

Patients' wellbeing and nursing care plans, understanding adherence and relevant factors, a scoping review

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Abstract

Several studies across the world shows the importance of nursing care focusing on patients' well-being. The adherence of the nursing plan to the well-being of the patients, focuses on two main variables: the nursing plan and the patient's well-being. This review aims to present a literature review on the impact of nursing care plans on patient adherence and their socio emotional well-being.

The research constitutes a Scoping review that gives evidence from 16 studies published in the period 2015–2023, in English, including patients with chronic diseases and assessing patient's socio-emotional wellbeing and their adherence to their nursing care plan. We retrieved information on electronic databases of PubMed, Google Scholar, and Cochrane using keywords like nursing care plans, adherence, patient and wellbeing and combination of them. The review is presented following the PRISMA-ScR guidelines. Some studies included in the re-view did not result in high adherence to nursing care plans, affected by various factors such as demographic factors, plans of care, personnel who provided care, face to face and online advice, financial and insurance factors. Most patients show low levels of wellbeing if they were not adherent to nursing care plans, especially the medication adherence issues.

The research findings show that patient's wellbeing and adherence to nursing care plan are closely related to each other as phenomena. The better the patients feel, the more they are adherent to care plans based on evidence. It is important to understand factors that affect non adherence to plans of care in order to reduce negative factors.

Keywords: social emotional well-being; nursing care plan; adherence

1. Introduction:

A nursing care plan is a formal process that correctly identifies existing needs and recognizes a patient's potential needs or risk [1]. Nursing care planning, as a way of communication among nurses, their patients, and other healthcare providers, begins when the patient is admitted to the healthcare services and is continuously updated throughout in response to his/her changes in condition and evaluation of goal achievement. Planning and delivering individualized or patient-centered care is the basis for excellence in nursing practice [1].

Adherence is defined as the extent to which a person's behavior (in terms of taking medications, following specific regimens, or dealing with lifestyle modification) coincides with medical or health advice [2]. Whereas, nonadherence is the patient's failure to comply with the prescribed treatment regimen for his/her full recovery from such an illness

or disease. According to NANDA nursing diagnoses, non-adherence to the nursing care plan is the behavior of a patient or caregiver that does not correspond with the therapeutic plan agreed upon by the individual, family or guardian, and healthcare practitioner [2]. Non adherence is associated to stressful lifestyles and environments, socioeconomic status [3], contrary cultural or religious beliefs and values, lack of social support, and financial resources, and a compromised emotional state [4]. Lack of adherence is linked with unsatisfactory clinical outcomes, increased hospitalizations, lower quality of life, and higher overall healthcare costs [5, 6].

A patient's wellbeing is closely linked to the adherence to nursing care. The idea of maintaining a state of 'wellness' can be linked to a number of

different benefits, including improved physical and mental health, faster recovery time from illness, higher educational attainment, greater productivity and an overall healthier lifestyle [6]. Emotional wellbeing is the ability to practice stress management and relaxation techniques, be resilient, boost self-love, and generate the emotions that lead to good feelings [7].

The scope of nursing practice is defined by a broad foundation of scientific knowledge, including the biological and behavioral sciences, combined with the ability to assist patients, families, and other caregivers in managing their own health needs [8]. Nursing Care Plans, which include diagnoses, interventions, and outcomes, continue to mature and reflect the changing times and needs of its readers, as well as the needs of those for whom care is provided [9]. The implementation of nursing interventions is essential in enhancing patient outcomes and guaranteeing the provision of exceptional patient-focused healthcare. Nursing interventions are defined as actions taken by nurses to promote health, prevent illness, and manage the physical, emotional, and social needs of patients [10].

Among the factors that influence clinical utilization of the nursing process are the issues of formulating or stating the nursing diagnosis. Nurses carried out various nursing interventions that were not based on the nursing diagnosis. They were also not evaluating the rendered care, thus the nursing process in totality was not being implemented [11]. The nurses in this context exclusively focused on the problems of the patients that are associated with medical diagnosis or treatment; hence, failing to embrace professional nursing. From the researchers' clinical experiences, nurses follow the medical orders of doctors to the last; and at times, they are unable to provide any better care to patients who in a specific day were not reviewed by their medical doctors. Hence, the nurses do not take the initiative in patients' care; as professionals are expected to do [12].

The body of research to support nursing plans and their positive effects on patient wellbeing is ever-increasing and gaining momentum. Nurses continue to study both independent and collaborative interventions for effectiveness and desirable outcomes such as increased positive feelings, lower hospital days, less mortality and morbidity, and fewer costs of health care provided [13,14]. Nurses and other health care staff may greatly contribute to increasing the adherence of patients to care through education, communication, reinforcement, and written advice, thus influencing the wellbeing of the patients and their quality of life [15]. This study aims to present the relation between nursing care plans and patients well-being. We have focused on the specific factors related to treatment regimens, including socio demographic, economic, and health care personnel variables, in order to find strategies that improve patients' quality of life. A comprehensive review of 16 studies published from 2015 to 2023 provide specific information of nursing approaches that promote and enhance well-being of chronically ill patients among various settings and populations.

2.Methods

2.1 Protocol and registration

The current study is a Scoping review, which we considered appropriate and effective in reaching the goal of our study. According to Munn et.al. in 2022 a scoping review synthesizes evidences to identify and map the evidence on a specific topic or issue, irrespective of source [16].

This review was presented following the Preferred Reporting Items for Scoping Reviews and Meta-Analyses (PRISMA-ScR) guidelines [17].

2.2 Eligibility criteria

According to the review's aim and objective, we set some inclusion and exclusion criteria. Inclusion criteria were:

Full articles to be presented in English language, exploring wellbeing and nursing care plan adherence especially medication adherence.

Qualitative, and/or qualitative-based, and/or descriptive, and/or quantitative, and/or cross-sectional, and/or observational studies, experimental studies.

Included patients, nurses, healthcare workers and family members.

The review excluded studies not written in English, published before 2015 for the relevance to nursing care plans implementation periods, did not include implementations of nursing care plans and did not include chronic patients.

2.3 Information sources

To find the studies needed for the review, we performed an electronic search between December 1st, 2022 to December 1st, 2023. The search was conducted through databases of PubMed presenting (69 studies), Google Scholar (2 studies), and Cochrane library (79).

2.4 Search strategy

The search strategy consisted of two concepts regarding the aim of the study: (1) Patient's socio-emotional wellbeing, (2) factors that have an impact on adherence to nursing plan. We used keywords and combinations such as adherence to nursing care plans, wellbeing in health care, quality of life, evidence-based care plans, factors that affect the adherence, chronic patients and their adherence to nursing care plans, health care policies in improving adherence etc.

2.5 Selection of sources of evidence

Research articles part of electronic search were selected in order to evaluate the adherence to the nursing care plan for the well-being of the patients were included in this study.

In three databases we retrieved altogether 150 studies retrieved by relevant key words decided by the researchers. After removing 38 study duplicates and 40 for years of publication out of the eligibility criteria, the researchers identified the relevant articles, and full texts were assessed. The studies in the three databases were manually reviewed by two independent authors (V.P and E.K) following the inclusion and exclusion criteria. In cases of disagreements, the main reviewer assessed the articles (S.N.). For evaluation of the articles, initially they were evaluated and screened by title and after by reading the abstracts and relevance of their aims. All the charting was done by hand by the researchers.

2.6 Data items

After careful study of the selected articles, we presented characteristics of the studies as follow: the year and country of research, the aim of the study, the methodology, results and conclusions.

2.7 Critical appraisal of individual sources of evidences

We did not perform a critical appraisal of individual sources of evidences.

1.8 Syntheses of the results

A collection of the information from the studies included is presented according to the country of study, patient population, type of studies,

details about the adherence intervention factors such as demographic factors, socio- economic factors etc. Another set of information was about the methods of delivery and type of interventions to improve adherence to care plans according to individual problems of each patient, and a summary of the outcomes of these factors found to affect adherence to care plans. The studies included in this review had different factors mentioned that had their impact on adherence to nursing care plans.

We identified a total of 150 studies in three electronic databases. After removing 38 study duplicates and 40 for years of publication we screened 72 articles by abstract and title, excluding 30 of them. Of 40 articles for five of them we did not find them in the full form accessible, two were reviews, four did not have nursing care plans clearly presented, 11 were published before 2015 but the articles were relatively old, and two did not include nurses in their education plans. The following PRISMA- ScR flow chart presents the information as follows:

3.Results

Selection of sources of evidence

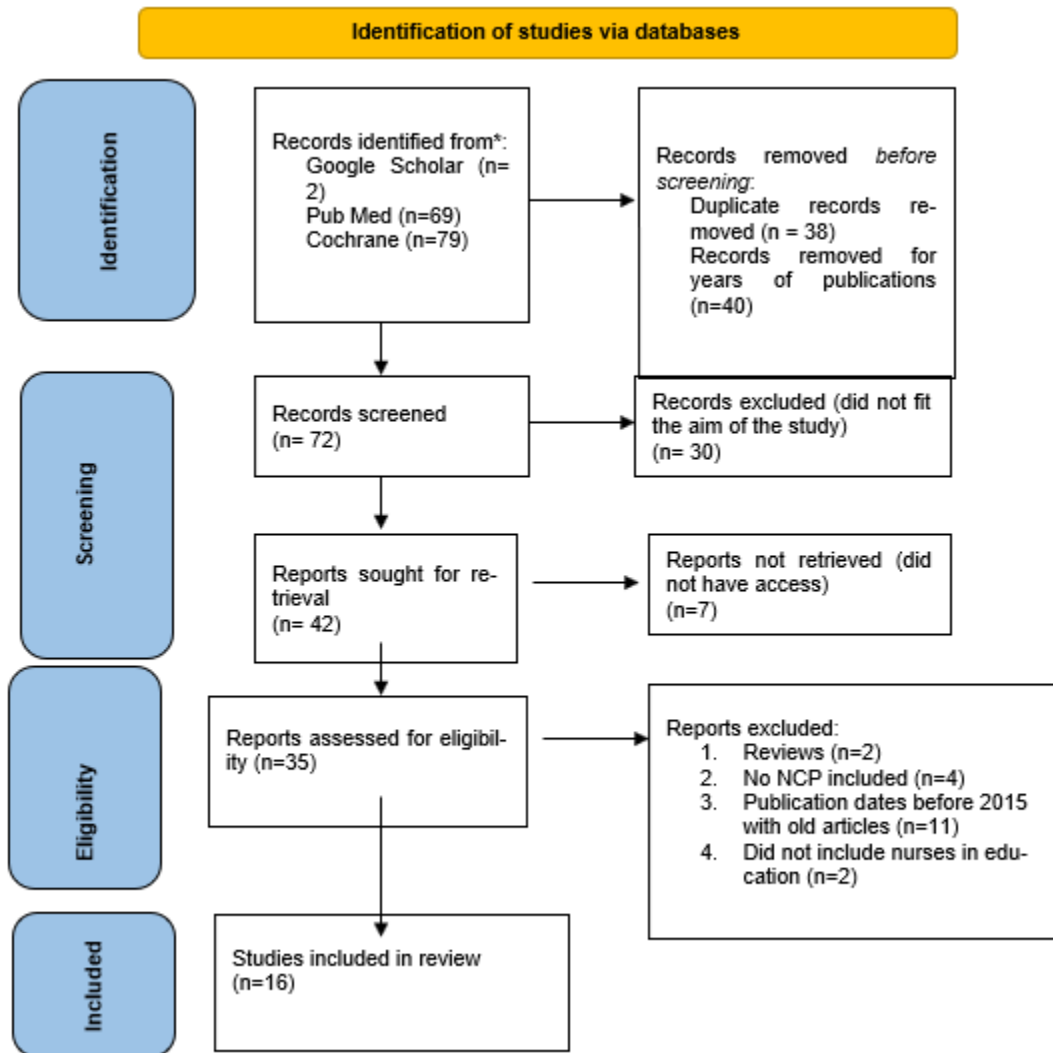


Figure 1: PRISMA-ScR

3.1 Characteristics of sources of evidence

This review included 16 articles published between 2015 and December 2023. Three studies were conducted in 2015, 2017 and 2020 respectively. Three studies were published in 2021, two studies in 2018, four in 2022 and two in 2023. The articles were conducted in various countries such as four in the USA [8,18,19,26]; two in China [21, 22], one in Poland [20],

one in Singapore [23], one in Greece [24]; one in Australia [25]; two in South Africa [27, 28]; one in the Netherlands [29]; one in Colombia [30]; and one in Belgium, Portugal and Italy [31], one in Indonesia [32]. There were four observational studies, five cross sectional studies, three experimental studies, two mix methods studies, one qualitative and one quasi experimental study in this scoping review, all presented in table 1 (annex 1).

Year, Country, Authors	Type of study	Characteristics of patients involved	Adherence level	Factors affecting the adherence	Wellbeing impact on adherence stated
Sevilla-Cazes, et al	Observational Qualitative	31 Chronic heart patients, males and	Low adherence	Unclear recommendations	Patients were in despair mental state.

2018 USA	patients	females in home care and readmitted in hospital		Better care in hospitals Financial issues	Transformed adherence to adaption.
<u>Kisielska et al</u> 2022 Szczecin	Observational Prospective cohort	112 patients after liver transplant	Medium level adherence	High social support, time since surgery, age, gender.	Majority had low or no depressive symptoms
Souliotis, et al. 2022 Greece	Cross sectional	250 patients with lung cancer	Few patients displayed poor adherence; whereas the corresponding percentage among physicians was 12.4%.	Communication gaps between patients and physicians. Long waiting periods to meet the physicians.	None stated
Gough K, et.al. 2022 Australia	Experimental	112 Women on radiotherapy	High level of adherence to the group who got nurse consultations face to face.	Adherence to the tailored specialist nurse consultations was satisfactory, while to telephone consults were less than satisfactory	Complete adherers reported significantly lower levels of psychological distress and significantly higher levels of physical, emotional and functional wellbeing before radiotherapy.
Yoon S, Kwan YH Singapore 2023	Qualitative	25 patients with hypertension	Low levels	therapy-related dimension patient-related dimension healthcare team and system-related dimension cultural beliefs	Cultural factors need to be taken into consideration from health care personnel
Panahi et.al. 2021 USA	Cross-sectional study	796 participants	Good levels of adherence	Younger age, lifestyle, long treatment with medications in the clinic and continuity of care	Better general adherence was associated with better chronic disease management
Ramkisson S, et.al 2017 South Africa	A cross-sectional study	401 participants with diabetes	Poor adherence	Social support, level of anxiety, social dysfunction, age, public versus private sector	Social support endorsed better levels of well-being.
McDowelBD, et.al 2020 USA	Cross sectional study	Women (N = 1138) who had completed treatment for Stage 0-III, ductal carcinoma breast cancer	Care coordinated by health care providers increased quality of life	The interaction between health care providers and patients, low health literacy reduced quality of life.	Better quality of life is translated in better wellbeing
Zhang LL, et.al 2022 China	Experimental	144 patients cranial trauma patients	Better treatment adherence and compliance in home collaborative care	Type of intervention, collaboration team	Better adherence to collaborative interventions brought higher levels of wellbeing
Li Y, et.al 2021 China	Experimental	263 patients with breast cancer	Increased adherence to exercise	Nurse interventions	Better quality of life post intervention

Spikes T, et.al 2020 USA	Observational Cross-sectional study	85 hypertensive African-American women	Low levels of adherence	Dimension of HTN beliefs were associated with medication adherence, illness perception, income	Not clear
Teunissen DT, et al 2015 Netherlands	Observational study	16 trained NP treated 103 female patients with UI. working in the same practice.	Nurse care practitioner provided care and adherence to treatment increased.	Lack of improvement of the UI and difficulties in performing the exercises	Increased quality of life from interventions of nurse practitioners
Fords GM, et al 2017 South Africa	A qualitative approach with a descriptive phenomenological design	10 women with HIV during prenatal period	Women with HIV were adherent to treatment	Loneliness, lack of support, concern of unborn child wellbeing	None stated
Vargas-Escobar LM, et al. Bogota Columbia 2022	Cross-sectional, observational- analytical study	151 adult patients with cardiovascular diseases 108 family members	High Self care agency increased adherence to treatment	family functioning, type of care received	None stated
Seys et al 2018 Belgium, Portugal, Italy	Cross sectional	257 COPD patients and 284 health care professionals	High adherence in groups with care plans provided	Education provided by team of health care providers, implementation of a care pathway	Reduced readmission rates brought better quality of life
Jujuk Proboningsih et al 2023 Indonesia	Quasi experimental	50 patients with hypertension	High adherence in intervention group	The experimental group received guided modules, and fear ad forgetfulness were factors that had impact on adherence	Chronic care model nursing interventions increase adherence

Table 1: Characteristics of the studies

3.2 Factors affecting adherence

After a careful review of the articles included, we separated them into 12 categories found to be important. The categories are as below: socio

demographic factors, economic factors, communication, well-being, quality of life, health insurance, type of support, health care personnel, consulting, family roles and health care policies. A more detailed description is provided in table 2.

Factor Category	Specific Factors	Influence on Adherence and Well-Being
Socio demographic factors	Gender [8], Race and Gender, Social Support and Depression [19], Marital Status [21], Age [21, 26, 30], Lower Education [21, 24-26, 30]	Patients with Low levels of education present lower adherence levels. Social support, depression, and marital status significantly impact adherence. Age and gender are also influential factors.
Economic factors	Financial family Support [27, 30]	Economic support from family improves adherence to nursing care plans.
Communication	Communication Between Health Personnel and Patients [24, 25, 27, 29, 32]	Proper communication improves adherence, while communication barriers lower adherence.
Well-Being	Emotional Well-Being [18], Depression and Anxiety [20, 23, 25, 28, 29]	Emotional well-being and depression and anxiety treatment are crucial for improving adherence.
Quality of life	Nursing Care Affects Quality of Life [20], Implementation of Nursing Care Pathways [22, 31]	Nursing care improves quality of life, and nursing care pathways are associated with higher adherence levels and lower readmission rates.
Health insurance	Health Insurance and Health Systems [26, 28]	When patients have good health insurance and health systems are efficient adherence to nursing care plans and treatment is higher.

Support	Social and Family Support [27], Working with Families [27] Nurses, nurse practitioners and health care collaborators [25,29]	Good social and family support help to achieve better well-being and higher adherence. Health care personnel plays an important role in adherence to treatment plans.
Consulting and interventions	Face to face compared to telephone advise [19,25] Home interventions [22,31, 32]	When patients are advised face to face and at home their adherence is higher, on the contrary over the phone consults show lower adherence to the treatment plans. Guided modules improved adherence levels.
Family roles	Family functions [28,30]	Family roles, and hope for the future of children increase adherence, particularly in HIV women and chronic patients with cardio vascular diseases.
Health care policies	Intervention policies [18, 24, 27, 28, 30]	Policy interventions enhance communication among patients and nurses, and help families to be included in care plans.

Table 2: The review studies divided by categories by specific factors

We also studied the positive and negative factors that affect adherence to nursing care plans among chronically ill patients. The information is presented in table 3.

Factor Category	Studies	Specific Factors	Influence on Adherence and Well-Being
Socio demographic factors	[8, 19, 21, 24-26, 30]	Higher education Economic stability Access to health care insurance	Lower education Lack of social support
Communication	[24, 25, 27, 29, 32]	Effective communication between healthcare providers and patients Clear communication about treatment plans and instructions Supportive nursing care plans and evidence-based practices	Communication barriers
Well-Being	[18, 20, 23, 25, 28, 29]	Positive emotional states Hope for the future	Mental health disorders (e.g., depression, anxiety)
Health care provider role	[25,29, 32]	Involvement of healthcare providers (e.g., nurse, nurse practitioner)	Lack of involvement or support from healthcare providers
Home care interventions Family Functioning	[22,31] [28,30]	Home care interventions based on nursing care plans supported by family members Implementation of nursing care pathways	Family conflict or lack of support
Health care policies	[18, 24, 27, 28, 30]	Policy interventions improving communication between patients and healthcare personnel Investments in healthcare systems to improve quality of life Accessible and comprehensive healthcare services	Lack of policy interventions addressing communication barriers Inadequate healthcare system infrastructure Fragmented healthcare system

Table 3: Specific positive and negative factors that impact adherence to nursing care plans

4. Discussion

4.1 Summary of evidence

The 16 studies included in this scoping review examined patients' adherence to treatments and care plans and the factors that influenced this process. The studies revealed positive and negative factors that greatly affect the adherence to health care plans, including health care work settings, patients' conditions, loss of family roles, lack of family support, and lack of communication from the team, type of insurance, instruction methods, etc. Results showed that patients are not keen on following

nursing care plans, including medication treatment, exercise, diet and nutrition and other aspects of disease treatment.

We found a relationship between gender and adherence to therapeutic recommendations to be unequivocal in one of the studies where women were more adherent than men, [15, 25], but on the contrary when it came to young women with chronic diseases, they were mostly non adherent. Some research authors have demonstrated lower adherence to treatment recommendations after organ transplantation among men emphasizing that type of pathology plays a significant impact on adherence to

treatment plan. This may be because men think that they do not need lots of medication, they can be strong and neglect the plan of care [34-36].

The level of adherence to care plans strongly influences the patients' wellbeing [12, 14, 20, 22], especially the patients with chronic diseases who are less adherent and have higher levels of emotional distress [19].

On the contrary to these findings, a study by Williams et al., concluded that symptoms of depression and bipolar diseases do not have an impact on the adherence to treatment of patients with Hepatitis C, because psychotropic medication helps them adhere to the treatment [33]. Among adults, depressive symptoms have been correlated with poor adherence to anti-epileptic medications, oral medications for cancer and controller medications for persistent asthma [40-42].

One of the findings in the review was that the care plans should focus on the preservation of the family caregiver role, as the patients who are not adherent to care plans have a hard time to perform this role [6]. Similar results came from Marsicano in 2015, stating that the focus of the care plan is on the supportive care rendered by family members, significant others, or caregivers responsible for meeting the physical/emotional needs of the patient. With limited access to health care for many people, most diseases are diagnosed and managed in an outpatient setting, so including the family in alleviating the caregiver-lost role of the patient is important [35].

Similar to this conclusion, the review from Rubin BK, 2018, stated that family members wanted to get involved in the care of their family, wishing to work closely with nurses and doctors, in order to improve treatment adherence by implementing nursing care plans. This can meliorate significantly patient experience with the healthcare system and increase their satisfaction of the services received [37].

Lack of education and cultural and socio-economic issues that affect the quality and adherence to nursing management of young women with gestational diabetes, and this need to be addressed in order to optimize care for women. Women are less adherent to diabetes treatment because of their low educational level and not understanding the nursing instructions and continuation of care [18]. These findings are in the same line with the review conclusions of Gast et. al., stating that low levels of education have a negative impact on the level of adherence to treatment of diseases, expensive medications etc. [38].

We noticed in this review that the type of consultations such as the ones face to face [20], advice given by nurses play a better role in helping patients adhere to the plans of care, while when the advice is provided by tele-health other health care professionals [14], offer lower levels of adherence. On the same line with these findings the review from Marques conducted in 2021 concluded that when caregivers and patients work together as a team face to face, many problems that come from improper communication are resolved [39].

One interesting finding in this review was the role of home care model provided by agencies with low and high level of care [6, 25]. Home care without clear instructions and not covered by state insurance agencies reduced the adherence to nursing care plans. This for the fact that no progress on the improvement of the diseases created more frustration and low adherence to the patients. While, the less financial burden creates the plan of care, the odds to follow this plan are higher. On the other hand, the review from Wilder. M, in 2021 found that Structural determinants of health inequities, such as employment, income, and education, were not significantly associated with medication adherence [43].

The support offered by health care professionals especially from nurses found in several studies of the review [14, 20, 22]. The patients stated that the higher the support from peer sessions guided by nurses and nursing coordination increased the adherence to treatment care plans. The same results are revealed by Aminah R. in 2020 stating that information on care plans should be done through a model of co-construction between the patient and the health professional. Well supported and educated patients were able to understand their condition and treatment resulting in higher adherence compared to those who lacked support and information [44].

This study has its strength and weakness. This is the first review that presents studies exploring factors that influence adherence to nursing care plans and their effect in wellbeing amongst heterogenous populations with various health problems. The data revealed were rich and settings were different in different countries from undeveloped to developed ones. The study followed the Preferred Reporting Items for Scoping Reviews - ScR guidelines to collect and evaluate the included studies, but we only used some electronic databases. Critical appraisal could not be performed because of the heterogeneity of the data and methods used. Populations included in the study were from different parts of the world and countries with significant changes in their factors affecting the adherence to nursing care plans especially medication adherence.

5. Limitations

The review followed PRISMA-ScR guidelines, but this review has its limitations. It is not registered in a protocol on the web. We excluded studies in languages other than English and included only quantitative studies. The studies included explored only the perspectives of patients, but not the nurses' opinions or data which would provide further detailed information on this topic.

6. Conclusions

In total, 16 studies were consulted regarding patients' well-being and their adherence to nursing care plans according to their individual characteristics. A normal complex process that includes emotional, physical, spiritual, social, and intellectual responses and behaviors by which individuals, families, and communities incorporate an actual, anticipated, or perceived loss into their daily live activities. The nurses play an active role in improving adherence to treatment plans thus helping to increase the quality of life and level of wellbeing. Among factors that have a significant role in improving or worsening the adherence to treatment plans are socio demographic factors, role of families in providing support, type of communication, health care policies etc. Improving communication among health care teams and family, providing peer and family support, providing care supported by health care policies will improve adherence rates and increase quality of life in patients with chronic diseases.

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Author Contributions: SN

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Appendix A

References

- M. Vera, (2023)."PubMed," *Nursing Care Plans* (NCP): Ultimate Guide and List, 3 January.
- Gil Wayne,(2022)."Nurse Labs," *Noncompliance Nursing Care Plan*, 19 March.
- Mirkarimi A, Khoddam H, Vakili MA, et al. (2018). Effect of life style modification on adherence to diet and *hypertension in hypertensive patients*. *Koomesh*. ; 20:192–202.
- S., Verhoeven, V. et al. (2022). Non-compliance with a nurse’s advice to visit the primary care provider: an exploratory secondary analysis of the TRIAGE-trial. *BMC Health Serv Res* ; 22, 463.
- Saarti S, Hajj A, Karam L, et al. (2016). Association between adherence, treatment satisfaction and illness perception in hypertensive patients. *Journal of Human Hypertension*. 30:341–5. ;
- Tchiki, D. 2019. What Is Well-Being? Definition, Types, and Well-Being Skills. *PsychologyToday*.
- Park, C.L., (2023). Kubzansky, L.D., Chafouleas, S.M. et al. Emotional Well-Being: What It Is and Why It Matters. *Affec Sci* 4; 10–20.
- Sevilla-Cazes, J., Ahmad, F. S., Bowles, K. H., Jaskowiak, A., (2018). Gallagher, T., Goldberg, L. R., Kangovi, S., Alexander, M., Riegel, B., Barg, F. K., & Kimmel, S. E. Heart Failure Home Management Challenges and Reasons for Readmission: a Qualitative Study to Understand the Patient’s Perspective. *Journal of general internal medicine*; 33(10), 1700–1707.
- P. L.Swearingen, (2016). All in One. Nursing Care Panning Resource, Medical-Surgical, Pediatric, Maternity, and *Psychiatric-Mental Health*), Elsevier. 3251 Riverport Lane, St. Louis, Missouri 63043.
- American Nurses Association. (2023). Nursing interventions classification (NIC) [Internet]. Retrieved June 25.
- Agyeman-Yeboah J, Korsah AK, Okrah J. (2017). Factors that influence the clinical utilization of the nursing process at a hospital in Accra Ghana. *BMC Nurs*; 16(30):1–7.
- Agyeman-Yeboah, J., &Korsah, K. A. (2018). Non-application of the nursing process at a hospital in Accra, Ghana: lessons from descriptive research. *BMC nursing*; 17, 45.
- Karagiannidou, M., Wittenberg, R., Landeiro, F. I. T., Park, A. L., Fry, A., Knapp, M., .et.al. 2018.& ROADMAP Group. Systematic literature review of methodologies and data sources of existing economic models across the full spectrum of Alzheimer’s disease and dementia from apparently healthy through disease progression to end of life care: *a systematic review protocol*. *BMJ Open*; 8(6), e020638.
- Cutler RL, Fernandez-Llimos F, Frommer M, Benrimoj C, Garcia-Cardenas V. (2017). Economic impact of medication non-adherence by disease groups: a systematic review. *BMJ Open*. 2018; 8(1): e016982.
- Horne, R., Chapman, S. C., Parham, R., Freemantle, N., Forbes, A., & Cooper, V. , 2013. Understanding patients’ adherence-related beliefs about medicines prescribed for long-term conditions: a meta-analytic review of the Necessity-Concerns Framework. *PLoS one*; 8(12), e80633.
- Munn, Z., Pollock, D., Khalil, H., Alexander, L., McInerney, P., Godfrey, Ch., Peters, M., et.al. 2022.What are scoping reviews? Providing a formal definition of scoping reviews as a type of evidence synthesis. *JBI Evidence Synthesis*; 20(4): p 950-952.
- Tricco, AC, Lillie, E, Zarin, W, O’Brien, KK, Colquhoun, H, Levac, D, et al. 2018. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*; 169(7):467-473.
- McDowell, B. D., Klemp, J., Blaes, A., Cohee, A. A.,E. A.et.al.2020. The association between cancer care coordination and quality of life is stronger for breast cancer patients with lower health literacy: A Greater Plains Collaborative Study. Supportive care in cancer: official journal of the *Multinational Association of Supportive Care in Cancer*; 28(2), 887–895.
- Spikes, T., Higgins, M., Lewis, T., & Dunbar, S. , (2020).The Effect of Contextualized Racial and Gendered Stressors, Social Support, and Depression on Hypertension Illness Perceptions and Hypertension Medication Adherence in Young African American Women With Hypertension. *The Journal of Cardiovascular Nursing*; 35(6), 576–587.
- Li, Y., Zhang, X., Zhang, L., & Wang, W. (2021).Effects of evidence-based nursing on psychological well-being, postoperative complications and quality of life after breast cancer surgery. *American journal of translational research*; 13(5), 5165–51
- Kisielska, A., Schneider-Matyka, D., Rachubińska, K., Ustanowski, P., Rybicka, A., &Grochans, E.(2021). The Impact of Socio-Demographic Factors on the Functioning of Liver Transplant Patients. *International journal of environmental research and public health*; 19(7), 4230.
- Zhang, L. L., Jiang, Z. J., Li, Y. Y., Li, P., Hua, Z. Y., Zhou, Q., & Cao, F.(2022). Effectiveness of Home Care Interventions in Patients with Moderate to Severe Cranio-cerebral Injury Combined with Epilepsy. *Computational and mathematical methods in medicine*, 3654181.
- Yoon S, Kwan YH, Yap WL, Lim ZY, Phang JK, Loo YX, Aw J and Low LL,(2023). Factors influencing medication adherence in multi-ethnic Asian patients with chronic diseases in Singapore: A qualitative study. *Frontier. Pharmacology*; 14:1124297.
- Souliotis, K., Peppou, L. E., Economou, M., Marioli, A., Nikolaidi, S., Saridi, M., Varvaras, D., Paschali, A., &Syrigos, K. N. Treatment Adherence in Patients with Lung Cancer from Prospects of Patients and Physicians. *Asian Pacific journal of cancer prevention : APJCP*, 2021; 22(6), 1891–1898.
- Gough, K., Pascoe, M., Bergin, R., Drosdowsky, A., Schofield, P.,(2022). Differential adherence to peer and nurse components of a supportive care package—The appeal of peer support may be related to women’s health and psychological status, *Patient Education and Counseling*; 105(3), 762-768.
- Panahi, S., Rathi, N., Hurley, J., Sundrud, J., Lucero, M., & Kamimura, A.(2022). Patient Adherence to Health Care Provider Recommendations and Medication among Free Clinic Patients. *Journal of patient experience*; 9, 23743735221077523.
- Ramkisson, S., Pillay, B. J., & Sibanda, W.(2017). Social support and coping in adults with type 2 diabetes. *African journal of primary health care & family medicine*; 9(1), e1–e8.
- Fords, G. M., Crowley, T., & van der Merwe, A. S. (2017)The lived experiences of rural women diagnosed with the human immunodeficiency virus in the antenatal period. *SAHARA J: journal of Social Aspects of HIV/AIDS Research Alliance*; 14(1), 85–92.

29. Teunissen, D.T., Stegeman, M.M., Bor, H.H. et al.(2015). Treatment by a nurse practitioner in primary care improves the severity and impact of urinary incontinence in women. An observational study. *BMC Urology*; 15, 51.
30. Vargas-Escobar, L. M., Valle-Ballesteros, R., Alemán-Parra, C. M., Parrado-Sarmiento, A. C.,(2022).Cortes-Muñoz, F., & Sánchez-Casas, C. Relationship Among Treatment Adherence, Family Functioning, and Self-Care Agency in Colombian Patients With Cardiovascular Disease. *The journal of nursing research: JNR*; 30(4), e224.
31. Seys, D., Bruyneel, L., Sermeus, W., Lodewijckx, C., Decramer, M., Deneckere, S., Panella, M., &Vanhaecht, K.(2018). Teamwork and Adherence to Recommendations Explain the Effect of a Care Pathway on Reduced 30-Day Readmission for Patients with a COPD Exacerbation. *COPD*, ;15(2),157–164.
32. Jujuk Proboningsih, Sriyono, Mohammad Najib, Fitriah.(2023). “Chronic Care Model Based Nursing Interventions Improve Hypertension Patient’s Medication Compliance by Preventing Patients Forget and Fear”, *International Journal of Advanced Health Science and Technology*; vol. 3, no. 1, pp. 55–59.
33. Williams S.(2018). Impact of Nursing Interventions on Medication Adherence During Hepatitis C Treatment: State of the Science. *Gastroenterology nursing: the official journal of the Society of Gastroenterology Nurses and Associate*; 41(5), 436–445.
34. Germani, G., Lazzaro, S., Gnoato, F., Senzolo, M., Borella,(2011).Nonadherent behaviors after solid organ transplantation. *Transplantation proceeding*; 43(1), 318–323.
35. Marsicano EO, Fernandes NS, Colugnati FAB, Fernandes NMS, De Geest S, Sanders-Pinheiro H.(2015). Multilevel Correlates of Non-Adherence in Kidney Transplant Patients Benefiting from Full Cost Coverage for Immunosuppressives: A Cross-Sectional Study. *PLoS ONE*; 10(11): e0138869.
36. Weng L.C., Yang Y.C., Huang H.L., Chiang Y.J., Tsai Y.H.(2016).Factors that determine self-reported immunosuppressant adherence in kidney transplant recipients,;" *vol. A correlational study. J. Adv. Nurs*; 73:228–239.
37. Rubin, B. K., Zhao, W., & Winders, T. A.(2018). What do patients want from their asthma care doctors?. *Paediatric respiratory reviews*; 27, 86–89.
38. Gast, A., Mathes, T.(2019). Medication adherence influencing factors—an (updated) overview of systematic reviews. *Syst Rev*; 8, 112
39. Marques, M. D. C., Pires, R., Perdigão, M., Sousa, L., Fonseca, et.al.,(2021). M. Patient-Centered Care for Patients with Cardiometabolic Diseases: An Integrative Review. *Journal of personalized medicine*; 11(12), 1289.
40. Capoccia K, Odegard PS, Letassy N. ,(2016). "Medication Adherence With Diabetes Medication: A Scopus Review of the Literature. *Diabetes Education* ;42(1):34–71.
41. Krauskopf, K. A., Sofianou, A., Goel, M. S., Wolf, M. S., Wilson, E. A., (2013).Depressive symptoms, low adherence, and poor asthma outcomes in the elderly. *The Journal of asthma: official journal of the Association for the Care of Asthma*; 50(3), 260–266.
42. Bulechek G, Butcher H, Dochterman J, Wagner C,(2013). *Nursing Interventions Classification (NIC)*, ed 6, St. Louis: Mosby.
43. Wilder, M. E., Kulie, P., Jensen, C., Levett, P., Blanchard, J., Dominguez, et.al.(2021).The Impact of Social Determinants of Health on Medication Adherence: a Systematic Review and Meta-analysis. *Journal of General Internal Medicine*.; 36(5), 1359–1370.
44. Aminch Rashidi, Prachi Kaistha, Lisa Whitehead, Suzanne Robinson.(2020). Factors that influence adherence to treatment plans amongst people living with cardiovascular disease: A review of published qualitative research studies, *International Journal of Nursing Studies*; Volume 110,103727, ISSN 0020-7489.



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