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Clinical Credibility in Nurse Influencer Marketing: A Scopus-Based Scoping Review and Evidence-Gap Analysis

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The author(s) declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

ABSTRACT

Purpose: This study maps the development of Scopus-indexed research on nurse influencers and examines how far the literature has progressed from professional visibility and engagement toward consumer trust and preventive healthcare service adoption.

Research Method: A Scopus-based scoping review was conducted following PRISMA-ScR guidelines. English-language studies published between 2016 and 2026 were systematically screened and synthesized using an integrative credibility-to-conversion framework covering visibility, engagement, credibility, trust, intention, service adoption, and retention. Methodological quality was assessed using Joanna Briggs Institute appraisal tools.

Results and Discussion: Four studies met the inclusion criteria. Existing evidence focuses primarily on professional identity, digital advocacy, credibility, privacy, misinformation, and ethical issues. Although clinical credibility emerges as an important communication asset, empirical evidence linking it to consumer trust, behavioral intention, service adoption, retention, or other healthcare outcomes remains limited. The literature is therefore predominantly conceptual and communication-oriented rather than behaviorally or marketing-oriented.

Implications: Future research should integrate nursing, marketing, and healthcare service perspectives through validated constructs and behavioral outcomes.

Originality: This review provides an integrative marketing-funnel lens for understanding nurse influencer research and identifies critical gaps between professional credibility, consumer responses, and measurable healthcare utilization.

Keywords: *nurse influencers; influencer marketing; clinical credibility; consumer trust; preventive health services; scoping review*.

1. Introduction

Social media influencers have become increasingly embedded in contemporary health communication, shaping audiences' exposure to health information, attitudes, intentions, and, in some contexts, health-related behaviors. This development reflects the growing use of social media influencers as intermediaries between health information providers and digitally engaged audiences, including efforts to stimulate dialogue and engagement around health topics (Lutkenhaus et al., 2019). A recent scoping review of 116 empirical studies identified substantial diversity in health topics, platforms, communication strategies, and audience outcomes, while emphasizing the need for stronger experimental, longitudinal, and actual-behavior research (Kaňková et al., 2025). Similarly, a systematic

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review found that influencer exposure may generate both positive and negative health outcomes, but highlighted methodological limitations and restricted generalizability across much of the existing evidence (Powell & Pring, 2024).

The healthcare influencer literature therefore remains an emerging field in which the potential benefits of accessible health communication coexist with concerns regarding misinformation, communication quality, and audience vulnerability (Kaňková et al., 2024; Krisam & Altendorfer, 2023). Within this broader context, nurse influencers represent a particularly important professional category because their communication is grounded in a regulated nursing identity and may combine clinical expertise, professional values, and public-facing digital communication (Gentry & Prince-Paul, 2021; Saria, 2026). However, existing health influencer research has not yet sufficiently established whether the professional authority of nurses can be translated into measurable consumer responses and, ultimately, preventive healthcare service utilization. This distinction is important because evidence of exposure, engagement, or favorable attitudes does not necessarily demonstrate trust, behavioral intention, service adoption, or sustained healthcare-related behavior.

Influencer marketing literature provides a useful theoretical starting point for explaining how professional credibility may be translated into audience responses and, potentially, service-related behavior. Source credibility theory conceptualizes perceived credibility through dimensions such as expertise, trustworthiness, and attractiveness, providing a foundational explanation of why audiences may respond differently to information depending on the perceived qualities of its source (Ohanian, 1990). In the influencer marketing context, message value and perceived influencer credibility have been shown to strengthen consumer trust in branded content (Lou & Yuan, 2019), while credibility and parasocial interaction can contribute to behavioral intentions by strengthening audiences' psychological connections with influencers (Sokolova & Kefi, 2020). These mechanisms suggest that influencer effectiveness should not be reduced to exposure or reach, but understood as a process in which source attributes and audience relationships shape subsequent responses. Ki and Kim (2019), for example, demonstrate that influencer characteristics can activate consumers' desire to mimic and thereby contribute to behavioral responses. Accordingly, visibility, engagement, credibility, trust, intention, and actual service adoption should be treated as analytically distinct stages rather than interchangeable indicators of influence. This distinction is particularly important in healthcare because digital attention or interaction does not necessarily imply that consumers trust the information, intend to use a service, or ultimately undertake preventive healthcare behaviors. A marketing-oriented analysis of nurse influencers therefore requires attention to the mechanisms linking professional credibility with progressively more consequential consumer and service outcomes.

Health-related influencer marketing introduces additional complexity because audiences must simultaneously evaluate informational quality, professional expertise, authenticity, commercial motives, and potential risks. Unlike conventional consumer products, health-related communication may influence decisions involving personal well-being, making the credibility and accuracy of information particularly consequential. A healthcare-focused review found that empirical evidence supporting the health-promoting effects of influencer communication remains limited, indicating that increased visibility and engagement cannot automatically be equated with meaningful health outcomes (Krisam & Altendorfer, 2023). At the same time, research involving health-expert content creators shows that professional creators recognize the potential of social media to make health information more accessible and stimulate audience dialogue, but they also encounter challenges related to misinformation, oversimplification, contextual limitations, and the difficulty of communicating clinical nuance within platform-specific conventions (Kaňková et al., 2024; Lutkenhaus et al., 2019). These challenges indicate that professional expertise may provide an important foundation for source legitimacy, but expertise alone does not necessarily guarantee accurate communication, perceived authenticity, audience trust, or behavioral influence. The effectiveness of professional health influencers

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may therefore depend on how clinical expertise is translated into accessible, trustworthy, and contextually appropriate digital communication while maintaining professional and ethical standards. This issue is particularly relevant for nurses, whose professional identity may provide distinctive credibility resources but also imposes additional expectations concerning accuracy, accountability, and responsible communication.

Nurses represent a theoretically distinctive category within the emerging field of professional health influencers because their digital communication is grounded in a formal professional identity, clinical knowledge, and responsibilities associated with nursing practice. Gentry and Prince-Paul (2021) conceptualize the nurse influencer as a nurse who uses digital platforms to promote change through integrity, continuous learning, and effective communication. More recent research further indicates that nurse influencers can shape perceptions and professional attitudes within nursing-related audiences, suggesting that their influence extends beyond information dissemination to broader processes of professional identity and image formation (Dağcan Şahin & Gürol Arslan, 2026; Saria, 2026). Unlike generic lifestyle influencers, nurses may draw upon clinical education, evidence-based practice, professional accountability, and the caring orientation associated with the nursing profession. These attributes can provide distinctive resources for establishing professional legitimacy in digital health communication. Building on this literature, this review uses the term clinical credibility capital to conceptualize the accumulated professional resources through which nurse influencers may establish perceived expertise, trustworthiness, and legitimacy among audiences. Importantly, clinical credibility capital is proposed here as an analytical conceptualization rather than an established or validated construct. Professional status alone does not automatically generate consumer trust or healthcare utilization; its potential influence depends on whether audiences recognize the nurse's expertise, perceive the communication as credible and authentic, and subsequently translate these perceptions into healthcare-related decisions.

This mechanism becomes particularly consequential in the context of preventive healthcare services, where the characteristics of healthcare as a service may amplify the importance of trust, perceived value, and information quality. Healthcare is a complex service environment characterized by information asymmetry, emotional vulnerability, difficulty in evaluating technical quality, and substantial reliance on provider trust (Berry & Bendapudi, 2007). Preventive services may introduce additional decision barriers because their benefits are often delayed or uncertain, their perceived urgency may be relatively low, and consumers may encounter concerns related to privacy, cost, convenience, and disclosure of personal information. In such a context, digital engagement should not be interpreted as equivalent to healthcare consumption. A view, like, comment, or favorable attitude may indicate exposure or interaction, but does not necessarily imply information seeking, behavioral intention, appointment booking, payment, attendance at a screening, enrollment in a preventive program, repeat utilization, or referral. This distinction is consistent with the broader influencer marketing literature, which emphasizes that audience engagement and persuasive responses represent different stages of influence and should not be treated as interchangeable indicators of behavioral conversion (Ki & Kim, 2019; Sokolova & Kefi, 2020). Accordingly, distinguishing communication outcomes from actual service outcomes is central to evaluating whether nurse influencer communication can move beyond professional visibility and engagement toward measurable preventive healthcare utilization.

Credibility may also be vulnerable to commercialization, creating an important boundary condition in the relationship between professional identity and audience responses. Research on influencer marketing shows that commercial relationships can undermine perceived authenticity when sponsorship motives appear inconsistent with an influencer's identity, values, or established self-presentation (Audrezet et al., 2020). Sponsorship disclosure can influence consumers' recognition of commercial intent as well as their subsequent attitudes and behavioral intentions (Evans et al., 2017), while the congruence between an influencer and the promoted offering can shape how audiences infer

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the motives underlying an endorsement (Kim & Kim, 2021). These concerns become particularly consequential in healthcare because professional communication involves additional expectations regarding accuracy, accountability, confidentiality, and public safety.

Recent evidence on influencer-based prescription-drug promotion identifies recurring concerns involving misinformation, inconsistent disclosure, limited oversight, and persuasive personal or parasocial narratives that can blur the boundary between personal experience and commercial communication (Gell et al., 2026). Research on nurse digital content creators similarly highlights the ethical complexities associated with professional communication in digital environments, reinforcing the need to consider professional boundaries alongside communication effectiveness (Zocco & Ferro, 2026). For nurse influencers, commercialization may therefore operate as a boundary condition rather than merely an additional marketing characteristic: commercial partnerships may increase visibility and opportunities for service promotion, but perceived conflicts between professional identity and commercial motives may weaken authenticity, trust, and ultimately the credibility through which healthcare-related behavioral responses are expected to develop.

Despite these developments, the literature remains fragmented across nursing, health communication, influencer marketing, and healthcare service research, with limited integration of professional credibility and downstream healthcare outcomes. Four interconnected gaps are particularly important. First, a construct gap exists because nurse influencer research has not yet systematically connected nurse-specific clinical credibility with established influencer and consumer-behavior constructs such as authenticity, trust, parasocial interaction, perceived value, and behavioral intention. Existing influencer research demonstrates that credibility, message value, authenticity, and parasocial relationships can shape audience responses (Audrezet et al., 2020; Lou & Yuan, 2019; Sokolova & Kefi, 2020), but these mechanisms have not been sufficiently examined in relation to the distinctive professional identity of nurses. Second, a population and contextual gap remains because findings derived from lifestyle influencers, health experts, or general health communication cannot automatically be transferred to nurses operating under professional standards and accountability. Research on nurse influencers suggests that their digital roles involve distinctive professional and identity-related dimensions that differentiate them from conventional commercial influencers (Dağcan Şahin & Gürol Arslan, 2026; Gentry & Prince-Paul, 2021; Saria, 2026).

Third, an outcome gap persists because evidence of visibility, engagement, professional influence, or attitudinal responses does not establish whether nurse influencer communication translates into behavioral intention, preventive service adoption, repeat utilization, referral, or other measurable service outcomes. This distinction is particularly important given the broader health influencer literature's continuing emphasis on communication and attitudinal outcomes and its limited evidence concerning actual health behavior (Kaňková et al., 2025; Powell & Pring, 2024). Fourth, a governance gap concerns the limited empirical understanding of how sponsorship disclosure, influencer-offering congruence, evidence quality, confidentiality, misinformation, and tensions between professional and commercial identities affect the credibility and legitimacy of nurse influencer communication. Existing research has identified commercialization and disclosure as important determinants of influencer authenticity and audience responses (Audrezet et al., 2020; Evans et al., 2017; Kim & Kim, 2021), while healthcare-specific research highlights additional concerns regarding misinformation, oversight, and professional ethics (Gell et al., 2026; Zocco & Ferro, 2026). Collectively, these gaps indicate that the emerging nurse influencer literature has yet to provide an integrated explanation of how professional credibility may be translated into trusted and measurable preventive healthcare service outcomes.

These gaps indicate that the central issue is not simply whether nurses use social media or whether audiences respond positively to their content. Rather, the more theoretically consequential question concerns how professional credibility may be translated into healthcare-related consumer

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behavior. To organize this issue, this review develops an integrative credibility-to-conversion framework that draws on source credibility theory, healthcare consumer behavior, influencer marketing, and service marketing. The framework conceptualizes a potential pathway from professional credibility and digital visibility through engagement and trust to behavioral intention, service adoption, and retention. Importantly, this framework is used as an analytical synthesis rather than as an established causal theory. The proposed stages are therefore not assumed to be strictly linear or empirically validated; instead, they provide a structure for examining where evidence currently exists, where evidence is inconsistent, and where empirical validation remains necessary.

Accordingly, the contribution of this review is primarily integrative and conceptual rather than the discovery of entirely new empirical relationships. The review organizes the emerging Scopus-indexed literature on nurse influencers around a common marketing and healthcare-service lens and distinguishes communication outcomes from downstream behavioral outcomes. By doing so, it identifies whether existing research has progressed beyond professional visibility and engagement toward consumer trust, service consideration, preventive healthcare adoption, and post-adoption outcomes. This positioning also allows the review to clarify the potential theoretical implications of future evidence. For example, evidence that clinical credibility increases trust would extend source credibility theory into a regulated healthcare-influencer context, whereas evidence linking credibility to actual service adoption would extend influencer marketing research beyond engagement and intention toward healthcare service conversion. Similarly, evidence concerning repeated interactions could connect professional influencer communication with relationship marketing, while evidence on socioeconomic or health-literacy differences could identify important boundary conditions for healthcare communication effectiveness.

Given the limited and heterogeneous nature of the identified evidence base, this study adopts a scoping review design rather than a meta-analysis or bibliometric network analysis. The review systematically maps the available literature and evaluates the extent to which different stages of the proposed credibility-to-conversion pathway have been empirically examined. Specifically, the review addresses six questions: (1) How are nurse influencers and their professional credibility attributes conceptualized? (2) Which professional branding, communication, or marketing activities are described? (3) Which audience responses have been measured? (4) Which stages of the credibility-to-conversion pathway—from visibility and engagement to trust, intention, service adoption, and retention—are represented? (5) Which ethical, professional, or commercial factors may enable or constrain nurse influencer effectiveness? and (6) What empirical gaps currently prevent robust conclusions about the translation of clinical credibility into preventive healthcare service utilization?

This review makes three interrelated contributions to the emerging literature on nurse influencers and healthcare marketing. First, it makes a theoretical contribution by connecting professional identity and clinical credibility with established perspectives from source credibility theory, influencer marketing, healthcare consumer behavior, and service marketing. Rather than assuming that nurses' professional status directly generates consumer behavior, the review conceptualizes clinical credibility as an upstream resource that may influence trust, intention, service adoption, and retention through a credibility-to-conversion pathway. This integration helps clarify how professional authority may operate differently from conventional influencer attractiveness or commercial persuasion and identifies potential theoretical boundary conditions that can be examined in future empirical research. Second, the review makes a methodological and analytical contribution by applying a structured marketing-funnel lens to systematically map where the existing nurse influencer literature is concentrated and where evidence remains absent. The framework distinguishes communication outcomes, such as visibility and engagement, from more consequential consumer and service outcomes, thereby preventing positive audience responses from being interpreted prematurely as evidence of healthcare service conversion. Third, the review offers a practical contribution by identifying the

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conditions that may determine whether nurse influencer communication can responsibly support preventive healthcare services, including credibility, transparency, professional accountability, evidence quality, and commercialization. These contributions position the review not as a claim of definitive evidence regarding nurse influencer effectiveness, but as an integrative foundation for developing measurable constructs, testing causal mechanisms, and designing ethically responsible healthcare influencer strategies.

The reminder of this paper is organized as follows. Section 2 provides literature review. Section 3 presents research method. Section 4 provides research findings and discussions. Section 5 wrap up the paper.

2. Literature Review and Hypothesis Development

2.1. Theoretical Integration: From Professional Identity to Preventive Healthcare Utilization

The influence of nurse influencers on preventive healthcare utilization can be better understood by integrating source credibility theory, healthcare consumer behavior, service marketing, and influencer marketing perspectives (Berry & Bendapudi, 2007; Lou & Yuan, 2019; Ohanian, 1990; Sokolova & Kefi, 2020). Rather than treating professional identity as a direct determinant of healthcare utilization, this review conceptualizes professional identity as an upstream resource that shapes perceptions of clinical credibility and subsequently influences consumer responses (Gentry & Prince-Paul, 2021; Saria, 2026). This distinction is important because professional status alone does not necessarily translate into healthcare utilization; its behavioral relevance depends on how audiences perceive, interpret, and respond to the professional information communicated through digital platforms (Dağcan Şahin & Gürol Arslan, 2026; Kaňková et al., 2025).

Source credibility theory provides the first mechanism. Nurses possess professionally grounded knowledge and clinical expertise that can serve as credibility resources in health-related communication (Gentry & Prince-Paul, 2021; Ohanian, 1990). Expertise and perceived trustworthiness may strengthen audiences' perceptions that the information provided by a nurse influencer is competent, reliable, and relevant to their health concerns (Lou & Yuan, 2019; Ohanian, 1990). In the context of preventive healthcare, this credibility may be particularly important because consumers often make decisions under conditions of information asymmetry and uncertainty regarding the necessity, quality, and expected benefits of preventive services (Berry & Bendapudi, 2007).

The second mechanism is derived from healthcare consumer behavior. Perceived credibility can reduce informational uncertainty and perceived risk associated with preventive healthcare decisions (Berry & Bendapudi, 2007; Lou & Yuan, 2019). When consumers perceive a nurse influencer as a credible source, they may be more willing to process health information, seek additional information, discuss preventive options, or consider using recommended services (Kaňková et al., 2025; Lutkenhaus et al., 2019; Sokolova & Kefi, 2020). Thus, credibility is conceptualized not as an outcome in itself, but as a psychological and informational mechanism linking professional identity with subsequent consumer responses.

Service marketing theory further explains how these responses may develop into service-related behaviors. Healthcare services are characterized by intangibility, information asymmetry, and considerable reliance on trust (Berry & Bendapudi, 2007). Consequently, credibility and trust may facilitate the transition from digital engagement to behavioral intention and, potentially, service adoption (Lou & Yuan, 2019; Sokolova & Kefi, 2020). Continued and consistent interactions may subsequently contribute to relationship development and retention (Berry & Bendapudi, 2007; Sokolova

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& Kefi, 2020). From this perspective, nurse influencers do not simply function as promotional intermediaries; they may operate as boundary spanners between professional healthcare knowledge and consumers' everyday decision-making environments (Gentry & Prince-Paul, 2021; Lutkenhaus et al., 2019).

Finally, influencer marketing literature explains the role of digital visibility and engagement in activating this credibility resource. Unlike conventional healthcare communication, influencer-mediated communication allows professional expertise to be embedded within recurring, interactive, and personally contextualized content (Kaňková et al., 2025; Lutkenhaus et al., 2019). Visibility can create opportunities for exposure, while engagement can strengthen perceived accessibility and relational connection (Ki & Kim, 2019; Sokolova & Kefi, 2020). Accordingly, the effectiveness of nurse influencers may depend on the interaction between professional credibility and influencer-specific communication mechanisms rather than on professional identity alone (Ki & Kim, 2019; Lou & Yuan, 2019).

Taken together, these perspectives suggest a sequential but not necessarily deterministic process: professional identity provides a basis for perceived clinical credibility; credibility facilitates trust and reduces informational uncertainty; trust and engagement strengthen behavioral intentions; and these intentions may ultimately translate into preventive healthcare service adoption and longer-term relationships (Berry & Bendapudi, 2007; Ki & Kim, 2019; Lou & Yuan, 2019; Sokolova & Kefi, 2020). This integrated perspective provides the theoretical foundation for the credibility-to-conversion framework developed in this review.

2.2. Conceptual Basis of the Credibility-to-Conversion Funnel

The credibility-to-conversion funnel should not be interpreted as a new marketing theory or as an empirically validated causal sequence. Rather, it represents an integrative analytical framework developed by synthesizing constructs that have been established across source credibility, influencer marketing, consumer behavior, and service marketing research (Berry & Bendapudi, 2007; Ki & Kim, 2019; Lou & Yuan, 2019; Ohanian, 1990; Sokolova & Kefi, 2020). The purpose of the framework is to organize fragmented evidence on nurse influencers according to the stages through which professional communication may potentially develop into healthcare-related behavioral outcomes (Kaňková et al., 2025; Lutkenhaus et al., 2019).

The selection of the stages follows a conceptual logic. Visibility represents the opportunity for audiences to encounter professional health content, while engagement captures subsequent audience interaction with that content (Kaňková et al., 2025; Lutkenhaus et al., 2019). Credibility and trust represent evaluative mechanisms through which audiences assess the reliability and usefulness of the information provided (Lou & Yuan, 2019; Ohanian, 1990). Intention reflects the consumer's readiness to undertake a recommended action, whereas service adoption represents a more proximal behavioral outcome (Ki & Kim, 2019; Sokolova & Kefi, 2020). Finally, retention captures the possibility that repeated and satisfactory interactions may develop into continuing relationships with healthcare providers or services (Berry & Bendapudi, 2007).

This sequence is particularly relevant to preventive healthcare because preventive services often involve delayed or uncertain benefits, making consumer decisions more dependent on information, perceived relevance, trust, and motivation than on immediate symptom relief (Berry & Bendapudi, 2007). The framework therefore provides an analytical bridge between digital communication processes and healthcare utilization outcomes (Kaňková et al., 2025; Powell & Pring, 2024). Importantly, the stages should not be interpreted as strictly linear. Existing evidence may support some linkages more strongly than others, and future empirical research is required to test whether these constructs operate sequentially, simultaneously, or through alternative pathways (Ki & Kim, 2019; Sokolova & Kefi, 2020).

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The contribution of this review should be understood primarily as conceptual and integrative rather than as the discovery of entirely new empirical evidence. To our knowledge, it is among the early Scopus-based reviews to examine the emerging literature on nurse influencers through an integrated credibility-to-conversion perspective. The novelty therefore lies in reframing dispersed findings from healthcare communication, influencer marketing, and service marketing into a common analytical structure (Kaňková et al., 2025; Krisam & Altendorfer, 2023). Methodologically, the review applies a systematic identification and quality-appraisal process to organize the available evidence (Peters et al., 2020; Tricco et al., 2018). Conceptually, it connects professional credibility with downstream consumer responses and distinguishes between communication-related outcomes, such as visibility and engagement, and more consequential healthcare outcomes, such as intention and service adoption (Ki & Kim, 2019; Lou & Yuan, 2019; Sokolova & Kefi, 2020). Substantively, the review demonstrates that the existing literature remains concentrated at the earlier stages of the proposed pathway, while empirical evidence concerning actual healthcare utilization and retention remains limited (Kaňková et al., 2025; Powell & Pring, 2024).

Accordingly, the framework should be viewed as an organizing and theory-building device rather than as an empirically established causal model. This positioning avoids overstating the originality of the evidence while highlighting the review's contribution in identifying how future empirical research can extend existing theories of professional credibility, healthcare marketing, and digital health communication (Berry & Bendapudi, 2007; Gentry & Prince-Paul, 2021; Lou & Yuan, 2019; Ohanian, 1990).

3. Research Method

3.1 Design

A Scopus-based scoping review and descriptive evidence-gap analysis was conducted. The methodological orientation was informed by updated Joanna Briggs Institute guidance for scoping reviews (Peters et al., 2020). Reporting followed the PRISMA extension for Scoping Reviews (PRISMA-ScR), including transparent eligibility criteria, record-selection counts, reasons for exclusion, and a PRISMA-style flow diagram (Tricco et al., 2018).

3.2 Data source and search date

The Scopus searches were generated in July 2026. The search produces contained 10 records included standard Scopus bibliographic fields, including authors, title, year, source title, abstract, author keywords, indexed keywords, affiliations, citations, DOI, and Scopus EID. The exact search string supplied by the review team is reproduced verbatim below.

```
"nurse influencer*" OR "nurse content creator*" OR "health professional influencer*"
AND
trust OR engagement OR "brand attitude" OR "purchase intention" OR "booking intention" OR "willingness to pay" OR conversion OR "service adoption" OR loyalty
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The search results were limited in the Scopus interface before export using four prespecified eligibility filters: publication years 2016–2026, English language, Scopus subject area Nursing, and document type Article. The upper year limit covered records indexed up to the search date of 16 July 2026. These filters were applied at the database stage; therefore, records removed automatically by Scopus because they fell outside these limits do not appear as screening exclusions in the PRISMA-ScR flow diagram.

3.3 Record management and deduplication

The two exports were merged. Duplicate records were identified primarily by Scopus EID and verified using DOI and exact title. Ten exported rows were reduced to six unique records after four duplicates were removed. Citation counts were treated as values current at the export date and were not independently updated.

3.4 Eligibility criteria

Eligibility was defined a priori across bibliographic and topical domains. Records had to be published from 2016 through 16 July 2026, written in English, indexed within the Scopus Nursing subject area, and classified by Scopus as an Article. At the topical level, a nurse influencer, nurse digital content creator, or the nurse influencer concept had to be the central phenomenon, actor, or exposure. Eligible articles also had to address public-facing digital communication, professional image or branding, audience influence, credibility, engagement, trust protection, ethical brand risk, or another construct transferable to influencer marketing. Records were excluded when "influence" referred only to policy or organizational advocacy, when nurses served merely as dissemination channels, or when nurse influencers were incidental rather than the unit of analysis.

Table 1.

Eligibility criteria applied to the supplied Scopus records.

Domain	Inclusion rule	Exclusion rule
Publication period	Published from 2016 through the search date, 16 July 2026.	Published before 2016 or after the search date.
Language	English language.	Languages other than English.
Subject area	Indexed by Scopus in the Nursing subject area.	Not indexed in the Scopus Nursing subject area.
Document type	Scopus document type: Article.	Reviews, conference papers, book chapters, editorials, notes, letters, or other non-article records.
Phenomenon	Nurse influencer, nurse digital content creator, or nurse influencer concept is central.	Influencer is incidental or "influence" means policy/organizational influence only.
Communication context	Public-facing digital communication, media engagement, professional image, audience influence, or content creation.	Internal communication with no public-facing or creator dimension.

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Marketing relevance	At least one transferable marketing construct: credibility, image/brand, audience influence, engagement, trust protection, ethics, or conversion.	No construct relevant to professional branding, audience response, or marketing.

3.5 Data charting and coding

Data were charted from Scopus titles, abstracts, keywords, affiliations, source information, citation counts, and identifiers. Extracted variables included publication year, country when available from affiliations, study design, participant group, nurse influencer role, communication or marketing focus, credibility attributes, audience outcomes, ethical issues, and marketing-funnel stage.

The marketing-funnel framework distinguished: (1) credibility and professional positioning; (2) reach and visibility; (3) engagement and attitudinal response; (4) trust, authenticity, perceived value, and service consideration; (5) intentional conversion such as booking intention or willingness to pay; (6) behavioral conversion such as completed booking, payment, attendance, or verified service use; and (7) retention, referral, or revenue-related outcomes.

3.6 Critical appraisal

Although methodological appraisal is optional in a scoping review, it was undertaken to contextualize the trustworthiness of the mapped evidence. The two empirical qualitative studies were assessed using the 10-item JBI Critical Appraisal Checklist for Qualitative Research (Lockwood et al., 2015). The concept synthesis and the professional commentary were assessed using the six-item JBI Critical Appraisal Checklist for Text and Opinion Papers as the closest-fit JBI tool for non-empirical textual evidence (McArthur et al., 2015). Each item was rated Yes, No, Unclear, or Not applicable. No numerical threshold was used and no source was excluded on the basis of appraisal; the ratings were used to qualify interpretation of the findings.

The evidence source remained Scopus. Publisher reports or previews were consulted only when necessary to clarify methods and reporting. Where an appraisal item was not reported clearly, it was rated Unclear rather than inferred. Item-level decisions are reported in Appendix B

4. Results and Discussion

4.1 Record selection

The two Scopus exports contained 10 records after the prespecified Scopus filters had been applied. Four duplicate rows were removed, leaving six unique records for title, abstract, keyword, and metadata screening. Two records were excluded because the central phenomenon was nursing advocacy or dissemination rather than a nurse influencer or nurse digital content creator. Four reports were sought and retrieved, and all four met the full eligibility criteria. The final synthesis therefore included four studies. No additional exclusions were made for publication year, language, subject area, or document type because those restrictions had already been applied in Scopus before export (Figure 1).

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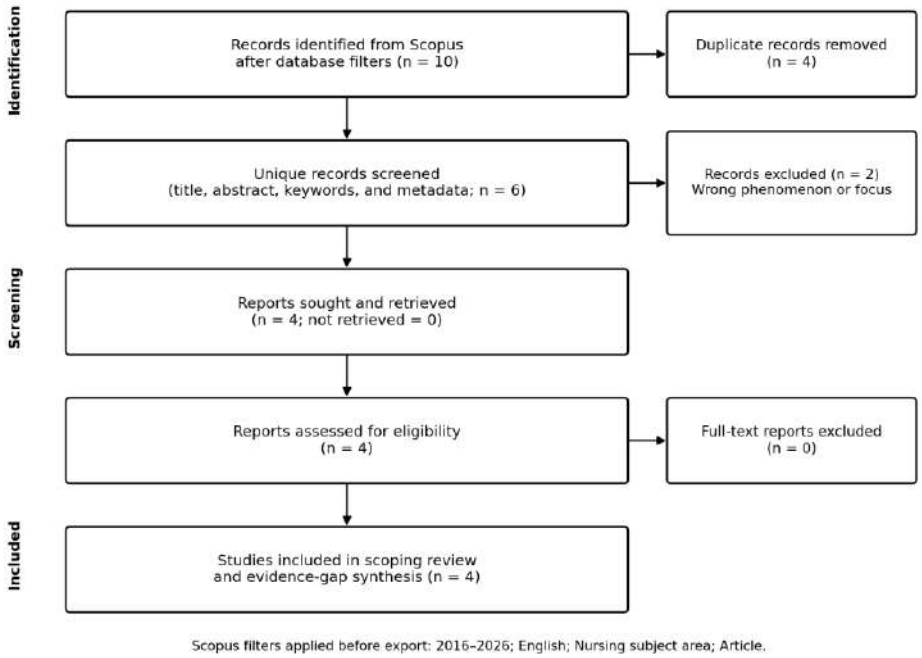

Figure 1. PRISMA-ScR flow diagram for identification, screening, eligibility assessment, and inclusion of the Scopus records

Table 2.

Unique Scopus records excluded after metadata and abstract screening

Record	Title	Reason for exclusion
Sharpnack (2022)	Overview and Summary: Nurses' Impact on Advocacy and Policy	The term nurse influencer referred to advocacy and policy leadership rather than a public-facing digital creator or influencer-marketing phenomenon.
Schaer et al. (2022)	The first line of prevention: A public health nursing advocacy video	The focal intervention was an advocacy video. Nurse influencers were dissemination channels, not the unit of analysis or exposure of interest.

4.1.1. Characteristics of included studies

The four included articles were published between 2021 and 2026. One article appeared in 2021 and three in 2026, indicating that the directly relevant Scopus-indexed literature is both small and recent. The studies were published in four different nursing journals. Two empirical qualitative studies were identified: one involved 19 nursing students in Turkey and the other involved four nurse digital content creators in Italy. The remaining records were a concept analysis from the United States and a narrative or professional commentary for which country information was not available in the Scopus export. The four included records had accumulated 10 Scopus citations in total; all 10 were attributed to the 2021 concept analysis at the export date.

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Table 3.

Characteristics and marketing interpretation of the four included Scopus records.

Study/context	Design/sample	Primary focus	Key extracted findings	Marketing-funnel interpretation
Gentry & Prince-Paul (2021); United States	Concept synthesis and analysis; no participant sample	Definition and attributes of the nurse influencer	Integrity, continuous learning, communication, self-efficacy, platform, intention, empowerment	Credibility capital and professional positioning; no consumer or conversion outcome
Saria (2026); country not reported in export	Narrative/professional commentary	Professional image, media engagement, advocacy, and strategic influence	Passive reliance on trust is insufficient; nurses should actively shape the profession's narrative	Professional brand stewardship and visibility; no measured audience or service outcome
Dağcan Şahin & Gürol Arslan (2026); Turkey	Descriptive qualitative study; 19 nursing students	Influence on professional attitudes, motivation, education, and societal perceptions	Relatability, inspiration, practical knowledge, ethical boundaries, privacy concerns, and content-reality mismatch	Attitudinal audience response in a student population; no consumer trust or service conversion
Zocco & Ferro (2026); Italy	Reflexive thematic analysis; 4 nurse digital content creators	Digital advocacy and negotiation of ethical/professional boundaries	Privacy, confidentiality, institutional silence, emotional labor, misinformation, reputational risk, and moral duty	Trust-protection and brand-risk governance; no measured conversion outcome

4.1.2. Joanna Briggs Institute critical appraisal

All four sources were retained because the purpose of appraisal was interpretive rather than exclusionary. Dağcan Şahin and Gürol Arslan (2026) satisfied nine of ten qualitative criteria; the philosophical perspective underpinning the descriptive qualitative methodology was not clearly stated. Zocco and Ferro (2026) satisfied seven of ten criteria; the main uncertainties concerned the stated philosophical perspective, cultural or theoretical location of the researchers, and the influence of the researchers on the inquiry. Both qualitative studies demonstrated congruity among their aims, data-

Advances in Human Resource Management Research
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Volume 4, Issue 3 (2026). 423-448
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collection methods, thematic analyses, representation of participant voices, ethical conduct, and conclusions.

Using the JBI Text and Opinion checklist as a closest-fit tool, Gentry and Prince-Paul (2021) and Saria (2026) met all five applicable criteria. For both sources, the item concerning a logically defended incongruence with existing literature was rated Not applicable because the papers did not primarily advance a position that contradicted an established body of evidence. The counts below are descriptive and should not be interpreted as JBI-defined low-, moderate-, or high-quality categories.

Table 4.

Summary of the Joanna Briggs Institute critical appraisal.

Study	JBI tool	Yes	Unclear	No	N/A	Overall appraisal / principal concern
Dağcan Şahin & Gürol Arslan (2026)	Qualitative (10 items)	9	1	0	0	Include; philosophical perspective not clearly stated
Zocco & Ferro (2026)	Qualitative (10 items)	7	3	0	0	Include; researcher positioning and researcher–inquiry influence unclear
Gentry & Prince-Paul (2021)	Text and opinion (6 items)	5	0	0	1	Include; closest-fit appraisal for concept analysis
Saria (2026)	Text and opinion (6 items)	5	0	0	1	Include; non-empirical professional commentary

4.1.3. Theme 1: Clinical credibility is treated as professional capital

The strongest nurse-specific conceptual foundation came from Gentry and Prince-Paul (2021). Their analysis positioned integrity, learning, communication, platform access, self-efficacy, and measurable intention as defining features of nurse influence. From a marketing perspective, these attributes represent upstream credibility capital, consistent with broader source credibility perspectives emphasizing expertise, trustworthiness, and perceived legitimacy (Gentry & Prince-Paul, 2021; Ohanian, 1990). They describe why an audience may regard a nurse as legitimate and worth attending to, but they do not establish whether audiences trust a commercial offer or adopt a service. This distinction is important because professional influence and professional credibility do not necessarily translate into consumer behavioral outcomes (Lou & Yuan, 2019; Sokolova & Kefi, 2020).

Saria (2026) extended the upstream argument from individual attributes to professional narrative control. The article argued that longstanding public trust should not be treated as self-sustaining and emphasized media engagement, advocacy, policy participation, and strategic influence (Saria, 2026). This perspective aligns with professional branding and reputation management, while also suggesting that nurse influence may operate through broader processes of professional identity and public image formation (Dağcan Şahin & Gürol Arslan, 2026; Gentry & Prince-Paul, 2021). However, no campaign exposure, audience response, or commercial outcome was empirically measured (Saria, 2026).

Advances in Human Resource Management Research
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Volume 4, Issue 3 (2026). 423-448
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DOI: https://doi.org/10.60079/ahrmr.v4i3.1027

4.1.4. Theme 2: Audience influence has been demonstrated mainly as professional attitude formation

Dağcan Şahin and Gürol Arslan (2026) provided the only included study that directly examined an audience response. Nursing students described nurse influencers as relatable figures who could shape motivation, career aspirations, professional attitudes, educational engagement, and perceptions of nursing. These findings are consistent with broader influencer research suggesting that perceived similarity, identification, and influencer characteristics can shape audience responses and behavioral tendencies (Ki & Kim, 2019; Sokolova & Kefi, 2020). The same participants also identified risks associated with ethical violations and content that did not correspond with clinical reality, reinforcing concerns regarding professional responsibility and the credibility of health-related digital communication (Gell et al., 2026; Zocco & Ferro, 2026). From a marketing perspective, the study supports an identification and attitudinal pathway, but its audience consisted of nursing students rather than prospective preventive-health consumers, and it did not measure trust, service consideration, or actual behavior (Dağcan Şahin & Gürol Arslan, 2026). This limits the extent to which its findings can be generalized to the downstream stages of the proposed credibility-to-conversion framework.

4.1.5. Theme 3: Digital ethics functions as credibility and brand-risk governance

Zocco and Ferro (2026) showed that nurse digital content creators viewed online communication as an extension of advocacy and care while navigating privacy, confidentiality, misinformation, reputational exposure, emotional labor, and limited institutional guidance. These findings are highly relevant to marketing because ethical conduct may protect perceived authenticity and trust, whereas privacy breaches, unsupported claims, or poorly managed commercial relationships may undermine both personal and professional credibility (Audrezet et al., 2020; Evans et al., 2017; Kim & Kim, 2021). In healthcare contexts, these concerns are particularly consequential because misinformation, inadequate oversight, and blurred boundaries between professional communication and commercial promotion may create risks beyond conventional influencer marketing (Gell et al., 2026; Krisam & Altendorfer, 2023). Nevertheless, the study focused on creator experiences and did not examine audience perceptions, consumer trust, service consideration, or marketing performance (Zocco & Ferro, 2026).

4.1.6. Marketing-funnel evidence gap

All four included articles addressed upstream elements of the proposed pathway, but none tested the complete credibility-to-conversion mechanism. One article defined credibility-related attributes, one emphasized professional image and strategic visibility, one examined professional and educational attitudes, and one focused on ethical boundary management (Dağcan Şahin & Gürol Arslan, 2026; Gentry & Prince-Paul, 2021; Saria, 2026; Zocco & Ferro, 2026). This pattern is consistent with the broader health influencer literature, which remains more focused on communication, exposure, engagement, and attitudinal outcomes than on verified behavioral outcomes (Kaňková et al., 2025; Powell & Pring, 2024). No study used validated measures of consumer trust, brand attitude, perceived service value, parasocial relationship, or purchase or booking intention. Likewise, no study reported click-throughs, leads, inquiries, willingness to pay, completed bookings, screening attendance, service enrollment, repeat use, referral, customer acquisition cost, or revenue. Consequently, the current evidence provides limited support for the downstream stages of the proposed framework and does not yet establish whether nurse influencer credibility translates into measurable preventive healthcare service demand.

Advances in Human Resource Management Research
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Volume 4, Issue 3 (2026). 423-448
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Table 5.

Coverage of marketing-funnel outcomes in the included Scopus literature.

Marketing-funnel stage	Studies with evidence	Evidence represented in the corpus
Clinical credibility/professional positioning	4/4	Conceptual attributes, professional trust, narrative control, ethical legitimacy
Visibility or public-facing influence	3/4	Media engagement, social-platform visibility, public advocacy or creator activity
Engagement or attitudinal response	1/4	Professional attitudes, motivation, education, and societal perceptions among nursing students
Consumer trust/authenticity/perceived value	0/4	No validated consumer-marketing outcome was reported
Service consideration/booking intention/willingness to pay	0/4	No intentional conversion outcome was reported
Actual service adoption/retention/referral/revenue	0/4	No verified behavioral or commercial outcome was reported

4.2. Discussion

4.2.1. Principal findings

This Scopus-based review identified a nurse influencer literature that remains concentrated on concept definition, professional identity, image stewardship, student influence, and digital ethics. Its central finding is not demonstrated commercial effectiveness but a systematic absence of downstream marketing evidence. The included studies explain who nurse influencers are, why they may command professional attention, how they affect nursing students' perceptions, and which ethical tensions creators experience. They do not establish that clinical credibility generates consumer trust, service consideration, or preventive health service adoption.

This pattern is narrower than the broader health-influencer literature. Reviews across health topics have identified effects on attitudes, behavioral intentions, and some health behaviors, although findings are mixed and methodological limitations remain common (Kaňková et al., 2025; Powell & Pring, 2024). The present results therefore reveal a profession-specific translation gap: health influencer research has begun to examine audience outcomes, but the nurse influencer corpus retrieved by the exact Scopus search remains predominantly concerned with professional meaning and creator conduct rather than consumer marketing response.

The temporal distribution reinforces the field's immaturity. Three of the four included articles were published in 2026, and the earliest directly relevant Scopus record was the 2021 concept analysis. The JBI appraisal supports cautious interpretation: the qualitative studies were broadly congruent and ethically reported, but reflexivity was incompletely documented; the concept analysis and professional commentary were logically supported but non-empirical. The proposed credibility-to-conversion pathway should therefore be treated as an evidence-informed research framework, not as an empirically confirmed causal model.

Advances in Human Resource Management Research
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4.2.2. From clinical credibility capital to marketing activation

The findings support a distinction between possessing credibility and activating it within a marketing process. Generic influencer research shows that expertise, trustworthiness, and message value can strengthen consumer trust in branded content, while credibility and parasocial interaction can influence purchase-related intentions (Lou & Yuan, 2019; Sokolova & Kefi, 2020). Persuasion may also operate through identification and consumers' desire to emulate an influencer (Ki & Kim, 2019). In the included nurse literature, however, integrity, communication skill, caring, learning, and professional legitimacy were described without validated measures of consumer trust, authenticity, service attitude, perceived value, or perceived risk (Dağcan Şahin & Gürol Arslan, 2026; Gentry & Prince-Paul, 2021; Saria, 2026).

Clinical credibility capital should therefore be conceptualized as an upstream resource rather than a marketing outcome. It may reduce initial uncertainty and make a nurse's content worthy of attention, but conversion requires marketing activation through relevant content, a clear service value proposition, congruence between the nurse's specialty and the promoted offering, an accessible call to action, a trustworthy service brand, and a low-friction customer journey (Berry & Bendapudi, 2007; Kim & Kim, 2021; Lou & Yuan, 2019). This distinction prevents professional reputation from being treated as a proxy for market demand.

The distinction also clarifies measurement. Follower counts, views, likes, comments, and professional admiration are top-of-funnel indicators, whereas trust, perceived value, and service consideration represent mid-funnel mechanisms. Booking, payment, attendance, screening uptake, enrollment, repeat use, referral, and revenue represent downstream behaviors or business outcomes. This staged interpretation is consistent with evidence that influencer communication can generate different levels of audience response without necessarily producing actual behavioral outcomes (Kaňková et al., 2025; Ki & Kim, 2019; Powell & Pring, 2024). Studies should therefore explicitly identify the funnel stage being measured and avoid describing exposure, engagement, or intention as completed conversion.

4.2.3. The preventive health service conversion gap

The absence of conversion measures is substantive rather than terminological. Broad reviews of health-related influencer communication report numerous attitudinal and intentional outcomes but call for stronger evidence based on experimental, longitudinal, and actual-behavior designs (Kaňková et al., 2025; Powell & Pring, 2024). The nurse-specific studies retrieved here did not reach even the intermediate consumer constructs normally used to explain conversion, with no study measuring trust using a validated marketing instrument, preventive-service consideration, booking intention, willingness to pay, or verified utilization (Dağcan Şahin & Gürol Arslan, 2026; Gentry & Prince-Paul, 2021; Saria, 2026; Zocco & Ferro, 2026).

This gap matters because preventive health services are not interchangeable with low-risk consumer products. Healthcare involves information asymmetry, emotional and clinical risk, and difficulty evaluating technical quality before or even after service use (Berry & Bendapudi, 2007). A nurse influencer may successfully educate an audience without persuading that audience to disclose health information, choose a provider, pay, or attend a service. Future research should therefore connect content exposure to traceable service events while distinguishing beneficial health-behavior influence

Advances in Human Resource Management Research
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Volume 4, Issue 3 (2026). 423-448
e-ISSN: 2985-7570
DOI: https://doi.org/10.60079/ahrmr.v4i3.1027

from commercial conversion. Both may be valuable, but they address different theoretical and managerial questions (Kaňková et al., 2024; Kaňková et al., 2025; Krisam & Altendorfer, 2023).

4.2.4. Ethical transparency as a boundary condition

The findings also position ethics as part of marketing effectiveness rather than as a separate compliance issue. Influencer authenticity can be threatened when commercial partnerships appear to displace intrinsic motives, making transparent and value-congruent practices important for managing this tension (Audrezet et al., 2020). Experimental marketing research shows that disclosure wording affects advertising recognition and consumer responses (Evans et al., 2017), while disclosure and influencer-offering congruence can influence whether audiences infer affective or calculative motives (Kim & Kim, 2021). These mechanisms are especially relevant to nurses because commercial messages are interpreted through a professional identity associated with care, accountability, and public protection (Gentry & Prince-Paul, 2021; Saria, 2026).

Health-specific evidence reinforces the stakes. Health expert content creators describe persistent challenges involving misinformation and overgeneralization (Kaňková et al., 2024), while a systematic scoping review of prescription-drug promotion identified inconsistent disclosures, limited oversight, and persuasive personal narratives that can obscure commercial intent (Gell et al., 2026). The included nurse ethics study similarly identified confidentiality, reputational exposure, misinformation, and boundary-management concerns (Zocco & Ferro, 2026). What remains unknown is how audiences respond when these factors are experimentally varied. Sponsorship disclosure, evidence citation, privacy safeguards, professional-specialty fit, and institutional affiliation should therefore be tested as potential moderators of the credibility-to-conversion pathway (Audrezet et al., 2020; Evans et al., 2017; Gell et al., 2026; Kim & Kim, 2021).

4.2.5. Implications for nurse entrepreneurship and preventive health marketing

For nurse entrepreneurs, professional credibility may provide differentiation, but it cannot substitute for evidence of market demand or service value (Berry & Bendapudi, 2007; Gentry & Prince-Paul, 2021). Preventive-health ventures using nurse creators should specify the target segment, the problem addressed, the service value proposition, the content-to-service pathway, the conversion event, and the relevant ethical safeguards. Campaign evaluation should link content exposure with qualified inquiries, appointment completion, screening uptake, program enrollment, repeat use, referral, and relevant health outcomes rather than relying solely on visibility or engagement metrics (Kaňková et al., 2025; Powell & Pring, 2024).

Educational content may operate as content marketing by demonstrating expertise and helping audiences discuss health topics before a direct service offer is made; collaborations with influencers have previously been used to stimulate dialogue around health issues (Lutkenhaus et al., 2019). Nevertheless, the professional-commercial transition should be explicit and auditable. Researchers and practitioners should predefine whether the intended outcome is awareness, health knowledge, behavior change, lead generation, service adoption, or retention, and should avoid using one outcome as evidence for another (Ki & Kim, 2019; Sokolova & Kefi, 2020). Institutional policies should support disclosure, evidence standards, privacy, creator well-being, and response plans for misinformation or reputational harm (Evans et al., 2017; Gell et al., 2026; Zocco & Ferro, 2026).

Advances in Human Resource Management Research
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4.2.6. Research agenda

Future research should move beyond documenting the presence and visibility of nurse influencers toward empirically testing the mechanisms through which professional credibility may generate consumer and healthcare outcomes. A first priority is the development and validation of a nurse influencer clinical-credibility scale that extends generic measures of expertise and trustworthiness by incorporating dimensions particularly relevant to nursing, including evidence-based communication, caring orientation, professional accountability, and legitimacy. Existing conceptual work on nurse influencers provides a foundation for identifying these professional attributes, while source credibility research provides established dimensions that can be adapted to the healthcare context (Gentry & Prince-Paul, 2021; Ohanian, 1990). Subsequent validation should establish whether clinical credibility represents a distinct construct and whether it predicts trust and behavioral responses beyond conventional influencer characteristics.

Second, experimental research should compare nurse influencers with other health-information sources, including physicians, lifestyle influencers, healthcare organizational accounts, and anonymous health information sources. Such comparisons would help determine whether professional nursing identity generates incremental credibility or behavioral influence beyond generic influencer characteristics. Experimental designs should further manipulate sponsorship disclosure, service-specialty fit, content type, evidence citation, follower tier, and call-to-action intensity to identify the conditions under which professional credibility is strengthened or weakened. This agenda is supported by evidence that influencer credibility, disclosure, and influencer-offering congruence can shape consumer responses (Audrezet et al., 2020; Evans et al., 2017; Kim & Kim, 2021; Lou & Yuan, 2019).

Third, future studies should examine the consumer-level mechanisms linking clinical credibility with healthcare-related decisions. In particular, authenticity, trust, perceived service quality, perceived value, perceived risk, and parasocial relationships should be tested as potential mediators rather than treating credibility as a direct predictor of service adoption. Existing influencer research indicates that credibility, message value, and parasocial interaction can influence trust and behavioral intentions, but these mechanisms remain insufficiently examined in the nurse influencer context (Lou & Yuan, 2019; Sokolova & Kefi, 2020). Establishing these mechanisms would help determine whether nurse influencer effectiveness follows established influencer-marketing pathways or reflects distinctive healthcare-specific processes.

Fourth, research should prioritize verified behavioral outcomes rather than relying predominantly on exposure, engagement, or attitudinal indicators. Future studies should examine measurable outcomes such as click-throughs, qualified inquiries, completed bookings, payment, attendance, screening uptake, program enrollment, retention, and referral. Longitudinal and field-based designs would be particularly valuable because they can connect digital exposure with subsequent service events and distinguish behavioral intention from actual utilization (Kaňková et al., 2025; Powell & Pring, 2024). Where appropriate, these behavioral outcomes should also be linked to preventive-health and nurse-sensitive outcomes so that marketing effectiveness is evaluated alongside clinical and public-health value rather than treating commercial and healthcare outcomes as separate domains (Berry & Bendapudi, 2007).

Fifth, future research should examine equity and contextual heterogeneity in nurse influencer effects. Differences in health literacy, digital literacy, income, geography, age, and cultural context may influence how audiences interpret professional credibility, access digital health information, and translate online engagement into healthcare utilization. Health influencer research has already highlighted substantial variation across contexts and audiences, suggesting that effects should not be assumed to be uniform across populations (Kaňková et al., 2025; Powell & Pring, 2024). Examining these boundary conditions would help determine whether nurse influencer marketing can support equitable

Advances in Human Resource Management Research
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preventive healthcare communication or inadvertently reproduce existing disparities. Finally, sustainable nurse influencer entrepreneurship requires greater attention to creator well-being, ethical governance, and institutional support. Existing research identifies privacy, confidentiality, misinformation, reputational exposure, emotional labor, and limited institutional guidance as important challenges for nurse digital content creators (Zocco & Ferro, 2026). At the same time, commercialization, sponsorship disclosure, and perceived conflicts between professional and commercial motives can affect authenticity and audience responses (Audrezet et al., 2020; Evans et al., 2017; Gell et al., 2026). Future studies should therefore examine creator well-being, professional boundaries, disclosure requirements, evidence standards, privacy safeguards, and institutional policies as potential boundary conditions of sustainable nurse influencer entrepreneurship. Collectively, these research priorities would move the field from conceptual discussions of professional influence toward validated constructs, causal mechanisms, observable service outcomes, equity considerations, and ethically sustainable models of nurse influencer marketing.

4.2.7. Strengths and limitations

A strength of this review is its explicit marketing lens. The analysis separated professional credibility, visibility, audience response, intentional conversion, verified behavior, and commercial outcomes rather than treating all forms of digital influence as equivalent. Reporting followed PRISMA-ScR, the database limits were stated explicitly, the selection pathway and reasons for exclusion were documented, and design-matched JBI appraisal was used to contextualize the evidence.

Several limitations are important. First, the result set came from Scopus only; records indexed exclusively in other databases, conference proceedings, dissertations, or grey literature may have been missed. Second, the exact search string combined OR and AND without explicit grouping parentheses and the CSV exports did not encode the selected Scopus field, filters, or search-history identifier. The review therefore reports the supplied syntax verbatim and does not assume a broader or differently grouped search. Third, the small number of included studies precluded stable co-authorship, co-citation, bibliographic-coupling, or keyword-network analyses. Fourth, the JBI appraisal was completed by one reviewer for this draft and relied partly on publisher reports or previews where complete article text was not available; item-level ratings should therefore be verified against full texts by a second independent reviewer before submission. Finally, the review identifies an absence of reported conversion measures within this dataset, not proof that no such evidence exists outside the executed Scopus search.

5. Concluding Remarks and Recommendation

The Scopus-indexed literature establishes nurse influencers as a professionally credible, increasingly visible, and ethically complex phenomenon, but it does not yet provide sufficient empirical evidence to establish nurse influencer marketing effectiveness. Existing evidence remains concentrated on professional credibility, identity and image, audience attitudes, advocacy, and digital ethics, with limited attention to the downstream behavioral and service outcomes that characterize marketing effectiveness. In particular, no included study empirically examined the pathway from clinical credibility and consumer trust to preventive healthcare service consideration, booking, adoption, retention, or economic outcomes. This evidence pattern indicates that the field currently provides stronger support for the upstream communication stages of the proposed credibility-to-conversion framework than for its downstream conversion stages.

Volume 4, Issue 3 (2026). 423-448
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This review contributes to the emerging literature in three ways. Theoretically, it connects nurse professional identity and clinical credibility with established perspectives from source credibility, influencer marketing, healthcare consumer behavior, and service marketing, positioning clinical credibility as an upstream resource rather than an assumed predictor of conversion. Analytically, it introduces an integrative credibility-to-conversion lens that distinguishes visibility and engagement from trust, behavioral intention, service adoption, and retention, thereby identifying where empirical evidence is concentrated and where critical links remain untested. Practically, it clarifies the metrics and conditions required to evaluate nurse influencer initiatives responsibly, emphasizing transparent commercialization, professional-specialty congruence, evidence quality, ethical safeguards, and verified service outcomes rather than relying on reach or engagement alone. Accordingly, the highest-value next step is not another descriptive account of nurses' social media use, but theory-driven research that tests how clinical credibility is activated through transparent marketing mechanisms and translated into measurable consumer and preventive-health outcomes.

Statement of Use of Generative AI

During the preparation of this work, the author used generative artificial intelligence tools to support the scientific writing process. Grammarly was used to check grammar, refine writing style, and improve clarity in scientific writing. All interpretations, analyses, and conclusions presented in this study are the sole responsibility of the author.

Declarations

Author contributions:

GFK Conceptualization, Methodology, Writing – original draft, Data curation **DW:** Data curation, Formal analysis, Visualization, Supervision, Funding acquisition, Writing – review and editing

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Ethics approval: Not required because the study analyzed bibliographic records and published abstracts.

Data availability: The two Scopus CSV exports used in this analysis should be archived with the final screening and charting file where database licensing permits. The exact keyword search and the applied Scopus filters—2016–2026, English, Nursing subject area, and Article document type—are reproduced in Appendix A. The PRISMA-ScR reporting matrix is provided in Appendix.

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Volume 4, Issue 3 (2026). 423-448
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Appendix A. Scopus dataset and search reproducibility note

Dataset 1: scopus_export_Jul 16-2026_cbbaf2cd-9480-4dae-8336-51c08e62702c.csv; 6 rows and 35 fields.

Dataset 2: scopus_export_Jul 16-2026_df869e89-13e7-4b3f-b478-8a81b423a754.csv; 4 rows and 33 fields.

Merge result: 10 exported rows, 4 duplicate rows, and 6 unique Scopus EIDs.

Exact Scopus search string used on 16 July 2026:

```
"nurse influencer*" OR
"nurse content creator*" OR
"health professional influencer*"
AND
trust OR engagement OR "brand attitude" OR
"purchase intention" OR "booking intention" OR
"willingness to pay" OR conversion OR
"service adoption" OR loyalty
```

Applied Scopus filters: 2016–2026; English language; Nursing subject area; Article document type.

Reproducibility note: The keyword query is shown verbatim. Before export, the review team applied the following Scopus filters: publication years 2016–2026; language English; subject area Nursing; and document type Article. An equivalent advanced-search filter representation is PUBYEAR > 2015 AND PUBYEAR < 2027, LIMIT-TO(LANGUAGE, "English"), LIMIT-TO(SUBJAREA, "NURS"), and LIMIT-TO(DOCTYPE, "ar"). The search was run on July 2026, so the 2026 interval was necessarily partial. The query still combines OR and AND without explicit parentheses; this limitation is retained transparently because rewriting the executed query would break the audit trail to the exported records.

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Appendix B. Joanna Briggs Institute critical appraisal matrices

Ratings: Y = Yes; N = No; U = Unclear; N/A = Not applicable. JBI does not prescribe a universal numerical cutoff for inclusion; the counts in the main text are descriptive. Ratings should be verified independently against complete full texts before submission.

Table B1. JBI qualitative research appraisal.

JBI qualitative criterion	Dağcan Şahin & Gürol Arslan (2026)	Zocco & Ferro (2026)
1. Congruity: philosophical perspective and methodology	U	U
2. Congruity: methodology and research question/objectives	Y	Y
3. Congruity: methodology and data-collection methods	Y	Y
4. Congruity: methodology and representation/analysis of data	Y	Y
5. Congruity: methodology and interpretation of results	Y	Y
6. Researcher located culturally or theoretically	Y	U
7. Influence of researcher on research, and vice versa, addressed	Y	U
8. Participants and their voices adequately represented	Y	Y
9. Ethical approval/current ethical criteria demonstrated	Y	Y
10. Conclusions flow from analysis or interpretation	Y	Y
Overall appraisal	Include (9 Y; 1 U)	Include (7 Y; 3 U)

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Table B2. JBI text and opinion appraisal.

JBI text/opinion criterion	Gentry & Prince-Paul (2021)	Saria (2026)
1. Source of opinion clearly identified	Y	Y
2. Source has standing in the field of expertise	Y	Y
3. Interests of the relevant population are central	Y	Y
4. Position results from an analytical process and is logical	Y	Y
5. Reference is made to the extant literature	Y	Y
6. Incongruence with literature/sources is logically defended	N/A	N/A
Overall appraisal	Include (5/5 applicable)	Include (5/5 applicable)

Appraisal note: The Text and Opinion checklist was used as the closest-fit JBI tool for the concept analysis and professional commentary. It does not convert these sources into empirical evidence; their contribution remains conceptual and interpretive.

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Appendix C. PRISMA-ScR reporting checklist

This author-completed matrix maps the PRISMA-ScR reporting items to the current manuscript. Item descriptions are abbreviated; the authoritative checklist is provided by Tricco et al. (2018).

Item	Abbreviated PRISMA-ScR requirement	Location in manuscript
1	Title identifies the report as a scoping review	Title
2	Structured summary	Abstract
3	Rationale	Introduction, Sections 1 and 1.1
4	Objectives and review questions	Section 1.2
5	Protocol and registration	No protocol registration; stated in Methods/limitations
6	Eligibility criteria	Section 2.4 and Table 1
7	Information sources	Section 2.2 and Appendix A
8	Full electronic search strategy	Section 2.2 and Appendix A
9	Selection of evidence sources	Sections 2.3–2.4 and Figure 1
10	Data-charting process	Section 2.5
11	Data items	Section 2.5
12	Critical appraisal of individual sources (optional)	Section 2.6, Section 3.3, Table 4, Appendix B
13	Synthesis of results	Section 2.7
14	Selection of evidence sources	Section 3.1, Figure 1, Table 2
15	Characteristics of evidence sources	Section 3.2 and Table 3
16	Critical appraisal within sources (optional)	Section 3.3, Table 4, Appendix B
17	Results for individual evidence sources	Table 3 and Sections 3.4–3.6
18	Synthesis of results	Sections 3.4–3.7 and Table 5
19	Summary of evidence	Sections 4.1–4.5
20	Limitations	Section 4.7
21	Conclusions and implications	Section 5 and Section 4.6
22	Funding	Declarations