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Professional, academic and researcher identities in nursing: A theory synthesis of shared foundations and analytical distinctions☆

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ABSTRACT

Background: Nursing literature sometimes conflates or inconsistently defines three identities: professional nurse, academic, and researcher. Professional nurse identity is well theorised, yet academic and researcher identities remain less clearly conceptualised. Limited comparative theoretical attention leaves their shared foundations and differences insufficiently explained, with implications for educator workforce sustainability.
Aim: To clarify how these identities are used in the literature, examine whether they can be analytically differentiated, and consider what clearer definitions mean for educator workforce sustainability.
Methods: Theory synthesis (Walker and Avant, 2011), informed by Wenger's (1998) social theory of learning. We analysed twenty-four sources on professional nurse ($n = 5$), academic ($n = 10$), and researcher identity ($n = 9$), synthesising each domain separately before comparing convergence and divergence.
Results: The synthesis yielded the Identity Architecture Framework (IAF), comprising three constructs. Structural Formation Capacity describes conditions for identity development as well established for professional nurse identity, variable for academic identity, and constrained for researcher identity. Anchor and Divergence positions nursing selfhood, formed through professional education, as the shared foundation in relation to which academic and researcher identities may develop within different communities. Identity Coherence Structure describes how selfhood is organised in each domain. Professional nurse identity tends towards consolidation. Academic identity involves continuing negotiation between nursing and university communities (communal duality). Researcher identity involves negotiation between nursing's ethical commitments and the demands of knowledge production, alongside potential discrepancies between perceived contribution and external recognition (epistemological duality). Researcher identity was often subsumed within other domains.
Conclusions: These identities are analytically distinct but not separate. Academic and researcher identities do not replace professional nursing selfhood but develop in continuing relation to it. The IAF offers a conceptual foundation for examining how identity formation, belonging, and recognition may inform educator and researcher development and workforce sustainability.

1. Introduction

Identity is central to how nurses understand themselves in relation to patients, colleagues, and the wider profession (Cornett et al., 2023; Joseph et al., 2023). Professional nurse identity goes beyond competence to reflect the values and commitments that shape nursing practice (Hoeve et al., 2014; Rasmussen et al., 2018). It has received sustained scholarly attention, with ongoing efforts to define, theorise, and measure it (Howle et al., 2025; Landis et al., 2024). Yet reviews still report varied conceptualisation and limited empirical application of established frameworks (Cornett et al., 2023; Geoghan Marold et al., 2025).

Some nurses go on to become academics, researchers, or both. Building on a nursing selfhood formed through professional education, they may develop additional identities (Barrow and Xu, 2021; McIntosh,

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2023). These identities are less theorised than professional nurse identity, and their boundaries are unclear (Cornett et al., 2023). They are often examined through role transitions and related constructs rather than defined in their own right, and the terms are frequently conflated, used interchangeably, or defined in different ways (Andrew et al., 2009; Smith and Boyd, 2012; Tinkler et al., 2018). Yet teaching or doing research does not automatically mean someone identifies as an academic or researcher (Clegg, 2008; Castelló et al., 2021) and holding multiple identities does not make them the same.

This uncertainty matters for nurse educator workforce development (Geoghan Marold et al., 2025; Grant et al., 2022). The academic nursing workforce faces recruitment, retention, and sustainability challenges (Aldhafeeri and Alanazi, 2024; Tower et al., 2024), and nurses moving into academia often report identity uncertainty and role tensions (Barken and Robstad, 2024; Brower et al., 2022). Identity development may therefore be an underexplored dimension of workforce sustainability.

Despite growing interest in professional, academic, and researcher identities, to the best of our knowledge, no comparative theoretical analysis has explored these domains collectively. Their shared foundations, points of divergence, and interrelationships therefore remain insufficiently articulated, and no integrative framework has yet been proposed to bring them together within a single conceptual framework. Addressing this requires an approach that can bring partial and fragmented concepts into dialogue across literatures (Hupcey and Penrod, 2005; Walker and Avant, 2011). Focusing on nurses who become academics or researchers, this paper aims to clarify how professional nurse, academic, and researcher identities are used in nursing scholarship, where they are conflated or used interchangeably, and whether they can be differentiated. It uses theory synthesis to do so and considers what clearer definitions mean for nursing education and educator workforce sustainability.

2. Methods

2.1. Design

This study used theory synthesis (Walker and Avant, 2011) to examine how professional, academic, and researcher identities in nursing are conceptualised and used. The process involved identifying relevant concepts across literatures, comparing convergent and divergent conceptualisations, and integrating them into a provisional theoretical framework.

2.2. Literature identification

Three targeted searches, one per identity domain, were run in CINAHL, PubMed, Scopus, and ProQuest, chosen for their coverage of nursing, health professions, psychology, and higher education. No date or language restrictions were applied, allowing foundational and contemporary conceptual contributions to inform the synthesis. The targeted searches provided a structured pool of potentially relevant sources, from which conceptually informative literature was selected and analysed iteratively. Further details of the search, selection, and synthesis procedures are provided in Supplementary File A.

2.3. Source selection

Records were screened for substantive engagement with identity as a psychological or social construct, rather than as a descriptive label or outcome variable. Selection was structured and interpretive, consistent with theory synthesis.

Criteria differed by domain to reflect conceptual development. For professional nurse identity, selection prioritised sources examining the construct's definition or conceptual structure; five of 592 records were retained. For academic and researcher identities, selection was broader because nursing-specific conceptual literature was limited. Of 681 records identified for both, ten informed the academic synthesis and nine the researcher synthesis.

Relevant higher education and sociology of science literature was included where necessary and kept distinct from nursing-specific evidence. The aim was sufficient conceptual material for synthesis and comparison, not exhaustive coverage or estimation of the distribution of evidence.

2.4. Analysis

Analysis had two phases: within-domain synthesis, then cross-domain comparison. Wenger's (1998) social theory of learning and Lave and Wenger's (1991) legitimate peripheral participation informed the analysis of community, participation, and legitimacy.

In phase one, an iterative analytic matrix examined how identity was defined or implicitly constructed in each domain. Each source was read across four dimensions: Identity Construction (how identity is conceptualised), Formation Conditions (conditions, relationships, and structures shaping development), Normative Commitments (values, legitimacy criteria, and expectations organising legitimate participation), and Key Contribution (the source's distinctive contribution). Entries were compared within each domain for convergence, divergence, and conceptual tension, including how legitimacy and recognition were understood. A synthesised definition was then developed for each domain.

In phase two, the three syntheses were compared using Walker and Avant's (2011) convergent–divergent procedure across five dimensions: community of practice, primary formation mechanism, sources of legitimacy and recognition, dominant norms and values, and primary identity outcome. This examined similarities, differences, and relationships, and tested whether the identities could be differentiated or were better understood as variations of a single construct. Integrating these patterns supported higher-order constructs across the three domains.

Theory synthesis involves conceptual judgement, so the resulting framework is one defensible interpretation of the evidence, not the only one. The full procedure is in Supplementary File A.

3. Findings

3.1. Characteristics of included sources

The synthesis included 24 sources across three identity domains: professional nurse identity ($n = 5$), academic identity ($n = 10$), and researcher identity ($n = 9$). The sources comprised qualitative studies, concept analyses, scoping and evidence syntheses, mixed-methods studies, and other scholarly contributions. They covered nursing practice, higher education, and clinical research settings across different national contexts. Table 1 presents the characteristics of the included sources, including their context, study design, and identity focus.

3.2. Conceptual landscape

The literatures presented in Table 1 illuminate the landscape of identity literature. Within nursing scholarship, professional identity has been examined through psychological, relational, and developmental perspectives (Godfrey and Young, 2021; Halverson et al., 2022; Johnson et al., 2012). Concept analyses have also examined its attributes, definitions, and formation (Fitzgerald, 2020; Halverson et al., 2022). A scoping review of professional identity research across 17 health professions identified 160 studies, with nursing accounting for the largest proportion ($n = 59$), followed by medicine ($n = 38$) (Cornett et al., 2023). These contributions demonstrate sustained scholarly attention and a comparatively developed conceptual foundation for professional nurse identity. Yet the conceptualisation of professional nurse identity

Table 1
Characteristics of Included Sources by Identity Domain.

Identity Domain	Author(s) & Year	Country / Context	Source Type	Identity Focus
Professional nurse identity	Cornett et al. (2023)	Cross-professional (17 health professions, including nursing)	Scoping review (n = 160 studies)	Definitional and measurement landscape of professional nursing identity
Professional nurse identity	Fitzgerald (2020)	International health professions literature (nursing, medicine, social work, OT, pharmacy, allied health)	Concept analysis (Walker and Avant)	Conceptual clarification of professional nursing identity across health professions
Professional nurse identity	Godfrey and Young (2021)	United States nursing context (ISPIN initiative)	Book chapter (3rd ed.)	Relational professional nursing identity
Professional nurse identity	Halverson et al. (2022)	Nursing education (Canada and Western HE)	Concept analysis (Walker and Avant)	Professional nursing identity formation across educational and career transitions
Professional nurse identity	Johnson et al. (2012)	International nursing contexts	Peer-reviewed article	Professional nursing identity as internalised self-concept
Academic identity	Aguayo-González and Weise (2022)	Spain (three universities in Barcelona)	Qualitative multiple-case study (narrative diaries and interviews, n = 3 academic nurses)	Construction of academic nurses' identities using dialogical self theory; I-positions deployed during professional transitions
Academic identity	Amsberry (2026)	United States (BSN programme nurse educators, nine programmes, seven states)	Grounded theory (semi-structured interviews, n = 13)	Professional identity formation of nurse educators teaching in BSN programmes
Academic identity	Andrew et al. (2009)	Scotland and UK; international online community (iCoP pilot)	Community of practice development project with analytic commentary	Developing professional identity in nursing academics through communities of practice
Academic identity	Barken and Robstad (2024)	Norway (University of Agder, nursing academics novice to senior)	Qualitative study (focus group interviews, n = 17)	Career-long academic identity formation across the full academic trajectory
Academic identity	Barrow and Xu (2021)	New Zealand (two university nursing schools)	Qualitative study (semi-structured interviews, n = 15)	How nurse academics understand and reconstruct academic identity across the career trajectory
Academic identity	Barrow and Xu (2023)	New Zealand (research-intensive university, four participants drawn from a larger study of 14)	Qualitative study (semi-structured interviews, n = 4, spatial theoretical framework)	Academic identity formation through the theoretical lens of space
Academic identity	Boyd and Lawley (2009)	UK (one higher education institution, nursing department)	Qualitative study (semi-structured interviews, n = 9 new lecturers, n = 3 line managers, documentary analysis)	Workplace learning and identity formation of newly appointed nurse lecturers as newcomers in higher education
Academic identity	Findlow (2012)	UK (pre-1992 university, nurse lecturers across multiple cohorts and annual intakes)	Critical ethnography (pedagogic group discussions, individual conversations, written reflective commentaries)	Professional-academic identity in newly academic disciplines under rival knowledge regimes
Academic identity	Lopes et al. (2014)	Portugal (Polytechnic Institutes, nurse and teacher educators compared)	Qualitative study (biographical narratives, n = 28; comparative design: 14 nurse educators and 14 teacher educators)	Academic identity formation and research-teaching nexus in professional higher education
Academic identity	Smith and Boyd (2012)	UK (nationwide survey of health professions lecturers, first five years of appointment)	Mixed-methods survey	Workplace learning and identity reconstruction of recently appointed lecturers in nursing, midwifery, and allied health
Researcher identity	Grant et al. (2022)	Nursing and midwifery academics in tertiary education; scoping review of 14 studies across seven countries	Scoping review	Research capacity development among nursing and midwifery academics, including identity transformation towards researcher/scholar orientations
Researcher identity	Hernon et al. (2020)	Cross-national synthesis (UK, USA, Australia, New Zealand, Sweden; 19 studies, 232 nurses)	Qualitative evidence synthesis (Thomas and Harden approach, ENTREQ reporting)	Clinical research nurses' role expectations versus realities; identity as one of three analytical themes
Researcher identity	Hill et al. (2022)	UK, Scotland (large teaching hospitals)	Qualitative study (interpretive phenomenological analysis, n = 10)	Duality of practice in clinical research nursing
Researcher identity	Jones et al. (2022)	USA and international (internet-based survey via IACRN, n = 90 respondents including 40 providing free-text responses)	Mixed-methods study (online survey with qualitative content analysis)	Clinical research nurses' experiences, educational preparation, and career pathways in clinical trials
Researcher identity	Kunhunny and Salmon (2017)	UK (one NHS Foundation Trust, multiple specialties)	Qualitative study (semi-structured interviews, n = 11, thematic analysis)	Professional role identity of clinical research nurses
Researcher identity	McCabe et al. (2019)	USA and Canada (IACRN conference, clinical research nursing)	Qualitative descriptive study (focus groups, n = 18, two groups)	Clinical research nurses' self-perceptions about the value of their role
Researcher identity	McIntosh (2023)	Scotland (personal scholarly narrative by a nurse researcher at University of Stirling)	Personal scholarly narrative (reflexive first-person account, IPA-informed)	Nurse researcher identity and reflexivity in interpretive phenomenological analysis
Researcher identity	McNiven et al. (2021)	UK, NHS (semi-structured interviews, n = 45 nurses, midwives, and allied health professionals)	Qualitative study (semi-structured interviews, thematic analysis)	Boundary spanning and identity work in the clinical research delivery workforce
Researcher identity	Tinkler et al. (2018)	UK (one NHS Foundation Trust, North East England)	Qualitative study (focus group interviews, n = 19 across four groups)	Professional identity and self-concept of clinical research nurses, with emphasis on participant recruitment

remains plural in how its constitution and formation are understood.

As attention shifts from professional nurse identity to academic identity, the literature takes a different direction. Boyd and Lawley (2009) examined the workplace learning of newly appointed nurse lecturers, while Barrow and Xu (2021) explored how nurse academics understand and reconstruct their academic identity across the career. Barken and Robstad (2024) similarly examined academic identity development across career stages. Other studies approached academic identity through community participation (Andrew et al., 2009), professional transitions and multiple self-positions (Aguayo-González and Weise, 2022), and institutional conditions shaping academic belonging (Barrow and Xu, 2023; Findlow, 2012). Together, these accounts provide substantial insight into how nurses become and understand themselves as academics. Their emphasis on development and

reconstruction, however, leaves the conceptual boundaries of academic identity less consistently defined, a need also recognised by Andrew et al. (2009).

Within the researcher identity literature examined, Hernon et al. (2020) explored clinical research nurses' role expectations and experiences, with identity emerging as one analytical theme. Tinkler et al. (2018) examined professional identity in clinical research nursing, while McNiven et al. (2021) investigated boundary spanning and identity work across clinical and research settings. In higher education, Grant et al. (2022) examined research-capacity development, including researcher-oriented identity formation, whereas McIntosh (2023) explicitly explored nurse researcher identity through reflexive scholarly inquiry.

Educational preparation was inconsistently reported across these heterogeneous sources. Although Jones et al. (2022), McNiven et al. (2021), and Grant et al. (2022) discussed research qualifications or educational pathways, qualification levels could not be systematically compared. This limits understanding of how educational preparation may contribute to researcher identity formation.

Across these accounts, identity-related experiences are evident, but researcher identity is less consistently examined as a distinct construct. Rather, it is frequently encountered through professional identity, research-role experiences, academic development, and research-capacity scholarship. This pattern suggests that researcher identity may be conceptually present within these literatures without being consistently named or theorised as a distinct domain.

The three literatures therefore differ not simply in the extent of scholarly attention but in how identity is conceptualised and examined. Academic identity is more commonly examined through experiences of becoming and belonging within higher education, while researcher identity is often encountered through adjacent professional, academic, and research-role perspectives. Two levels recur across these accounts: formation, the conditions, communities, and participation that support identity development, and selfhood, the sense of oneself or self-understanding that results. Accounts often move between the two without marking the shift, which may help explain why the terms appear conflated or used interchangeably. These differences provide the basis for examining convergence, divergence, and conceptual tensions within each identity domain.

3.3. Professional nurse identity

The five sources informing this synthesis approach professional nurse identity from different theoretical positions. Johnson et al. (2012) place it within psychological self-concept, distinguishing how individuals understand themselves as nurses from the roles they occupy. Godfrey and Young (2021) foreground the internalisation of nursing's values, norms, and meanings through professional relationships and participation. Halverson et al. (2022) attend to lived experience, authenticity, and identity reconstruction, while Fitzgerald (2020) examines professional attributes and formation conditions. Cornett et al. (2023) show variation in definitions and measurement approaches. Despite these differences, the sources agree that professional nurse identity is more than competence, role occupancy, or observable performance. Table 2 summarises convergence, divergence, and conceptual tensions across the three identity domains; the source-level matrix is in Supplementary File B (Table B1).

The synthesis identifies six recurring elements: internal self-concept, integration of personal biography, participation in professional and interprofessional communities, internalisation of disciplinary values and meanings, orientation towards nursing's social mandate, and sense-making of professional experience over time. These place identity in how nurses understand themselves, an understanding that develops through relationships, professional participation, and nursing's normative commitments. Professional nurse identity is therefore neither purely psychological nor reducible to social membership; it forms in the relationship between personal self-understanding and participation in a recognised professional community.

Table 2
Within-Domain Synthesis of Convergence, Divergence, and Conceptual Tensions.

Identity domain	Convergence	Divergence	Conceptual tensions
Professional nurse identity	Developing, internally held and relationally constituted professional nursing selfhood, shaped by biography, professional participation, nursing values and meanings	Psychological self-concept, attribute-based, relational-normative and developmental approaches; differing emphasis on institutional and experiential formation	Identity versus competence and role performance; consolidation versus disruption and reconstruction; institutional structures versus relational participation
Academic identity	Developing academic selfhood through participation in higher education, continuing negotiation with professional nursing selfhood, and pursuit of scholarly legitimacy	Community participation, workplace learning, institutional positioning, biographical reconstruction and identity-marking events as formation mechanisms	Teaching-facing versus research-facing orientations; institutional support versus contested legitimacy; integration versus continuing negotiation of nursing and academic identities
Researcher identity	Developing sense of oneself as a legitimate contributor to research and knowledge; engagement in research communities; continuing nursing commitments	Clinical research and higher education contexts; different emphases on participation, reflexivity, research capacity and recognition	Complementarity versus conflict between nursing and research orientations; internal contribution versus external recognition; developmental versus structural conditions shaping identity

Note. The table presents synthesis-derived patterns across the 24 included sources. Convergence denotes recurring conceptual elements; divergence denotes differences in conceptual emphasis or accounts of formation; conceptual tensions denote relationships that remain contingent or contested. Detailed source-level analyses are provided in Supplementary File B for professional nurse identity and Supplementary File C (Tables C1 and C2) for academic and researcher identities.

Although professional nurse identity is comparatively well developed conceptually, three tensions remain. First, accounts differ on how competence relates to identity: some include knowledge and skills within identity, while others separate professional self-understanding from role performance (Fitzgerald, 2020; Johnson et al., 2012). Competence may contribute to identity formation without being identity itself (Cornett et al., 2023). Second, accounts differ on whether identity consolidates progressively or is disrupted and reconstructed. These views need not conflict: identity may consolidate while remaining responsive to experiences that challenge self-understanding (Halverson et al., 2022). Third, explanations differ on the weight given to formal institutional structures versus relational formation. Fitzgerald (2020) foregrounds professional education, regulatory credentialling, and institutional arrangements, whereas Godfrey and Young (2021) emphasise professional relationships and the internalisation of disciplinary values and meanings. These are contrasting emphases within a developing field, not mutually exclusive explanations.

On this basis, a synthesis-derived definition is presented below:

Professional nurse identity is a developing, internally held and relationally constituted sense of oneself as a legitimate nurse, formed through the integration of personal biography with sustained participation in professional

and interprofessional communities, grounded in the values, norms, meanings, and social mandate of the discipline, and expressed through how the individual interprets and makes sense of their professional experience over time.

Role occupancy, performance, and competence are treated as distinct from the identity construct itself and may constitute contexts or expressions through which identity is enacted. For empirical examination, the construct is operationalised across cognitive, affective, and normative dimensions:

Professional nurse identity is a developing, internally held and relationally constituted orientation—cognitive, affective, and normative—through which individuals understand themselves as legitimate members of the nursing profession, evidenced through self-reported belonging, integration of personal and professional biography, internalisation of nursing values, perceived professional legitimacy, nursing-grounded sense-making of professional experience, and orientation towards the social mandate of nursing across time.

The full within-domain analysis of professional nurse identity, including source-level synthesis, together with the mapping of operational indicators to empirical referents, is provided in Supplementary File B (Table B2).

The synthesis thus identifies professional nurse identity as a developing sense of self, supported by comparatively established professional structures and normative commitments, without assuming that its formation is uniform or complete. This formed sense of oneself as a nurse is termed nursing selfhood. Among individuals who qualify through professional education, it is expressed as professional nurse identity and, for those who take up academic or research roles, continues as the base from which further identities develop. This provides a foundation for examining academic identity, where nurses enter another institutional community while continuing to understand themselves in relation to the nursing profession.

3.4. Academic identity

Academic identity among nurse academics develops in continuing relation to, rather than as a replacement for, professional nurse identity. It emerges through participation in higher education communities and engagement with institutional expectations, and it may continue to evolve throughout the academic career rather than being settled at entry (Barken and Robstad, 2024; Barrow and Xu, 2021; Smith and Boyd, 2012). Synthesis of ten sources identified four convergent patterns.

First, clinical experience, disciplinary knowledge, professional values, and nursing credibility remain important as nurses establish themselves within universities, and this professional foundation may itself be reconstructed through academic participation (Barken and Robstad, 2024; Barrow and Xu, 2021; Boyd and Lawley, 2009; Smith and Boyd, 2012). Second, workplace learning, collegial engagement, and involvement in academic communities support belonging and academic self-understanding (Andrew et al., 2009; Boyd and Lawley, 2009), while access to recognised academic spaces shapes how nurses position themselves within universities (Barrow and Xu, 2023). Becoming an academic therefore entails developing a sense of oneself as a legitimate participant in academic life, not merely occupying a university post.

Third, academic legitimacy is shaped by institutional expectations and recognition. Doctoral study, research engagement, and publication provide opportunities through which academic identity may develop, although access to these opportunities is unevenly distributed (Barrow and Xu, 2021, 2023; Findlow, 2012). Institutions thus influence identity through participation, recognition, and scholarly positioning rather than through employment requirements alone. Fourth, negotiating teaching-facing and research-facing orientations is a recurring feature of academic self-understanding, though its salience varies across institutions and career stages (Aguayo-González and Weise, 2022; Lopes et al., 2014; Smith and Boyd, 2012). These orientations are not equivalent to academic identity; they represent differing expectations and forms of participation through which it is negotiated.

Three conceptual tensions qualify these patterns. The first concerns developmental processes: studies variously emphasise workplace learning, community participation, research engagement, institutional context, significant career experiences, or continuing reconstruction (Amsberry, 2026; Andrew et al., 2009; Barrow and Xu, 2021, 2023; Boyd and Lawley, 2009), suggesting multiple pathways rather than a single trajectory. The second concerns legitimacy. Universities provide environments for belonging, scholarly participation, and recognition, yet also operate as sites where legitimacy is contested through institutional hierarchies, disciplinary positioning, and expectations of academic achievement (Barrow and Xu, 2023; Findlow, 2012). Identity formation may therefore be both supported and constrained by the same institutional environment.

The third tension concerns the relationship between professional nurse and academic identities. Some accounts emphasise integration and mutual reinforcement, whereas others describe continuing negotiation between professional nursing commitments and academic expectations (Aguayo-González and Weise, 2022; Barken and Robstad, 2024; Barrow and Xu, 2021; Smith and Boyd, 2012). These perspectives are not necessarily contradictory, as the relationship may vary across institutional contexts, career stages, and individual professional trajectories. Nor do they necessarily imply psychologically separate selves. Rather, professional nursing selfhood remains consequential and may itself be reconstructed as academic identity develops.

On this basis, academic identity in nursing is defined as follows:

Academic identity in nursing is a developing sense of oneself as a nurse academic, formed through sustained participation in higher education communities, shaped by institutional demands for scholarly legitimacy, negotiated between teaching-facing and research-facing orientations, and developed in relation to a continuing professional nursing selfhood.

Role performance and scholarly outputs are treated as potential indicators of identity development and recognition, rather than identity itself. This synthesis-derived definition is provisional and intended to support comparison across the three identity domains. For analytical purposes, academic identity is operationalised as follows:

Academic identity in nursing is operationalised as a developing, internally held orientation through which the individual understands themselves as a nurse academic, evidenced through self-reported academic belonging and participation in higher education communities, perceived scholarly legitimacy and recognition within academic environments, narrated negotiation between teaching-facing and research-facing orientations, narrated continuity and reconstruction of professional nursing selfhood, and accounts of how institutional expectations and changing career experiences shape, sustain, or reconstruct their sense of themselves as an academic.

The source-level analytic matrix informing this synthesis is provided in Supplementary File C (Table C1). The researcher identity synthesis that follows examines whether understanding oneself as a legitimate contributor to research and knowledge can be distinguished from academic identity, while recognising that both may coexist within the same individual.

3.5. Researcher identity

The nine sources informing the researcher identity synthesis approach identity through different research environments and conceptual perspectives. Within clinical research nursing, studies describe professional self-understanding, role transitions, boundary spanning, and experiences of recognition and belonging (Hernon et al., 2020; McNiven et al., 2021; Tinkler et al., 2018). In higher education, Grant et al. (2022) examine researcher-oriented development within research-capacity scholarship, while McIntosh (2023) explicitly explores nurse researcher identity through reflexive inquiry. Although researcher identity is not consistently defined as a distinct construct, these accounts provide evidence of how nurses understand themselves in relation to research and knowledge production.

Four convergent patterns are identified. First, researcher identity

develops in continuing relation to professional nursing selfhood. McIntosh (2023) explicitly describes professional nursing and researcher identities as complementary, while Hill et al. (2022) and Tinkler et al. (2018) demonstrate how nursing knowledge, patient advocacy, and professional commitments remain consequential within clinical research practice. These accounts indicate that researcher self-understanding may develop alongside a continuing professional nursing foundation, even as the relationship between nursing and research orientations is negotiated differently across research settings.

Second, researcher identity develops through engagement with research practices and relationships. Participation in research teams and communities, mentorship, collegial support, and reflexive engagement provide opportunities through which individuals may develop a sense of themselves as legitimate research contributors (Grant et al., 2022; Hernon et al., 2020; McIntosh, 2023; McNiven et al., 2021). These opportunities are not uniformly available, suggesting that identity formation depends partly on the relational and institutional conditions surrounding research participation.

Third, nursing's ethical commitments remain consequential as nurses engage with research. Tinkler et al. (2018) identify tensions between caring and participant recruitment, while Hill et al. (2022) describe the continuing significance of clinical knowledge and patient advocacy within research practice. Hernon et al. (2020) similarly identify conflicts between patient advocacy and trial requirements, while Jones et al. (2022) foreground commitments to both research protocols and participants. These accounts indicate that researcher self-understanding develops in relation to nursing values and responsibilities while encountering the expectations of research and knowledge production.

Fourth, the synthesis identifies a distinction between perceived contribution and external recognition. Nurses may understand their research contribution positively while experiencing limited professional visibility, uncertain legitimacy, or inconsistent institutional acknowledgement (Hernon et al., 2020; Jones et al., 2022; Kunhunny and Salmon, 2017; McCabe et al., 2019; McNiven et al., 2021). Researcher identity therefore cannot be inferred solely from externally recognised research roles or outputs, nor does a positive internal sense of contribution necessarily indicate that others recognise the individual as a researcher.

Three conceptual tensions qualify these patterns. The first concerns the relationship between professional nurse and researcher orientations. For some, these orientations are complementary and mutually reinforcing, while for others, research demands introduce competing expectations or experiences of displacement (Hill et al., 2022; McIntosh, 2023; Tinkler et al., 2018). The synthesis does not establish a single relationship between them. Rather, their coexistence may be experienced differently according to research context, professional commitments, and available recognition.

The second tension concerns whether challenges to researcher identity are primarily developmental or structural. Experience, mentorship, participation, and supportive relationships may strengthen confidence and belonging, yet limited recognition, unclear development pathways, and organisational constraints may continue to shape how individuals understand themselves as researchers (Grant et al., 2022; Hernon et al., 2020; Jones et al., 2022). These accounts suggest that formation conditions are potentially modifiable, without establishing that participation or institutional support necessarily produces researcher identity.

The third tension concerns differences between research settings. Clinical research nursing studies foreground professional role boundaries, patient advocacy, protocol requirements, and recognition within research-delivery teams. Higher education accounts additionally emphasise reflexivity, scholarly positioning, research culture, and opportunities for knowledge production (Grant et al., 2022; McIntosh, 2023). These differences indicate that researcher identity may develop under distinct contextual conditions, without requiring it to be divided into separate constructs.

The definition that follows integrates these findings while preserving the distinction between researcher identity, research participation, and research output. It centres on how individuals understand themselves as contributors to knowledge, while recognising the continuing influence of professional nursing selfhood and the ethical and epistemological expectations encountered in research environments.

Researcher identity in nursing is a developing, internally held sense of oneself as a legitimate contributor to research and knowledge, formed through engagement with research practices and relationships within research environments, shaped at the intersection of professional nursing selfhood, ethical commitments in nursing, and the epistemological demands of inquiry, and expressed in contextually situated ways.

Role performance, task completion, and research outputs are treated as conditions of formation or markers of recognition rather than constitutive elements of identity. For empirical examination, the construct is operationalised as follows:

Researcher identity in nursing is operationalised as a developing, internally held orientation through which individuals understand themselves as legitimate contributors to research and knowledge, evidenced through self-reported sense of contribution to research and knowledge, perceived legitimacy and recognition within research environments, sense of belonging and participation in research relationships and communities, narrated coexistence and negotiation of professional nurse and researcher identities, and accounts of how ethical commitments, research expectations, and contextual conditions shape their sense of themselves as researchers.

Researcher identity is consequently understood as a developing form of selfhood oriented towards research and knowledge production, rather than as an equivalent of research employment, activity, or achievement. Its relationship with professional nurse and academic identities remains important but does not make the constructs interchangeable. With the three identity domains independently synthesised, the analysis now turns to their cross-domain comparison. The source-level analytic matrix informing the researcher identity synthesis is provided in Table C2 (Supplementary File C).

3.6. Cross-domain comparative findings

The three domain syntheses were compared across five dimensions: community of practice, primary formation mechanism, sources of legitimacy and recognition, dominant norms and values, and primary identity outcome. Table 3 presents this comparison, revealing similarities and differences that are less apparent when each identity is examined independently.

Across the five dimensions, the identities share important characteristics. All three involve developing self-understanding, participation in relationships and communities, normative commitments, and experiences of legitimacy and recognition. Professional nursing selfhood also remains consequential beyond the professional nurse identity domain. The academic identity synthesis indicates its continuing significance as nurses enter higher education, while the researcher identity synthesis identifies the enduring influence of nursing expertise, values, and ethical commitments. These commonalities indicate that the identities may coexist and develop in relation to one another. They do not, however, establish that the constructs are conceptually equivalent.

The comparison reveals differences in the conditions supporting identity formation. Professional nurse identity develops within a formally constituted profession with established structures for education, membership, socialisation, and recognition. Academic identity develops through participation in higher education communities, where scholarly expectations and opportunities for belonging vary across institutional and career contexts. Researcher identity develops through research participation and relationships, but access to mentorship, research communities, institutional support, and recognition is less consistently structured within the included literature. Grant et al. (2022) demonstrate that research capacity is shaped by organisational and relational conditions, including leadership, mentorship, research

Table 3
Cross-Domain Comparison Across Five Structural Dimensions.

Dimension	Professional nurse identity	Academic identity	Researcher identity
Community of practice	Formally constituted nursing profession; entry through registration; practice-based professional communities	Higher education; participation across nursing and university communities	Research communities organised around disciplines, teams, or projects; membership and recognition less formally secured
Primary formation mechanism	Professional socialisation; progressive internalisation of disciplinary values through participation, practice, and relationships	Sustained participation in higher education communities; negotiation of teaching-facing and research-facing orientations; research engagement and identity-significant career events	Engagement with research practices and relationships; experiential and reflexive development; mentorship and research communities as supports
Sources of legitimacy and recognition	Professional credentialling; peer recognition; patient and public trust	Doctoral credentials, scholarship, publication, institutional roles, and recognition within academic communities	Contribution to research and knowledge; recognition through research teams, communities, outputs, and institutions; internal sense of contribution may exceed external recognition
Dominant norms and values	Care ethics, patient advocacy, professional responsibility, and nursing's social mandate	Scholarship, teaching, disciplinary contribution, and institutional expectations for academic legitimacy	Nursing ethics and patient advocacy alongside research standards, protocol fidelity, and knowledge-production demands
Primary identity outcome	Tendency towards consolidation of professional nursing selfhood	Continuing negotiation across professional nursing and university communities, encompassing teaching-facing and research-facing orientations	Ongoing negotiation between nursing ethics and research demands, with potential discrepancy between internally perceived contribution and external recognition

Note. The comparison identifies tendencies within the selected literature rather than universal developmental sequences. The final row describes characteristic patterns of selfhood, not role performance or occupational activities.

culture, time, and resources. These differences suggest that the three identities develop under varying conditions of institutional and relational support, rather than through a common formation pathway.

Differences in legitimacy and recognition further distinguish the domains. Professional nurse identity benefits from established professional membership and credentialling structures. Academic legitimacy is shaped by institutional recognition of qualifications, scholarship, and participation within higher education. Researcher legitimacy is more closely associated with perceived contribution to research and knowledge and recognition within research environments. Yet the researcher synthesis reveals that a positive internal sense of contribution may coexist with limited external recognition (Kunhunny and Salmon, 2017; McCabe et al., 2019; McNiven et al., 2021). Consequently, the conditions that support participation and confer legitimacy are not necessarily equivalent across the three identities.

The comparison also reveals both continuity and difference in normative orientation. Nursing values, care ethics, patient advocacy, and professional responsibility remain influential across the domains. However, these commitments are encountered within different institutional and epistemological environments. In professional nurse identity, they constitute part of the profession's established normative foundation. In academic identity, professional nursing commitments coexist with expectations of teaching, scholarship, and academic legitimacy. In researcher identity, nursing's ethical commitments intersect with research standards, protocol requirements, and the epistemological demands of knowledge production (Hill et al., 2022; Jones et al., 2022; Tinkler et al., 2018). The resulting relationships may be complementary or constraining, depending on how individuals interpret and negotiate these expectations within their research environments.

A further distinction emerges in the characteristic organisation of selfhood. Professional nurse identity tends towards consolidation within an established professional frame, although disruption and reconstruction remain possible. Academic identity involves continuing negotiation between professional nursing selfhood and developing membership within higher education communities. This negotiation encompasses teaching-facing and research-facing orientations without reducing academic identity to either activity. Researcher identity involves negotiation between nursing's ethical commitments and the epistemological expectations of research, alongside possible discrepancies between internally perceived contribution and external recognition. These differences concern how individuals understand and organise their identities, rather than the tasks they perform.

The comparison therefore indicates that shared developmental and relational characteristics do not make the three identities interchangeable. Their distinctness lies in different configurations of formation conditions, legitimacy, normative commitments, and identity coherence. At the same time, the continuing significance of professional nursing selfhood demonstrates that analytic distinction need not imply separation of the individual into discrete selves.

Through reading Table 3 across its rows and columns, three higher-order constructs were developed by integrating the comparative findings (see Supplementary File A for the full synthesis steps). First, differences in the institutional and relational conditions supporting identity formation were conceptualised as Structural Formation Capacity. Second, the continuing significance of professional nursing selfhood, alongside the development of academic and researcher identities within different communities and environments, was conceptualised as Anchor and Divergence. Third, differences in the characteristic organisation and negotiation of selfhood were conceptualised as Identity Coherence Structure. These three synthesis-derived constructs form the Identity Architecture Framework (IAF).

4. The identity architecture framework

Fig. 1 represents the proposed architecture and provides the organising structure for the three constructs developed below.

Note. Structural Formation Capacity depicts directional variation in the enabling and constraining conditions for identity development across professional nurse, academic, and researcher identity domains; the gradient is context-dependent and modifiable rather than fixed. Anchor and Divergence positions professional nursing selfhood as a continuing, potentially reconstructable foundation in relation to which academic and researcher identities may develop within distinct formation, legitimacy, and normative environments. Identity Coherence Structure depicts characteristic, non-exclusive configurations of selfhood across domains: consolidating selfhood in professional nurse identity, communal duality in academic identity, and epistemological duality in researcher identity, the latter involving ethical–epistemological and standing–recognition tensions. These configurations

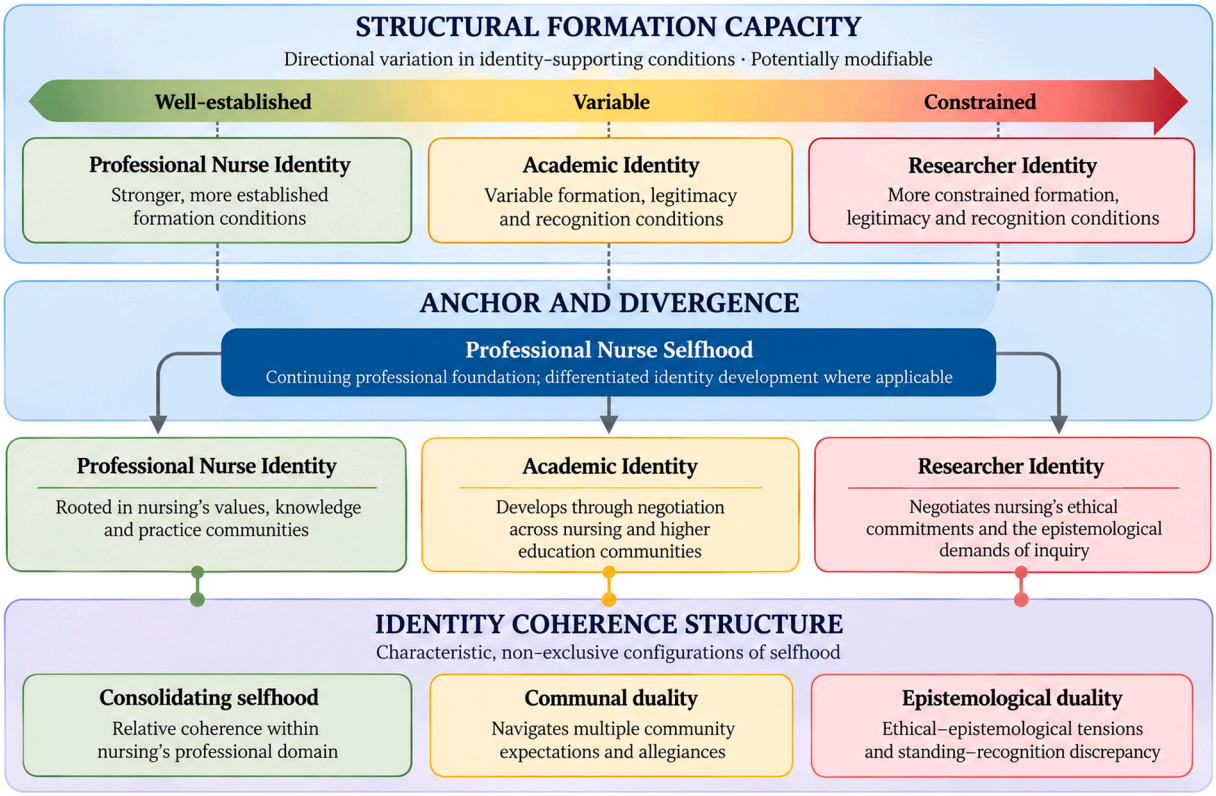


Fig. 1. The Identity Architecture Framework.

represent synthesis-derived structural tendencies, not universal or predetermined individual outcomes.

4.1. *Structural formation capacity*

Structural Formation Capacity describes variation in the conditions supporting identity development across the three domains. The cross-domain comparison indicates a directional gradient in the availability and organisation of identity-supporting structures, rather than in the relative importance of the identities or individuals' capacities to develop them. Professional nurse identity benefits from comparatively well-established formation conditions, academic identity develops under more variable conditions, and researcher identity encounters comparatively constrained conditions.

For professional nurse identity, formation occurs within a formally constituted profession with established educational pathways, professional communities, regulatory structures, and normative commitments (Fitzgerald, 2020; Godfrey and Young, 2021). Professional socialisation, participation, credentialling, and recognition provide identifiable conditions through which individuals may develop a sense of themselves as legitimate nurses. Although professional identity remains open to disruption and reconstruction (Halverson et al., 2022), its development is supported by comparatively established structures of membership and legitimacy.

Academic identity develops within higher education, where nurses encounter additional communities and expectations concerning teaching, scholarship, and research. Doctoral qualifications, scholarly participation, publication, and institutional recognition provide potential sources of academic legitimacy (Barrow and Xu, 2023; Findlow, 2012). However, opportunities for participation and recognition differ across institutional settings and career stages (Barken and Robstad, 2024; Boyd and Lawley, 2009). The conditions supporting academic identity are therefore present but variably organised. Shaped by community and institutional support (Amsberry, 2026), they require nurses to negotiate their position within higher education while maintaining a continuing relationship with their sense of themselves as nurses.

Researcher identity develops through engagement with research practices, relationships, and communities. Mentorship, collegial support, research culture, reflexivity, and opportunities for meaningful research participation may support this development (Grant et al., 2022; McIntosh, 2023). Yet the researcher synthesis identifies inconsistencies in access to these conditions, alongside variable recognition of individuals' research contributions (Hernon et al., 2020; Jones et al., 2022). This suggests comparatively constrained formation capacity within the literature examined, rather than an absence of researcher identity or research-supporting structures.

Structural Formation Capacity is not fixed given that the conditions supporting identity development can be strengthened. Grant et al. (2022), for example, identify mentorship, leadership, research culture, time, and organisational resources as important conditions for identity formation. These conditions may also strengthen the formation capacity available for researcher identity development, suggesting that institutional and relational support can shape the environments in which identities develop.

4.2. *Anchor and divergence*

Anchor and Divergence describes how professional nursing selfhood provides continuity as academic and researcher identities develop within different communities and environments. Professional nursing selfhood refers here to the continuing sense of oneself as a nurse, grounded in nursing's values, meanings, and professional commitments.

The anchor represents this continuing professional foundation. As nurses enter academic and research environments, they bring an understanding of themselves as nurses while encountering new communities, expectations, and opportunities for identification (Boyd and Lawley, 2009; Tinkler et al., 2018). Academic and researcher identities may develop through these experiences, adding new dimensions to

self-understanding while maintaining continuity with professional nursing selfhood (Barrow and Xu, 2021; McIntosh, 2023).

Divergence describes how, beyond this shared foundation, each domain introduces different communities, values, and expectations concerning legitimate participation. Professional nurse identity is situated within nursing's professional communities and commitments to patient care and advocacy across clinical and community settings (Cornett et al., 2023). Academic identity develops through higher education communities, where nurses negotiate belonging across nursing and university environments (Andrew et al., 2009). Researcher identity develops through research practices and relationships, where professional nurse commitments interact with expectations concerning research standards and knowledge production (Hill et al., 2022). Academic and researcher identities may develop along different trajectories and at different career stages, reflecting individual experiences and opportunities for participation (Barken and Robstad, 2024).

These trajectories may take different forms while remaining in continuing relation to this professional foundation. Anchor and Divergence therefore explains how substantial continuity can coexist with distinct configurations of selfhood across the domains.

4.3. Identity coherence structure

Identity Coherence Structure describes the characteristic organisation of selfhood within each domain, complementing Structural Formation Capacity's focus on formation conditions and Anchor and Divergence's account of continuing professional nursing selfhood.

Within professional nurse identity, selfhood tends towards consolidation. Established professional communities, normative commitments, and sources of legitimacy support the development of a coherent sense of oneself as a nurse (Johnson et al., 2012). Consolidation reflects the progressive integration of professional values, relationships, and experiences into self-understanding. Selfhood within this domain continues to develop through experience and may undergo disruption or reconstruction as individuals encounter changing professional circumstances (Halverson et al., 2022).

Within academic identity, the synthesis identifies communal duality. Nurses entering academia participate across professional nursing and university communities, each carrying expectations concerning belonging, legitimacy, scholarship, teaching, and research. Academic selfhood develops and finds expression through continuing negotiation across these communities, while professional nursing selfhood remains consequential (Barrow and Xu, 2021). Teaching-facing and research-facing orientations are part of the negotiation, but communal duality is wider (Lopes et al., 2014). The negotiation may involve integration, mutual reinforcement, or tensions associated with differing institutional and disciplinary expectations (Findlow, 2012). Communal duality describes an ongoing configuration of academic selfhood rather than a temporary difficulty that necessarily resolves with experience (Barken and Robstad, 2024).

Within researcher identity, the synthesis identifies epistemological duality, characterised by two related tensions. The first is ethical–epistemological tension. Researcher identity develops where professional nursing selfhood, with its ethical commitments, encounters the epistemological and procedural expectations of research. Commitments to care, patient advocacy, and relational responsibility remain relevant as nurses engage with research standards, protocols, and practices through which knowledge is generated and evaluated (Jones et al., 2022). These orientations may reinforce one another, but tensions may arise when research requirements are experienced as competing with nursing's ethical commitments (Hill et al., 2022; Tinkler et al., 2018). The tension therefore concerns how individuals understand themselves in relation to these different commitments, not simply the performance of clinical or research tasks.

The second is standing–recognition tension. Epistemological standing refers to an individual's internally held sense of themselves as a legitimate contributor to research and knowledge. It does not equate to research outputs, formal qualifications, or an externally determined level of expertise. Epistemological recognition refers to acknowledgement of that standing through research relationships, communities, and institutions. The researcher synthesis indicates that nurses may understand their contribution to research positively while receiving limited or inconsistent external recognition (Jones et al., 2022; Kunhunny and Salmon, 2017). A standing–recognition discrepancy arises when internally perceived legitimacy is not matched by externally conferred recognition.

Where academic identity is shaped by negotiation across communities of membership, researcher identity is shaped by negotiation between nursing's ethical commitments and the demands of inquiry, and by the potential discrepancy between internally perceived research standing and external recognition. Identity Coherence Structure therefore identifies three characteristic configurations: consolidating selfhood within professional nurse identity, communal duality within academic identity, and epistemological duality within researcher identity. These configurations describe how selfhood may be organised within each domain and how multiple configurations may coexist within the same individual as professional nurse, academic, and researcher identities develop and interact.

4.4. Integrating the identity architecture framework

The three constructs provide complementary explanations within a single identity architecture. Structural Formation Capacity directs attention to the conditions supporting identity development; Anchor and Divergence explains how developing identities remain connected to professional nursing selfhood; and Identity Coherence Structure describes how selfhood is organised within each domain. Together, they connect the environments in which identities develop with the relationships and configurations through which individuals understand themselves.

The relationship among these constructs is particularly significant where multiple identities develop within an individual. The conditions supporting each identity may differ, while their characteristic configurations of selfhood may interact as individuals negotiate belonging, recognition, and their contributions across these environments. To our knowledge, this is the first theory synthesis to systematically compare professional nurse, academic, and researcher identities in nursing and propose an integrated framework explaining their shared professional foundations, differing formation conditions, and configurations of selfhood.

5. Discussion

5.1. Analytic distinctness and the definitional test

A key insight from this synthesis is that the identities nurses develop across professional, academic, and research environments share important foundations yet reflect different ways of understanding oneself. They differ at two levels: the conditions, communities, and legitimacy criteria that support their formation, and the way selfhood is organised within each, without implying separate selves. What they share is a nursing selfhood that continues as the base. How, then, can identities share this base while remaining analytically distinct?

The synthesis-derived definitions share a structure: each describes a developing sense of oneself within a community, formed through participation and shaped by expectations of legitimacy. They differ in what each must additionally explain. Professional nurse identity centres on an internally held and relationally constituted sense of oneself as a legitimate nurse, grounded in professional participation, nursing values, personal biography, and the profession's social mandate. Academic identity adds participation within higher education communities, institutional expectations for scholarly legitimacy, and continuing

negotiation across nursing and university communities, including teaching-facing and research-facing orientations, in relation to professional nursing selfhood. Researcher identity concerns understanding oneself as a legitimate contributor to research and knowledge, shaped through research participation and relationships, nursing's ethical commitments, and the epistemological demands of inquiry.

The differences become clearer if the three definitions are collapsed into one. A single definition centred on professional nursing selfhood would preserve their common foundation but inadequately explain the institutional and communal negotiation characteristic of academic identity. Similarly, treating researcher identity as a component of academic identity would not account for researcher self-understanding in clinical research contexts or the ethical–epistemological and standing–recognition tensions identified in the researcher synthesis. Conversely, defining the identities by their activities would conflate self-understanding with role occupancy, competence, and performance.

The definitional test therefore supports analytic distinction through explanatory adequacy rather than differences in terminology alone. Because the definitions were developed through the synthesis, the test checks explanatory adequacy rather than independently validating the three constructs, which empirical work (Section 5.5) must examine. It asks whether the distinctive features of each domain can be removed without losing conceptual meaning. The comparison suggests they cannot: although the identities share professional foundations, each requires different elements to explain how individuals understand themselves, develop a sense of belonging, and establish their place within their communities. Analytic distinctness concerns differences in what must be explained, not the separation of identities into mutually exclusive categories.

Recognising researcher identity as analytically distinct also draws attention to how it has been conceptualised in the included literature. Its distinctive features may be visible in accounts of academic development and clinical research nursing without being consistently examined as researcher identity in its own right. This provides the basis for the Double Burial proposition considered next.

5.2. The double burial of researcher identity

The synthesis identified a recurring pattern whereby experiences that appear relevant to researcher identity were seldom examined as researcher identity itself. Although nurses described engagement with knowledge production, inquiry, and research contribution, these experiences were more often interpreted through the lenses of academic identity, professional nursing identity, or research-role frameworks. As a result, researcher identity remained visible in practice but less visible conceptually. This pattern is theorised here as the ***Double Burial of Researcher Identity***, a synthesis-derived proposition describing two forms of conceptual subsumption.

The first burial occurs within nursing higher education, where researcher identity becomes subsumed within broader accounts of academic identity and research-capacity development. Studies of nurse academics describe identity reconstruction, scholarly participation, research engagement, and changing orientations towards academic work (Barrow and Xu, 2021; Smith and Boyd, 2012). Grant et al. (2022) further identify researcher-oriented identity development within a wider synthesis of research-capacity scholarship. Although these accounts illuminate experiences associated with becoming a researcher, they rarely conceptualise researcher identity as a distinct construct, instead locating it within broader processes of academic development and research capacity building. Researcher identity therefore remains visible in experience but obscured conceptually, constituting its first burial.

The second burial occurs within clinical research nursing, where identity-related experiences are commonly examined through professional nurse identity, role identity, and research-role development. Tinkler et al. (2018) investigate professional identity and tensions between caring and recruitment, while McNiven et al. (2021) examine identity work and boundary spanning across clinical and research environments. Hernon et al. (2020) similarly identify identity-related experiences within a broader synthesis of clinical research nurses' role expectations and realities. Yet these accounts also reveal experiences relevant to researcher self-understanding, including participation in research communities, negotiation of nursing commitments and research expectations, and the search for recognition as contributors to research and knowledge. When these experiences are interpreted primarily through professional identity and role-based frameworks, their possible significance for researcher identity may remain less explicitly articulated. This constitutes the second conceptual burial.

Both forms of conceptual subsumption may obscure the distinction between engaging in research and understanding oneself as a researcher. It is important to note that Double Burial does not imply that institutions fail to support research or researcher development. Research-capacity scholarship identifies the significance of mentorship, research culture, leadership, collegial relationships, time, and organisational resources (Grant et al., 2022). The conceptual distinction is between providing conditions for research participation and explicitly recognising researcher identity formation as a domain of inquiry. Support for research activity and capacity may therefore exist without researcher identity being consistently named or theorised.

This proposition also provides one possible interpretation of the distribution of sources identified in Section 3.1. Seven of the nine sources informing the researcher identity synthesis concerned clinical research nursing, while the remaining two examined nurse researcher identity or research capacity within higher education (Grant et al., 2022; McIntosh, 2023). This distribution is consistent with the proposed Double Burial pattern but does not establish its prevalence across nursing scholarship, given that the sources were selected for conceptual contribution rather than exhaustive representation.

The significance of Double Burial is therefore explanatory rather than diagnostic. More broadly, recognising this pattern reinforces the need for conceptual precision in nursing scholarship. Distinguishing researcher identity from academic identity, professional nurse identity, research capacity, and research-role performance may help prevent conflation, ensuring that studies identify and investigate the constructs they intend to examine. Within the IAF, Double Burial also directs attention to whether researcher identity formation is explicitly recognised within the conditions supporting participation, legitimacy, and recognition.

5.3. Positioning the IAF within broader identity theory

The IAF builds on established understandings of identity as relational, socially situated, and shaped through participation and group membership. Wenger's (1998) social theory of learning and Lave and Wenger's (1991) concept of legitimate peripheral participation locate identity development within changing patterns of participation, membership, and belonging in communities of practice. These perspectives informed the present synthesis and help explain why participation, belonging, and legitimacy recur across professional nurse, academic, and researcher identities. The IAF retains this relational foundation while examining how the conditions supporting identity development differ across the three domains.

Social identity theory provides a complementary perspective. Tajfel and Turner (1979) and Hogg et al. (2004) explain how group membership and collective identification shape individuals' understanding of themselves. Within nursing, Willetts and Clarke (2014) draw on this perspective to examine professional identity in relation to the social and organisational contexts of practice. Identity theory further highlights how individuals develop and sustain a sense of self through their social positions and interactions (Burke and Stets, 2009). Together, these perspectives illuminate the relationship between collective belonging and individual self-understanding, while the IAF shows how identity

formation differs across the nursing, academic, and research domains through their communities, shared values, and recognition.

The synthesis also resonates with scholarship examining identity reconstruction during professional transitions. Studies of nurses entering higher education describe continuing negotiation between professional nursing commitments and academic expectations rather than straightforward replacement of one identity by another (Andrew et al., 2009; Barrow and Xu, 2021; Barken and Robstad, 2024). Research involving clinical research nurses similarly identifies boundary spanning, professional identity negotiation, and the continuing significance of nursing values within research environments (McNiven et al., 2021; Tinkler et al., 2018). These studies illustrate that continuity, negotiation, and multiple professional commitments are already recognised within nursing scholarship. The IAF does not introduce previously unrecognised identity processes but integrates established theoretical perspectives into a nursing-specific comparative architecture. It brings together differences in identity formation conditions, the continuing influence of professional nursing selfhood, and the ways selfhood is organised across the three domains. In doing so, it shows how these identities can be analytically distinguished while remaining connected through shared professional foundations and socially situated processes of identity formation.

5.4. Implications for nursing scholarship, education, and workforce sustainability

The IAF invites nursing scholarship to reconsider what is being examined when professional nurse, academic, and researcher identities are invoked. Its principal implication extends beyond the need for clearer definitions to the possibility that conceptually distinct forms of professional self-understanding have been investigated through overlapping constructs. This is particularly consequential for researcher identity, which may have been examined indirectly while being conceptualised as academic identity, professional identity, research capacity, or research-role development. If these identities are analytically distinct, studies must specify whether they are examining engagement in professional activities, competence, role performance, or an internally held sense of oneself as a legitimate member of a professional, academic, or research community. These phenomena may be related, but they are not interchangeable. Failure to distinguish them risks attributing identity development to evidence that demonstrates participation, capability, or productivity rather than self-understanding.

This distinction has consequences for how nursing identity research is designed and interpreted. Studies should maintain consistency between the identity construct they define, the indicators they examine, and the claims they make. The synthesis-derived definitions and empirical referents presented in this paper offer provisional conceptual specifications rather than validated measurement criteria. Future research should therefore examine whether the IAF's proposed constructs and relationships are supported across settings, career stages, and professional trajectories. Structural Formation Capacity invites investigation of how institutional and relational conditions influence opportunities for identity formation, while Anchor and Divergence provides a basis for examining how professional nursing selfhood remains consequential as academic and researcher identities develop. Identity Coherence Structure further directs attention to consolidating professional selfhood, communal duality within academic identity, and the ethical–epistemological and standing–recognition tensions associated with researcher identity. These configurations should be investigated rather than assumed to characterise all individuals or contexts.

A differentiated empirical agenda is therefore needed. Qualitative inquiry may investigate experiences of self-understanding, belonging, negotiation, legitimacy, and recognition, while quantitative and mixed-methods research may examine proposed relationships and their variation across contexts. Longitudinal studies could illuminate how identities emerge, coexist, change, or undergo reconstruction across professional and academic careers, without assuming that all three identities necessarily develop or become integrated. Research need not operationalise the entire framework. Individual studies may examine particular constructs, formation conditions, or relationships, allowing the IAF to be refined, challenged, or extended through empirical investigation. Such inquiry is especially important for the double burial proposition, which requires examination beyond the selected literature to establish whether researcher identity is systematically subsumed within adjacent conceptual domains.

The IAF also invites reconsideration of approaches to educator preparation and research-capacity development that conceptualise professional transition primarily as competence acquisition. Nurses entering higher education are not simply learning to teach, and nurses entering research environments are not simply learning to undertake research. They may also be developing additional identities while maintaining a continuing relationship with professional nursing selfhood. Studies of academic identity formation demonstrate the significance of workplace learning, participation in higher education communities, institutional positioning, and professional relationships (Andrew et al., 2009; Barrow and Xu, 2021; Barken and Robstad, 2024; Woods et al., 2022). Preparation that concentrates exclusively on pedagogical knowledge, research methods, or output production may therefore overlook the conditions through which individuals come to understand themselves as legitimate academics and researchers. Mentorship, participation in scholarly communities, protected time, institutional orientation, and recognition of continuing professional contributions may be important not only because they enable performance, but because they provide potential conditions for developing new forms of self-understanding.

Research-capacity development and researcher identity formation must nevertheless remain conceptually distinct. Initiatives may increase methodological competence, research participation, grant activity, or publication without necessarily strengthening an individual's sense of themselves as a researcher. Conversely, individuals may understand themselves as legitimate contributors to research and knowledge while receiving limited institutional recognition. Research-capacity scholarship identifies mentorship, leadership, research culture, time, and organisational resources as important developmental conditions (Grant et al., 2022), while the researcher identity synthesis highlights the potential discrepancy between perceived contribution and external recognition (Kunhunny and Salmon, 2017; McCabe et al., 2019; McNiven et al., 2021). Together, these findings suggest that initiatives may successfully expand research activity while leaving the formation and recognition of researcher identity insufficiently examined. Evaluations could therefore investigate changes in self-understanding, belonging, perceived legitimacy, scholarly participation, and recognition alongside conventional indicators of research skills, activity, and outputs, without treating these indicators as interchangeable.

These implications extend to educator and research workforce sustainability, although they remain provisional. Recruitment, progression, intention to remain, and retention are multifactorial and cannot be attributed to identity development alone (Aldhafeeri and Alanazi, 2024; Tower et al., 2024). The IAF nevertheless raises the possibility that workforce strategies focused predominantly on qualifications, competence, workload, and productivity may overlook how nurses establish belonging and legitimacy within academic and research environments. Future workforce research should examine whether identity-supporting conditions are associated with career progression, professional belonging, intention to remain, or retention, and whether these relationships vary across institutions, professional trajectories, and career stages. Evidence of these relationships is required before identity-focused interventions can be justified as workforce sustainability strategies. The framework therefore does not prescribe a particular intervention; rather, it reframes an important question for nursing scholarship and institutions: are nursing organisations developing only what individuals can do, or also recognising who they are becoming?

5.5. Limitations and directions for further investigation

This theory synthesis drew on 24 sources selected for their conceptual contribution rather than exhaustive representation of the three identity literatures. The resulting Identity Architecture Framework represents one analytically defensible interpretation of an uneven evidence base, and its constructs and proposed relationships require further empirical examination. Although the included sources represented several national contexts, the literature was predominantly Anglophone. International representation does not establish that the proposed constructs and relationships operate similarly across different professional, educational, and research systems, potentially limiting their transferability.

The researcher identity evidence was concentrated predominantly within clinical research nursing, with more limited representation of higher education contexts among the retained sources. Literature specifically examining researcher identity among doctoral nursing students fell outside the analytic scope of this synthesis, although doctoral education may provide an important context for researcher identity formation. The framework also concerns nurses who become academics or researchers; non-nurse academics in nursing education, who do not share a nursing selfhood, fall outside its scope. Consequently, the proposed epistemological duality, standing–recognition discrepancy, and Double Burial of researcher identity should be interpreted within the contexts examined. Broader investigation, particularly across doctoral education, academic research careers, and different research environments, is needed to examine the applicability of these propositions.

Finally, a plausible alternative is to understand academic and researcher identities as related sub-identities within a broader nursing professional identity. However, as argued in Section 5.1, subsuming these domains within an overarching identity risk obscuring their distinctive conceptual features and perpetuating the conflation and conceptual ambiguity identified in the literature, particularly concerning researcher identity. The IAF offers a complementary analytical account without implying psychologically separate selves. Further empirical investigation is required to examine these distinctions and relationships across contexts.

6. Conclusion

This theory synthesis clarifies how professional nurse, academic, and researcher identities are used in nursing scholarship, where they are often conflated, and makes a case for treating them as analytically distinct but not separate. The findings support conceptual differentiation while recognising their shared developmental, relational, and professional foundations. In the literature examined, professional nurse identity had a comparatively established conceptual foundation, although its definitions remained plural. Academic identity emerged as developing through ongoing negotiation across nursing and higher education communities, while researcher identity appeared to involve negotiation between nursing's ethical commitments and the epistemological demands of inquiry, alongside potential discrepancies between internally perceived contribution and external recognition. The analysis also offered a possible explanation for the limited conceptual visibility of researcher identity: a pattern in which it is subsumed within broader conceptualisations of academic identity, professional nurse identity, and research-role frameworks, conceptualised here as the double burial of researcher identity.

The Identity Architecture Framework, comprising Structural Formation Capacity, Anchor and Divergence, and Identity Coherence Structure, advances conceptual precision in nursing identity scholarship by distinguishing professional nurse, academic, and researcher identities from one another and from role occupancy, competence, and research activity. The framework proposes that these identities emerge under different formation conditions and organise selfhood differently, while academic and researcher identities develop in continuing relation to a shared nursing selfhood and do not automatically develop in every nurse. Academic and researcher development may therefore involve more than acquiring new skills or responsibilities; it may also depend on the social, institutional, and relational conditions that make identities possible, legitimate, and recognised.

These insights suggest that nursing's ability to develop and sustain academic and research careers may depend not only on preparing nurses for educational and research work, but also on understanding how individuals come to see themselves, and be recognised by others, as academics and researchers. Professional development, workforce sustainability, educator preparation, and researcher development may therefore be partly identity questions as well as educational and organisational ones. Further empirical investigation is needed to examine how the proposed identity architecture operates across nursing contexts and how its insights might inform educator preparation, researcher development, institutional support, and workforce strategy.

CRediT authorship contribution statement

Joshua Chidiebere Nwambo: Writing – review & editing, Writing – original draft, Visualization, Supervision, Methodology, Formal analysis, Conceptualization. **Katyon Warrick:** Writing – review & editing, Writing – original draft, Validation, Conceptualization. **Samuel Badu:** Writing – review & editing, Writing – original draft, Validation. **Vann Mark:** Writing – review & editing, Writing – original draft, Validation. **Oladayo Bifarin:** Writing – review & editing, Supervision, Methodology, Conceptualization.

Declaration of Generative AI and AI-assisted technologies in the writing process

Rayyan.ai was used to support title and abstract screening during the article selection process. Microsoft Copilot was used for editing and organisational tasks during manuscript preparation. All screening decisions, analytical judgements, and final manuscript content were made and verified by the authors.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nedt.2026.107498.

Data availability

No new datasets were generated or analysed in this study. All sources analysed are publicly available in the published literature.

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