistical power. Longitudinal research is recommended to examine how professional values develop throughout nursing education and whether RIASEC orientations are associated with changes in professional values over time.

Future research should also clearly identify the RIASEC instrument used, including its source, number of items, response options, scoring procedure, validity, and reliability. For assessment of nursing professional values, future studies should preferably use the complete validated 26-item NPVS-R or another clearly validated professional-value instrument. Where adapted instruments are used, researchers should report the item-selection process, scoring method, validity assessment, and internal consistency reliability so that findings can be appropriately interpreted and compared across studies.

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