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INTEGRATIVE REVIEW OPEN ACCESS

Organisational Factors and Nurses' Well-Being in the Workplace: An Integrative Review

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Correspondence: Carmel Bond (c.bond1@shu.ac.uk)**Received:** 23 June 2025 | **Accepted:** 15 October 2025**Funding:** The authors received no specific funding for this work.**Keywords:** flourishing | nurses | well-being | workplace

ABSTRACT

Aim: To report organisational factors known to positively contribute to nurses' well-being in the workplace.**Design:** Integrative literature review.**Methods:** Peer-reviewed journal articles using various methodological approaches, and theoretical works, published in English with a focus on organisational factors and nurses' well-being were included. Papers reporting on other healthcare professional groups and/or nursing students were excluded. Data were synthesised into an integrative review, with findings organised theoretically, according to the PERMA model (Positive emotions, Engagement, Relationships, Meaning, Accomplishment), otherwise known as The Well-being Model.**Data Sources:** Relevant papers published between May 2020 and April 2025 were identified using CINAHL and PsycINFO electronic databases. Search date, April 24, 2025.**Results:** The review included 18 articles, mostly from Europe and the United States, examining workplace factors that contribute to the health and well-being of nurses. Mapping findings to the PERMA domains showed that organisational support and individual strategies together foster flourishing among nurses.**Conclusion:** This review highlights both individual factors (such as self-care, strength use and adaptive coping) and organisational structures (including supportive environments, professional development and recognition) that are essential for nurses' well-being and flourishing. However, effective interventions require systemic change, with leadership and education playing key roles in supporting nurses to flourish in the workplace.**Implications for the Profession and/or Patient Care:** This review addressed the need to go beyond deficit models of nurses' well-being to pinpoint specific organisational factors that can help nurses to flourish. Prioritising nurse well-being is vital for high-quality, safe and sustainable healthcare systems. Investing in environments where nurses can flourish benefits both individuals and the broader healthcare system.**Reporting Method:** This integrative review was reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.**Patient or Public Contribution:** This study did not include patient or public involvement in its design, conduct or reporting.

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1 | Background and Significance

Nurses are the lifeblood of every nation's healthcare system, and the essential care they provide for patients, family members and communities is often delivered in both complex and demanding environments (Olorunfemi et al. 2024). As members of the 'helping' professions, nurses are exposed to a variety of potentially traumatic and difficult moments in human suffering and the healing process (Prescott et al. 2024; Stewart et al. 2025). The ability of nurses to consistently respond to these scenarios under pressure can have serious consequences for individual health, team dynamics, and the nursing workforce (Prescott et al. 2024; Shaw et al. 2024; Stewart et al. 2025).

Nurse well-being as a physiological state is both a collective organisational priority and ethical responsibility, essential for building high-quality patient care practices and long-term nursing workforce retention (Buckley et al. 2025). The well-being of each nurse individually exerts a collective influence directly on patient outcomes and organisational effectiveness (Jarden et al. 2021a, 2021b; Pryor et al. 2025; Zheng et al. 2024). Concerns about nurse well-being have intensified in recent years due to global, organisational, environmental and workplace-based challenges (Jarden, Jarden, et al. 2022; Jarden, Sandham, et al. 2022; Sagherian et al. 2024; Shaw et al. 2024; Stewart et al. 2025; Watson 2024b) and particularly since the COVID-19 pandemic (Bagnasco et al. 2024). A recent report by the International Council of Nurses (Stewart et al. 2025, 4) stated in the executive summary,

Nurses, essential to health care delivery, are increasingly facing insurmountable challenges that undermine their well-being and threaten their ability to provide high-quality care. Chronic understaffing, unsafe working conditions and inadequate pay have led to widespread burnout, high attrition rates... these factors, combined with escalating demand for health care services driven by ageing populations and growing non-communicable diseases, have created a perfect storm that is pushing health systems to their limits.

In such circumstances, it is essential to understand what nurse well-being entails and how it influences patient outcomes, organisational effectiveness and the nursing workforce.

Well-being typically refers to how positively a person feels, and thinks about themselves, both in the moment and over time, and is a fundamental aspect of quality of life (Si et al. 2023). Nurse well-being is achieved when nurses feel healthy, confident and proud of their contributions to care, experiencing a sense of wholeness in mind, body, emotion and spirit (Patrician et al. 2022). It grows out of a mix of personal qualities and the support provided by their workplace and wider community at any moment (Patrician et al. 2022). Nurses' well-being encompasses positive experiences both professionally and personally, serving as a key indicator of their overall job satisfaction. It influences not only their physical and mental health but also their performance and conduct at work (Si et al. 2023).

To date, well-being has been considered a complex concept that has been examined across multiple domains, including emotional (Ripp et al. 2020), psychological (Keyes 2002), spiritual (Jaberi et al. 2019) and subjective (Diener et al. 2018). The concept of well-being has also been studied across different contexts and within various populations (Ruggeri et al. 2020). More recently, the notion of flourishing, which reflects a state of optimal functioning and holistic well-being, has emerged as an important and evolving area of study within the well-being literature (Rule et al. 2024; Logan et al. 2023). Flourishing is conceptualised by Seligman's (2011) PERMA model. The model, also known as the Well-being Model, comprises five core domains: Positive Emotion, Engagement, Relationships, Meaning and Accomplishment. Where traditional measures focus solely on distress, PERMA captures both the presence of positive functioning and the absence of negative states (Butler and Kern 2016). In the context of the current review, understanding the factors that contribute to nurses' flourishing is crucial as it provides insight into how the workforce can be sustained and optimal patient outcomes achieved in the future.

One foundational aspect of facilitating nurse well-being is positive organisational culture (Lu et al. 2022; Moon and Park 2025; Patrician et al. 2022). This concept of organisational culture refers to the invisible social fabric of shared assumptions, values, and everyday behaviours that signal *how* people should interact, solve problems and pursue a common purpose (Moon and Park 2025; Schein 2010). Rooted in positive psychology, a positive and constructive culture deliberately rewards prosocial conduct (fairness, mutual respect and continuous learning) and actively resists the normalisation of harmful acts such as bullying or blame (Achor 2018; Moon and Park 2025; Schein 2010). Edgar Schein's (2010) classic organisational culture model helps unpack that fabric.

Schein's (2010) organisational culture model distinguishes *shallow factors* (the things everyone can see or hear) from *deep factors* that silently drive behaviour. *Shallow factors* include artefacts (e.g., unit layout, rituals, tone of emails, compassionate feedback, authentic leadership and meaningful recognition) and the more overt side of espoused values (e.g., policies, mission statements and advertisements) (Bond et al. 2021; Nicholls et al. 2024; Stewart et al. 2025; Watson 2024a). Conversely, *deep factors* are the basic covert assumptions that staff rarely voice, yet instinctively follow (Delgado 2025; Schein 2010). When shallow factors faithfully mirror the deep ones, the pyramid supports an apex of nurse well-being; visible proof that culture and practice are in harmony (Jarden et al. 2021a, 2021b; Moon and Park 2025; Pryor et al. 2025). If shallow signals conflict with deep assumptions, strain appears, first at the apex; declining physical, emotional or professional health among nurses warns leaders that surface fixes have not reached the culture's roots (Ku and Yu 2024; Moon and Park 2025; Terzioğlu et al. 2016; Zheng et al. 2024; Zhou et al. 2025).

Due to the recognised importance of nurses' well-being, there needs to be a contemporary understanding of how both organisational and individual factors interact to support flourishing among nurses in their professional roles. A growing body of evidence shows that nurse well-being is tightly coupled to workforce stability and patient safety; for example, units with healthier, happier nurses observe lower turnover and better clinical outcomes (Alsadaan et al. 2024; Moon and Park 2025;

Pryor et al. 2025; Quinones 2024). Yet studies also warn that well-being cannot be safeguarded by personal resilience or self-care alone (Jarden et al. 2021b; Nicholls et al. 2024; Stewart et al. 2025; Watson 2024a). Even highly resilient nurses report escalating stress and burnout when staffing, leadership and cultural support are lacking (Akoo et al. 2024; Jarden, Jarden, et al. 2022; Watson 2024a, 2024b). In other words, individual and organisational forces act as interlocking dials; if either one is set too low, the whole system falters. Contemporary frameworks therefore argue for dual-lens diagnostics; leaders must examine structural drivers such as staffing ratios, psychological safety and perceived organisational support alongside personal factors like resilience, social support and coping style (Ike et al. 2024; Nilsson et al. 2023). Mapping how these layers amplify (or buffer) each other can enable organisations to design interventions that truly empower nurses to flourish in their professional roles.

2 | Stage 1: Purpose of the Review/Research Question

Underpinned by positive psychological theory (Seligman 2008, 2011), the purpose of this review was to explore factors within the workplace that enhance well-being among registered nurses. We chose to explore both organisational and individual factors that facilitate flourishing for nurses within their professional roles. Employing an integrative review design, the current review aimed to combine findings from diverse research methodologies, including quantitative, qualitative and mixed methods, to offer a thorough and nuanced perspective.

3 | Review Methodology

The integrative review approach was chosen for this topic because it allows for the inclusion of a wide range of research types, allowing for the inclusion of empirical studies and theoretical works, offering a comprehensive and detailed understanding of the issue (Whittemore and Knafl 2005). Whittemore and Knafl's (2005) framework was chosen as it clearly outlines the following stages: problem identification, literature search, data evaluation, data analysis and presentation of results.

To provide conceptual clarity for this review, the definition of nurses' well-being in the workplace is grounded in a comprehensive concept analysis conducted by Patrician et al. (2022). These authors state that nurse well-being encompasses both individual and organisational dimensions, outlining how, at the individual level, well-being is characterised by attributes such as happiness, satisfaction, optimism, compassion, gratitude, forgiveness and a sense of physical and spiritual health. Organisational and community attributes include teamwork, a shared sense of mission, pride in one's work, and social integration.

Also of significance to this review is Seligman's (2011) influential theory, which conceptualises 'flourishing', and is otherwise known as the Well-being Model. Flourishing represents a state that goes beyond basic well-being, encompassing not only feeling good and functioning effectively, but also actively thriving, growing and realising one's potential across multiple dimensions

of life through PERMA (Seligman 2011); 'Positive emotions, Engagement, Relationships, Meaning and Accomplishment' (Bazargan-Hejazi et al. 2021; Seligman 2011). PERMA has become widely recognised as a robust, multidimensional model for understanding and measuring well-being in both general and workplace contexts, and is supported by extensive empirical research (Ibrahim et al. 2023).

The focus on the five core elements of PERMA aligns closely with contemporary definitions of workplace well-being, which emphasise feeling good and functioning effectively at the individual level (Patrician et al. 2022). Given its comprehensive and flexible structure, the PERMA framework is particularly well-suited to guide the synthesis and organisation of findings in this integrative review. Thus, workplace factors and nurse well-being outcomes were organised around and mapped to the PERMA domains. The rationale for this was to make the analysis both systematic and accessible. The aim is to enable clearer identification of how different organisational factors and aspects of the workplace environment may contribute to nurses' well-being.

4 | Data Sources

The data sources for this review were selected using the integrative review method (Whittemore and Knafl 2005) to enable a comprehensive synthesis of diverse forms of evidence. This approach was chosen because, unlike a systematic review, which typically aims to evaluate and summarise all relevant studies on a narrowly defined topic (Gopalakrishnan and Ganeshkumar 2013), an integrative review allows for the inclusion of a wide range of research methodologies and data types. This flexibility aligns with our objective to synthesise knowledge from different forms of primary evidence, similar to the broader scope offered by a scoping review (Colquhoun et al. 2014; Peters et al. 2021). Incorporating a mixture of different types of research enables a more comprehensive and nuanced understanding of the topic. Whilst review articles can be included in an integrative review, we chose not to, as this avoids potential duplication of findings, thus ensuring the synthesis is grounded in original research. This decision supports a more direct analysis of the primary evidence, enhancing the credibility and specificity of the review's conclusions.

4.1 | Target Population

The review focused on registered nurses working in various capacities, including direct care, teaching, management and policy development, across diverse healthcare environments.

5 | Stage 2: Literature Search

The literature search was conducted in April 2025. Two databases were used: PsycINFO and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). Different combinations of search terms relating to nurses' well-being and workplace/organisation were used. Specific search terms included the use of Boolean Operators "AND" "OR" to combine keywords, and truncation was included to ensure similar

terms were captured, e.g., “Nurs*” captured the following terms (nurs or nurse or nursing or nurses). The final search string was (nurs or nurse or nursing or nurses) AND (flourishing or thriving or well-being) AND (workplace environment or working conditions).

The search string used in CINAHL was (nurse* OR nursing) AND (flourishing OR thriving OR “well-being”) AND (workplace environment OR workplace conditions), and in PsycINFO, the following search string was used: (nurse* OR nursing) AND (flourishing OR thriving OR “well-being”) AND (“organisational factors” OR workplace). The final search included the following limiters: Publication Date: 2020–2025; English Language; Peer Reviewed; Research Article; Journal Subset: Nursing, Peer Reviewed; Publication Type: Journal Article. MeSH headings were applied to narrow the focus to “Nurses, well-being, workplace, working conditions and employee well-being”.

6 | Inclusion and Exclusion Criteria

The inclusion criteria for this review (see Table 1) required that articles address workplace (organisational) factors and nurses’ well-being. Only peer-reviewed articles published in English between May 2020 and April 2025 were considered. This selection captures the evolving understanding of nurses’ well-being during and after the COVID-19 pandemic, reflecting the profession’s response to unprecedented stressors and changes in the healthcare environment. Studies published before this were excluded, as research on well-being in this context, particularly concerning the concept of ‘flourishing’, has become more pronounced in recent years (Ibrahim et al. 2023). Moreover, according to Patrician et al. (2022), organisational factors linked to nurses’ workplace well-being are sparse within the existing contemporary literature. As such, instead

of focussing on individual deficits within the workplace (of which Patrician et al. (2022) argue there is a wealth of extant literature), it was necessary to examine workplace factors that contribute to the health and well-being of nurses specifically in terms of ‘what workplace factors support nurses’ well-being and help nurses to flourish?’

6.1 | Search Outcomes

A total of 384 papers were identified from the two databases. Searching CINAHL identified 178 papers, and searching PsycINFO identified 206 papers. These papers were screened initially by title, which resulted in 296 being discarded (107 from CINAHL and 189 from PsycINFO) as they did not meet the inclusion criteria.

Eighty eight papers remained and were screened by reading the abstract. Fifty six articles were removed as they did not meet the inclusion criteria, resulting in 32 being screened for a full review. One duplicate was removed. In total, 31 papers were printed, read and screened. During this process, five articles were excluded; 18 articles were found to be eligible. The main reasons articles were excluded were (1) leadership focus, (2) focus on burnout, workplace violence and workplace bullying, and (3) the well-being of nursing staff was not the primary focus, or (4) the population studied included physicians and other clinical/professional staff. One paper was not peer-reviewed, and one paper was not published in English. The PRISMA flow chart (Figure 1) illustrates the search and screening process.

7 | Stage 3: Data Evaluation (Quality Appraisal)

We applied the Mixed Methods Appraisal Tool (MMAT), focusing mainly on Domain 4: Quantitative Descriptive, to enhance

TABLE 1 | Inclusion and exclusion criteria.

Inclusion	Exclusion
English language	
Nurses	Healthcare assistants Medical personnel Allied healthcare professionals Student nurses
Peer-reviewed primary research articles	Editorial and opinion pieces Grey literature
Published after May 2020	Published before May 2020
Focus on well-being	Papers that do not consider organisational factors
All nursing fields/specialisms	Not specific to well-being
Focus on the workplace environment and/or workplace conditions	Leadership—not the focus of the review
Focus on factors that positively influence well-being or positively support well-being in the workplace	Exclude if focus is on: burnout, moral distress, mental distress, challenging workplace situations, workplace violence experiences, workplace incivility/ bullying, resilience, risks, job stress etc. or any papers that focus on the role of the workplace in causing distress/ illness

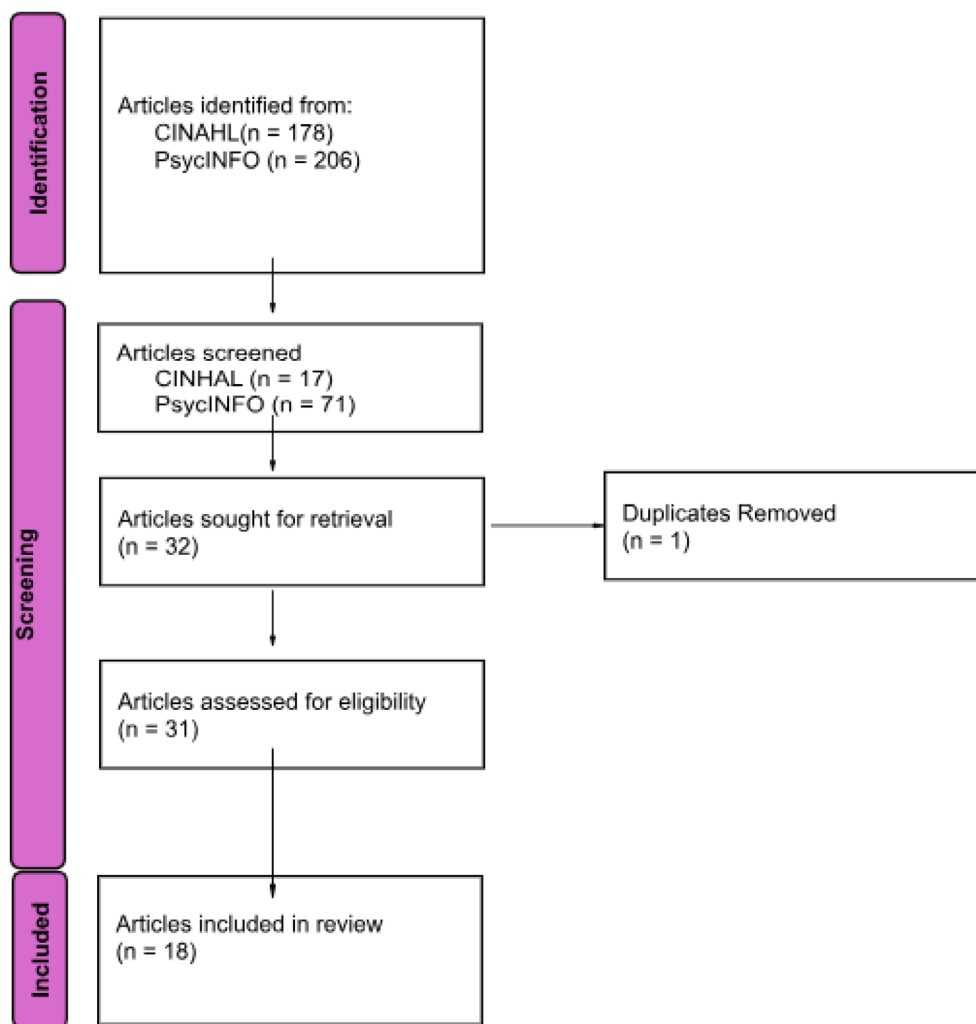


FIGURE 1 | Flow diagram for the integrative review process. [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/jan.70333)]

our understanding of the methodological quality underpinning the evidence base. All of the studies reviewed featured clearly stated research objectives, and all had sufficient data. We then evaluated each study against five key criteria: (1) sample representativeness, (2) measurement appropriateness, (3) completeness of outcome data, (4) consideration of confounders and (5) adequacy of statistical analyses. All the articles satisfied essential standards, with well-articulated aims, validated and reliable measurement tools and analyses that directly addressed the research questions. No studies were excluded for poor methodological quality.

7.1 | Analytic Procedures

Consistent with Whittemore and Knafl's (2005) approach to integrative reviews, the analytic phase (Stage 4) is central to synthesising findings from diverse sources and methodologies. In the current review, data analysis was structured around the PERMA framework (M. E. Seligman 2011); Positive emotion, Engagement, Relationships, Meaning and Accomplishment (and Health), to systematically organise and interpret the evidence from included studies. Following data extraction, each article was coded according to its primary focus within the PERMA domains. This thematic

coding allowed for the identification of patterns, inconsistencies and gaps across the literature. Data were then synthesised narratively, with findings grouped under each PERMA component to ensure a comprehensive and structured presentation of results.

The analysis process involved iterative comparison of data across studies, enabling the integration of both quantitative and qualitative evidence as appropriate to each PERMA theme. This approach aligns with Whittemore and Knafl's (2005) recommendation to employ flexible analytic strategies that accommodate the diversity of methodologies typically included in integrative reviews. Anchoring the analysis to the PERMA framework, this review ensures a focused, theory-driven synthesis that enhances the clarity and applicability of findings for evidence-based practice.

8 | Stage 4: Data Analysis and Synthesis

After identifying and selecting eligible studies, data were systematically extracted and organised using a standardised Excel spreadsheet to capture key characteristics such as study design, participants, setting and principal findings (Table 2). Four members of the review team independently extracted the data.

TABLE 2 | Data matrix.

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Ahlstedt et al.	2020	To explore registered nurses' motivation expressed in daily communication, using the basic needs in self-determination theory as a framework.	All registered nurses employed at a hospital unit linked to an emergency department at a university hospital in Sweden ($n = 10$).	Secondary analysis of ethnographic data.	A secondary analysis of ethnographic data, collected through participant observations, informal interviews during observations and individual interviews, was used.	Secondary analysis using reflective thematic analysis.	Self-regulation of learning, the possibilities to discuss work-related challenges with colleagues, and having registered nurses lead dialogues with physicians were factors connected to autonomy. Having a registered nurse and physician solving problems together was a factor connected to competence. A sense of belonging and security in a permissive climate between registered nurses was connected to relatedness.
Davey et al.	2020	To evaluate a mentoring programme embedded in a work-based personal resilience enhancement intervention for forensic nurses.	24 forensic nurse mentees and senior nurse mentors (12 nurse mentees and 12 senior nurse mentors from cohorts 1 and 2 of the program) who were non-agency, band 5 and 6 nurses registered with the UK Nursing and Midwifery Council, who worked on the forensic inpatient wards at a mental health and community NHS Trust in the south-west of England.	This qualitative study formed part of a wider mixed-methods study that aimed to implement and evaluate a work-based personal resilience enhancement intervention.	Semi-structured interviews	Thematic analysis using the Framework Method	Four key themes relating to the initiation and maintenance of mentor-mentee relationships were identified: finding time and space to arrange mentoring sessions; building rapport and developing the relationship; setting expectations of the mentoring relationship and the commitment required; and the impact of the mentoring relationship for both mentees and mentors. Study findings highlight the benefits of senior nurses mentoring junior staff and provide evidence to support the integration of mentoring programmes within wider work-based resilience enhancement interventions. Effective mentoring can lead to the expansion of professional networks, career development opportunities, increased confidence and competence at problem-solving, and higher levels of resilience, well-being and self-confidence.

(Continues)

TABLE 2 | (Continued)

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Van Horne et al.	2020	To determine whether an innovative program including psychoeducation grounded in positive psychology and awareness of cognitive biases, along with access to a dedicated relaxation environment, would lower burnout for nurses.	63 registered nurses	Prospective cohort analysis	Pretest/posttest	Regression models	Opportunity to Achieve Staff Inspiration and Strength (OASIS) education = lower burnout, higher compassion satisfaction, no change in secondary traumatic stress.
Babamiri et al.	2021	To investigate the relationship between the concepts of psychological capital, interactional justice, supervisor support and workplace happiness, and how they are mediated by employees' trust in their supervisors.	200 hospital nurses in Hamedan, Iran	Cross-sectional	Self-reported questionnaire measuring 'variables of trust in supervisor, psychological capital, interactional justice, supervisor support and happiness at work'	Applied findings to a proposed model of happiness. Cronbach's alpha 0.68, 0.61	Psychological capital (self-efficacy, optimism, resilience) directly affects happiness at work. Interactional justice (perceptions of fairness) directly influence happiness and influence organisational citizenship behaviours. Supervisor support (dependent on trust) influences happiness at work. Happiness positively influences performance at work.

(Continues)

TABLE 2 | (Continued)

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Ghazzawi et al.	2021	To better understand the functionality of job crafting and its relationship with personality and job autonomy in the context of non-Western health care as an adaptive problem-solving work behaviour that is related to creativity.	547 nurses from seven hospitals in Lebanon	Cross-sectional	Survey	Structural equation modelling	Creativity, job autonomy and agreeableness were related to the approach job crafting dimensions and two of these job crafting dimensions were in turn related to subjective well-being. Creative nurses tend to job craft more and this is associated with their subjective well-being. Nurses high on extraversion and emotional stability experienced higher subjective well-being.
Wood et al.	2021	To examine and explore organisational and role conditions that promote or inhibit job satisfaction and workplace well-being for advanced practice nurses.	22 advanced practice nurses: male. Twelve worked in primary care settings, eight in secondary care settings and two across both settings. Most had advanced practitioner in their job title (e.g., advanced nurse practitioner, advanced clinical practitioner), but other advanced roles were also named including nurse practitioner, community matron, specialised clinical educator and professional lead. They had been working at an advanced practice level for between three and 15 years, often across multiple settings.	Qualitative approach	Semi-structured telephone interviews	Thematic analysis	Four super-ordinate themes were derived from the data: 'the APN role and professional identity', 'feeling exposed', 'support for the advancement of the APN role' and 'demonstrating impact'. Each of the four themes are comprised of a number of subordinate themes and are presented below. The four themes cannot be understood in isolation from one another. Each theme relates to the authors' primary concerns about the conditions, which might inhibit or promote role satisfaction, dissatisfaction and overall workplace well-being. Some APN participants were experiencing the burden of the elevated expectation of colleagues, whilst others were struggling to maintain work satisfaction as a result of confused role definition and altered workplace identity.

(Continues)

TABLE 2 | (Continued)

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Ashley et al.	2021	To explore primary healthcare nurses' psychological well-being related to the COVID-19 pandemic.	Diploma-prepared enrolled nurses, baccalaureate-prepared (or equivalent) registered nurses or master's-prepared nurse practitioners employed in Australian Primary Healthcare: 24 females (96%) and 1 male (4%) (range 26–66 years; mean 45.1 years; SD 11.2). Most participants were employed as registered nurses ($n = 20$; 80%), with fewer nurse practitioner ($n = 3$; 12%) and enrolled nurse ($n = 2$; 8%) participants. Thirteen (52%) participants were employed as general practice nurses (GPNs) and 12 (48%) participants were community-based nurses (CNs) from settings such as women's health, maternal and child health, mental health and Aboriginal health and Aboriginal medical services.	Qualitative descriptive study embedded within a sequential explanatory mixed methods project.	Semi-structured interviews	Inductive thematic analysis framework.	The importance of professional and public support and acknowledgement of nurses' role during the pandemic positively influenced feelings of being valued. The psychological impact of negative experiences increased anxiety and stress levels. Participants reported a range of self-care strategies, including increased vigilance with infection control at home and work and attention to physical exercise and diet. Most participants remained positive about their roles and career decisions, although some indicated that the negative psychological impacts prompted re-evaluation of their career.

(Continues)

TABLE 2 | (Continued)

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Kohnen et al.	2023	To explore the underlying mechanisms and boundary conditions by which characteristics present in the clinical work environment influence nurses' well-being	1729 direct care nurses in Belgium	Cross-sectional survey study	Online questionnaires	Structural equation modelling	Nurses who perceive sufficient job resources such as feedback, autonomy and opportunities for growth and development, are likely to feel intrinsically motivated at work. Job demands harm psychological health
Sönmez et al.	2023	To examine the relationship between nursing work environment, nurses' perception of decent work, job satisfaction and physical and mental health.	311 nurses working in two hospitals in a province of Turkey.	Cross-sectional, correlational study	Participant information form	Structural equation modelling	Nurses' perception of decent work was found to be significantly associated with physical and mental health.
Whybrow et al.	2023	To understand the perceived helpfulness and acceptability of a bespoke psychological therapy service for registered nurses.	20 RNs in Wales	Exploratory, qualitative descriptive	Semi-structured interviews	Reflexive thematic analysis	4 main themes: <i>COVID changed things; You're a nurse, you're human; I've got 'me' back; and pretty close to miracle workers.</i> Free, accessible and timely psychological care for nurses and nursing students during times of distress allowed participants to challenge unrealistic stigmas about the nursing role. Separate themselves from their role, be vulnerable and develop confidence and adaptive coping strategies. Participants valued the minimal barriers and ease of access to support.

(Continues)

TABLE 2 | (Continued)

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Mannocci et al.	2023	To measure the perception of the organisational health level of the workplace among COVID-19 nurses (i.e., nurses who directly dealt with COVID-19 counter-measures) as an influence on work quality and work-related stress.	123 nurses who had worked in Lazio (Italy) and had been in contact with COVID-19 patients.	Cross-sectional survey	Online survey: The Italian version of the Multidimensional Organisational Health Questionnaire (MOHQ) was repurposed for use on nurses	Descriptive, univariate, linear regression	The scores with a value below the recommended level (2.6) are: Comfort of the working environment (mean = 2.57; SD = 0.66); Valorisation of skills (mean = 2.40; SD = 0.62); Openness to innovation (mean = 2.46; SD = 0.77); Satisfaction with top management (mean = 2.48; SD = 0.81); and the inverse scale Fatigue (mean = 2.94; SD = 0.55).
Li et al.	2024	To investigate the factors influencing thriving and the mechanisms of interaction between the factors among ED nurses.	380 ED nurses from six tertiary hospitals in China—who had worked in the ED for a year or longer	Cross-sectional	Questionnaires	Univariate analysis, Pearson correlation and hierarchical multiple regression analyses	When nurses have time to detach psychologically during their free time, it is possible to unwind and rest. Having time to unwind stops the depletion of resources and boost their likelihood of thriving at work
Högstedt et al.	2024	To examine determinants and experiences of nursing competence and well-being at work (thriving and stress) among internationally and domestically educated nurses.	Two groups of internationally educated nurses who had completed a bridging program or validation to obtain a Swedish nursing licence and one group of domestically newly educated nurses.	Longitudinal mixed methods study	Interviews & self-reported measures	Multiple regression models	Higher levels of perceived access to structural empowerment were statistically significant for higher nurse-rated thriving at work. Interview data showed that structural empowerment and cooperation are important to nurses' self-rated competence and well-being at work.

(Continues)

TABLE 2 | (Continued)

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Li, Zhou & Kuang	2024	To investigate the relationships among thriving at work, career calling and moral distress and to explore the mediating role of career calling in the relationship between thriving at work and moral distress among emergency nurses	390 emergency nurses in China	A quantitative, cross-sectional study	Online survey	Descriptive statistics and common method bias test.	Thriving at work is positively correlated with nurses' career calling. A higher career calling leads to lower moral distress.
Riedl et al.	2024	To investigate whether short audio-guided mindfulness meditations are beneficial for recovery during breaks and psychological detachment after work.	Hospital nurses—German charitable associations of elderly care facilities	Intervention study	Self-reported measures	Multilevel path model analysis	Nurses reported higher after-work detachment, better sleep and calmness when taking part in mindfulness interventions during breaks at work.
Cadiz et al.	2024	To explore how humour is used and perceived by nurses in the workplace.	Registered nurses reported living in the western region of the United States.	Qualitative	Interview	Reflexive thematic analysis.	Nursing involves workplace-related stressors—humour helps nurses' cope with stress and improves well-being
Bai & Bai	2024	To evaluate how strength use affects thriving at work among Chinese nurses, with a focus on the mediating effects of control beliefs about stress and cognitive reappraisal	434 registered Chinese nurses—with at least 1 year of work experience in their current role	Cross-sectional	Online survey	Correlation analysis	Control beliefs about stress and cognitive reappraisal are critical mediators in the relationship between strength use and thriving at work among Chinese nurses.

(Continues)

TABLE 2 | (Continued)

Author(s)	Year of publication	Research objectives	Sample/participants and setting	Study design	Data collection methods	Analytical approach	Significant findings relevant to the review
Jennings et al.	2025	To determine which aspects of the physical and social hospital environments might be related to nurses' well-being.	Nurses at one tertiary health care campus	Cross-sectional design	Survey	Statistical correlation and regression analyses	Improvements in the physical working environment can improve nursing staff well-being. Aesthetics of clinical setting may promote nursing staff well-being. "Nice images and artwork" in the clinical workplace were associated with minor decreases in overall psychological stress. Nurses' perception of their control over their professional practice environment affects perception of overall psychological stress.

To ensure a theoretically informed synthesis, the PERMA model of well-being was adopted as the guiding framework for data analysis and synthesis (Seligman 2011). Findings from each study were mapped onto the relevant PERMA domains, enabling a structured comparison of how various organisational and individual factors within healthcare environments contribute to different aspects of nurses' well-being. The use of a priori themes derived from the PERMA model aligns with the 'best fit' framework synthesis method, which involves applying an existing theoretical framework to organise and interpret data (Carroll et al. 2013), effectively combining the established strengths of framework and thematic synthesis approaches (Barnett-Page and Thomas 2009).

Typically, the 'best fit' framework synthesis is applied within systematic reviews to provide a transparent and systematic approach to organising evidence and refining conceptual models (Carroll et al. 2013). This method is valued for its transparency and systematic nature, facilitating clear mapping of findings against established constructs. Moreover, integrative reviews often incorporate diverse study designs and methodologies, benefiting from a logical classification system or guiding framework to synthesise heterogeneous data effectively (Whittemore and Knafl 2005). Thus, utilising a theoretical framework such as PERMA not only enhances the transparency and replicability of the review process but also supports accessibility, coherence and methodological rigour in presenting and interpreting complex findings.

The application of PERMA facilitated the categorisation of results according to pre-defined domains, supporting a systematic and accessible analysis. Where studies addressed multiple domains, findings were cross-referenced accordingly. This approach enabled the team to identify patterns and gaps in the literature, as well as a clearer understanding of how organisational/workplace factors influence the well-being of nurses. Overall, this ensured that the review was comprehensive and aligned with a robust theoretical model, enhancing the clarity and acceptability of the findings for practice and future research.

9 | Results

9.1 | Description of Included Studies

The search yielded 18 records published between 2020 and 2025. All were empirical investigations. Nine studies were explicitly identified as cross-sectional designs (Jennings et al. 2025; Bai and Bai 2024; Li, Zhou, and Kuang 2024; Li, Hou, et al. 2024; Mannocci et al. 2023; Sönmez et al. 2023; Kohnen et al. 2023; Ghazzawi et al. 2021; Babamiri et al. 2021). Four were qualitative research (Cadiz et al. 2024; Whybrow et al. 2024; Wood et al. 2021; Davey et al. 2020). The remaining studies were composed of one qualitative study embedded within a mixed methods project (Ashley et al. 2021), a secondary analysis of ethnographic data (Ahlstedt et al. 2020), a prospective cohort analysis (Van Horne et al. 2020), a longitudinal mixed methods study (Högstedt et al. 2024) and an intervention study (Riedl et al. 2024). Table 3 illustrates the broad international scope of the literature reviewed.

TABLE 3 | Paper country of origin and reference.

Complete reference	Country of origin
Ahlstedt, C., Eriksson Lindvall, C., Holmström, I. K., & Muntlin, Å. (2020). Flourishing at work: Nurses' motivation through daily communication—An ethnographic approach. <i>Nursing & Health Sciences</i> , 22(4), 1169–1176. https://doi.org/10.1111/nhs.12789	Europe
Ashley, C., James, S., Williams, A., Calma, K., Mcinnes, S., Mursa, R., ... Halcomb, E. (2021). The psychological well-being of primary healthcare nurses during COVID-19: A qualitative study. <i>Journal of Advanced Nursing</i> , 77(9), 3820–3828. doi: https://doi.org/10.1111/jan.14937	Europe
Babamiri, M., Abdi, Z., Noori, N. (2021). Investigating the factors that influence Iranian nurses' workplace happiness. <i>Nursing Management</i> . doi: https://doi.org/10.7748/nm.2021.e1972	Middle East
Bai, B., & Bai, C. (2024). Strength use and thriving at work among Chinese nurses: The mediating roles of control beliefs about stress and cognitive reappraisal. <i>Journal of Nursing Management</i> , 2024(1), 5,509,059. doi: https://doi.org/10.1155/2024/5509059	Asia
Cadiz, E., Buxman, K., Angel, M., Resseguie, C., Wilder, C., Chan, L., Bejar, J., Russe, J., & Davidson, J. (2024). Original Research: Exploring Nurses' Use of Humour in the Workplace: A Thematic Analysis. <i>AJN American Journal of Nursing</i> , 124(9), 18–26. https://doi.org/10.1097/01.NAJ.0001028312.41339.c1	USA
Davey, Z., Jackson, D., & Henshall, C. (2020). The value of nurse mentoring relationships: Lessons learnt from a work-based resilience enhancement programme for nurses working in the forensic setting. <i>International Journal of Mental Health Nursing</i> , 29(5), 992–1001. doi: https://doi.org/10.1111/inm.12739	Europe
Ghazzawi, R., Bender, M., Daouk-Öyry, L., van de Vijver, F.J.R., Chasiotis, A. (2021). Job crafting mediates the relation between creativity, personality, job autonomy and well-being in Lebanese nurses. <i>J Nurs Manag</i> . 2021; 29: 2163–2174. https://doi.org/10.1111/jonm.13357	Middle East

(Continues)

TABLE 3 | (Continued)

Complete reference	Country of origin
Högstedt, D., Eriksson, E., Jansson, I., & Engström, M. (2024). Self-rated professional competence and well-being at work after obtaining a swedish nursing licence: A longitudinal mixed-methods study of internationally and domestically educated nurses. <i>International Journal of Nursing Studies</i> , 157, 1–11. doi: https://doi.org/10.1016/j.ijnurstu.2024.104812	Europe
Jennings, R., Outhwaite, I., Granek, I., & Haq, F. (2025). The Effects of the Physical and Professional Workplace Environments on the Well-Being of Nursing Staff. <i>AJN American Journal of Nursing</i> , 125(3), 30–39. https://doi.org/10.1097/AJN.0000000000000033	USA
Kohnen, D., De Witte, H., Schaufeli, W. B., Dello, S., Bruyneel, L., & Sermeus, W. (2023). What makes nurses flourish at work? How the perceived clinical work environment relates to nurse motivation and well-being: A cross-sectional study. <i>International Journal of Nursing Studies</i> , 148, N.PAG. https://doi.org/10.1016/j.ijnurstu.2023.104567	Europe
Li, F., Zhou, Y., & Kuang, P. (2024). Thriving at work, career calling and moral distress among nurses. <i>Nursing Ethics</i> , 31(5), 919–929. https://doi.org/10.1177/09697330231215948	Asia
Li, C., Hou, X., Cui, X., Zhao, Y., & Zhu, Y. (2024). Factors influencing the thriving of emergency department nurses in China. <i>International Emergency Nursing</i> , 74, N.PAG. https://doi.org/10.1016/j.ienj.2024.101441	Asia
Mannocci, A., Marigliano, M., & La Torre, G. (2023). An assessment of organisational well-being, organisational health and work-related stress: A cross-sectional study of nurses involved with COVID-19 interventions. <i>Work: Journal of Prevention, Assessment & Rehabilitation</i> , 75(1), 29–39. doi: https://doi.org/10.3233/WOR-220274	Europe
Riedl, E. M., Perzl, J., Wimmer, K., Surzykiewicz, J., & Thomas, J. (2024). Short Mindfulness Meditations During Breaks and After Work in Everyday Nursing Care: A Simple Strategy for Promoting Daily Recovery, Mood and Attention? <i>Workplace Health & Safety</i> , 72(11), 491–502. https://doi.org/10.1177/21650799241262814	Europe

(Continues)

TABLE 3 | (Continued)

Complete reference	Country of origin
Sönmez, B., Yıldız Keskin, A., İspir Demir, Ö., Emiralioglu, R. & Güngör, S. (2023) Decent work in nursing: Relationship between nursing work environment, job satisfaction and physical and mental health. <i>International Nursing Review</i> , 70, 78–88 https://doi.org/10.1111/inr.12771	Europe
Van Horne, S., Downing, V., & Farley, H. (2020). Supporting Well-being Through the Implementation of Education and a Relaxing Retreat Space. <i>JONA: The Journal of Nursing Administration</i> , 50(12), 655–662.	USA
Whybrow, D., Jones, B., Temeng, E., Dale, C., Bundy, C., & Watts, T. (2024). The perceived helpfulness and acceptability of a bespoke psychological therapy service for registered nurses experiencing psychological distress: A qualitative study. <i>Journal of Advanced Nursing</i> , 80(12), 5029. doi: https://doi.org/10.1111/jan.16160	Europe
Wood, E., King, R., Robertson, S., Senek, M., Tod, A., & Ryan, T. (2021). Sources of satisfaction, dissatisfaction and well-being for UK advanced practice nurses: A qualitative study. <i>Journal of Nursing Management</i> , 29(5), 1073. doi: https://doi.org/10.1111/jonm.13245	Europe

9.2 | Thematic/Categorical Findings

9.2.1 | Overview of Thematic Findings

The mapping of findings to the PERMA domains reveals that nurses' well-being is influenced by a rich interplay of organisational and individual factors, with each PERMA domain being addressed by multiple, often overlapping, interventions and experiences (Table 4; Figure 2). Positive emotion was the most frequently noted domain; studies highlighted the importance of a supportive and aesthetically pleasing work environment (Jennings et al. 2025); opportunities for mindfulness and self-care (Riedl et al. 2024); and organisational cultures that reduce criticism (Högstedt et al. 2024) and promote fairness (Babamiri et al. 2021). These factors consistently contributed to greater happiness, reduced stress and emotional resilience among nurses.

Engagement was fostered through opportunities for professional growth, autonomy and feedback (Kohnen et al. 2023). Nurses' involvement and motivation in their roles were further deepened through mentoring relationships (Davey et al. 2020), educational initiatives (Van Horne et al. 2020) and the use of personal strengths (Bai and Bai 2024). Proactive job crafting was also linked to higher engagement (Ghazzawi et al. 2021).

Within the 'relationships' domain, trust, teamwork, humour and supportive/positive climates strengthened interpersonal bonds and increased nurses' sense of belonging (Cadiz et al. 2024; Ahlstedt et al. 2020). Recognition from the organisation and peers, as well as accessible psychological support (Whybrow et al. 2024), all played key roles in building and sustaining positive professional relationships.

When nurses felt able to connect their work to broader social values and a sense of career calling, 'meaning'¹ was enhanced (Li, Zhou, and Kuang 2024). Organisational support for professional identity, opportunities to demonstrate impact, and the application of personal strengths all contributed to a strong sense of purpose and fulfilment in nursing (Bai and Bai 2024; Kohnen et al. 2023).

Accomplishment was supported by collaborative problem-solving (Ahlstedt et al. 2020), external recognition of achievements (Ashley et al. 2021), and environments that fostered competence and mastery (Ahlstedt et al. 2020). Overall, both individual strategies, such as effective stress management, and organisational resources, such as feedback and opportunities for development, were linked to a heightened sense of achievement and professional growth.

9.2.2 | Positive (and Negative) Emotions

Across the studies reviewed, positive emotion emerged as a central outcome of both organisational and individual interventions. A consistent theme was the importance of the physical and psychosocial work environment in shaping nurses' emotional well-being. Modern, aesthetically pleasing workplaces, as well as environments characterised by reduced criticism and increased support, were repeatedly linked to enhanced positive emotions and reduced stress (Jennings et al. 2025; Högstedt et al. 2024; Sönmez et al. 2023). Mindful workplace breaks and access to psychological support further contributed to feelings of comfort, calm and overall resilience (Riedl et al. 2024; Whybrow et al. 2024).

Li, Hou, et al. (2024) noted how individual strategies, such as self-care, cognitive reappraisal and psychological detachment from work during off-hours, played a significant role in fostering positive emotions. Nurses who engaged in these practices reported greater emotional resilience and the ability to recover from work-related stress (Ashley et al. 2021; Li, Hou, et al. 2024). Bai and Bai (2024) further note that organisational support for these individual strategies, including accessible psychological care and recognition of nurses' contributions, further amplified positive emotional experiences.

9.2.3 | Engagement

Work engagement was strongly influenced by both the availability of job resources and the presence of supportive workplace cultures. Both Kohnen et al. (2023) and Ghazzawi et al. (2021) consistently found that autonomy, feedback and opportunities for professional growth were associated with higher engagement and motivation among nurses. Mentoring

TABLE 4 | Individual and organisational factors and nurses' well-being by PERMA domain.

Study/ citation	Individual and/or organisational factors	PERMA domain(s) addressed	Key findings/outcomes relevant to PERMA
Jennings et al. (2025)	Having a nice workplace environment improves well-being, such as a building less than 5 years old and having “Nice images and artwork” in the clinical workplace.	Positive emotion	Having a sense of control over their work environment and the design of the health care facility plays a role in the well-being of nurses.
Cadiz et al. (2024)	Workplace culture—building trust and bonding with colleagues, leading to better teamwork.	Positive emotion Relationships	Using humour in the workplace relieves tension, creates bonds and strengthens relationships.
Riedl et al. (2024)	Workplace breaks with or without mindfulness interventions.	Positive emotion	After participating in mindful breaks, nurses feel more comfortable, calm and energised than after control breaks without mindfulness exercises
Li, Zhou, and Kuang (2024)	The higher emergency nurses' level of thriving at work is, the stronger their career calling and the lower the impact of moral distress.	Positive emotion Meaning	Purpose, meaning and passion for nursing enable that person to realise social values through their work—when this is felt, nurses thrive.
Högstedt et al. (2024)	Less criticism and increased support at work led to feelings of empowerment and competence = thriving.	Positive emotion Relationships	Greater cooperation and less criticism enable nurses to thrive at work.
Ahlstedt et al. (2020)	A permissive and supportive climate among registered nurses. Collaborative problem-solving between nurses and physicians.	Accomplishment Relationships	A positive climate strengthens belonging, trust and supportive relationships within the team. Joint problem-solving builds competence and fosters a sense of achievement and mastery.
Ashley et al. (2021)	Use of self-care strategies (infection control, physical exercise, diet). Professional and public support and acknowledgement of nurses' roles.	Positive emotion Engagement Relationships Meaning	Self-care practices help nurses manage stress and maintain positive emotions and engagement in their roles. External recognition increases nurses' sense of being valued and contributes to positive relationships and purpose at work.
Davey et al. (2020)	Initiating and maintaining mentor–mentee relationships (time, space, rapport, expectations, impact) Increased confidence, competence at problem-solving, resilience, well-being and self-confidence	Positive emotion Engagement Relationships Accomplishment	Strong mentoring relationships foster connection, engagement and mutual support for both mentors and mentees. Effective mentoring boosts self-confidence, problem-solving skills, resilience and overall well-being among participants.
Mannocci et al. (2023)	Positive emotions and levels of engagement are impacted but the comfort of the working environment—higher fatigue negatively impacts well-being and engagement at work.	Positive emotion Engagement	Low comfort levels may reduce positive feelings and engagement at work. Higher fatigue levels are associated with reduced well-being, energy and engagement at work.
Wood et al. (2021)	APN role and professional identity. Support for the advancement of the APN role. Demonstrating impact.	Meaning Accomplishment Relationships	Clear professional identity supports role satisfaction and a sense of purpose and achievement. Organisational support promotes belonging, connection and the meaningful advancement of the APN role. Opportunities to demonstrate impact enhance job satisfaction, purpose and a sense of accomplishment.

(Continues)

TABLE 4 | (Continued)

Study/ citation	Individual and/or organisational factors	PERMA domain(s) addressed	Key findings/outcomes relevant to PERMA
Whybrow et al. (2024)	Ability to separate self from role, be vulnerable and develop confidence and adaptive coping strategies. Free, accessible and timely psychological care	Positive emotion Accomplishment Relationships	Support enables nurses to build confidence, resilience and effective coping, which enhances positive emotions and feelings of achievement. Accessible support reduces stigma, promotes well- being and strengthens supportive relationships.
Babamiri et al. (2021)	Interactional justice (perceptions of fairness) and happiness at work.	Positive emotion Engagement Relationships	Fair treatment increases happiness and encourages positive, cooperative workplace behaviours. Greater happiness leads to improved work performance and engagement.
Ghazzawi et al. (2021)	Job crafting dimensions are related to subjective well-being	Positive emotion Engagement	Proactive job crafting is associated with higher subjective well-being and workplace satisfaction.
Van Horne et al. (2020)	Opportunity to Achieve Staff Inspiration and Strength (OASIS) education is linked to compassion satisfaction.	Positive emotion Engagement	OASIS education is linked to lower burnout and higher compassion satisfaction among staff.
Kohnen et al. (2023)	Adequate job resources are linked with reduced burnout and increased motivation, which contribute to more positive emotional experiences at work. Job resources are positively associated with work engagement.	Positive emotion Engagement Meaning Accomplishment	Autonomy, feedback and opportunities for growth can foster feelings of satisfaction and well-being. Intrinsic motivation mediates the relationship between job resources and engagement, indicating deeper involvement in work tasks. Intrinsic motivation and opportunities for development may contribute to a sense of purpose in work. Engaged and motivated nurses may perceive their work as more meaningful, especially in high-demand settings. Access to job resources supports feelings of competence and professional growth. Intrinsic motivation and engagement suggest a sense of achievement and progress in one's role.
Li, Hou, et al. (2024)	Both individual factors, such as psychological detachment, and organisational factors, including the management of challenge and hindrance stressors, significantly influence nurses' ability to thrive in high-pressure environments like emergency departments.	Positive emotion Engagement Accomplishment	Psychological detachment (i.e., the ability to mentally disengage from work during off-hours) can help nurses recover and experience more positive emotions. Reducing hindrance stressors and supporting detachment may contribute to emotional well-being. Challenge stressors (e.g., stimulating but manageable demands) are positively linked with thriving, suggesting that engagement increases when nurses are challenged in meaningful ways. Psychological detachment supports sustained engagement by allowing for recovery. Thriving often involves a sense of development and effectiveness, indicating personal accomplishment. Managing challenge stressors effectively may contribute to a feeling of achieving or progressing in one's role

(Continues)

TABLE 4 | (Continued)

Study/ citation	Individual and/or organisational factors	PERMA domain(s) addressed	Key findings/outcomes relevant to PERMA
Bai and Bai (2024)	Individual factors such as strength use, stress management beliefs and cognitive reappraisal, alongside organisational support for developing these capabilities, can contribute to fostering nurse wellbeing and thriving at work.	Positive emotion Engagement Meaning Accomplishment	Reframing challenging situations (cognitive reappraisal) and believing in one's ability to manage stress can enhance emotional resilience and contribute to more positive emotional experiences at work. Using personal strengths at work supports deeper involvement and flow in tasks, which contributes to higher levels of engagement. Applying personal strengths and coping effectively with stress can reinforce a sense of purpose and meaning in one's professional role. Successfully using strengths and managing stress contributes to a sense of competence and achievement, reinforcing a feeling of accomplishment in the workplace.
Sönmez et al. (2023)	Organisational factors such as creating a decent nursing work environment play a critical role in supporting nurses' physical and mental health, while personal wellbeing is directly influenced by these improved working conditions.	Positive emotion	A decent work environment supports nurses' physical and mental health, which contributes to overall emotional well-being and reduces stress.

relationships and educational interventions, such as OASIS, also promoted engagement by fostering professional development and improving compassion satisfaction (Davey et al. 2020; Van Horne et al. 2020).

Individual factors, such as the application of personal strengths and effective stress management, were associated with a deeper involvement in work tasks and a greater sense of flow (Bai and Bai 2024). Moreover, Li, Hou, et al. (2024) found that engagement was further enhanced when nurses experienced manageable challenge stressors, which provided stimulation and opportunities for growth without overwhelming demands.

9.2.4 | Relationships

Supportive and collaborative relationships were a recurring theme across the studies. Trust, teamwork and humour in the workplace were shown to strengthen interpersonal bonds and foster a sense of belonging (Cadiz et al. 2024; Ahlstedt et al. 2020). Högstädt et al. (2024) also note that where organisational climates encouraged cooperation and reduced criticism, this climate enabled nurses to thrive and feel empowered in their roles.

Mentoring and supervisory support played a pivotal role in building strong professional relationships, contributing to both individual and collective well-being (Davey et al. 2020). Recognition from peers, supervisors and the broader community further reinforced positive relational experiences and a sense of being valued (Ashley et al. 2021).

9.2.5 | Meaning

A sense of meaning and purpose was closely tied to nurses' ability to connect their work to broader social values and personal career calling. Nurses who perceived their roles as meaningful reported higher levels of satisfaction, resilience, and reduced moral distress (Li, Zhou, and Kuang 2024; Wood et al. 2021). Organisational support for professional identity development and opportunities to demonstrate impact further enhanced nurses' sense of purpose (Wood et al. 2021). Additionally, Bai and Bai (2024) and Kohnen et al. (2023) found that the use of personal strengths and coping strategies not only supported emotional well-being but also reinforced a sense of meaning in professional life, especially when these capabilities were nurtured by organisational support.

9.2.6 | Accomplishment

Opportunities for accomplishment were fostered through supportive climates, collaborative problem-solving and recognition of achievements. Joint problem-solving with colleagues and physicians built competence and mastery, while mentoring relationships and accessible support systems bolstered confidence and resilience (Ahlstedt et al. 2020; Davey et al. 2020; Whybrow et al. 2024).

Access to job resources, autonomy and feedback was also linked to a sense of achievement and professional growth (Kohnen et al. 2023). Nurses who successfully managed stress and applied their strengths in the workplace reported higher levels of accomplishment and satisfaction (Bai and Bai 2024; Li, Hou, et al. 2024).

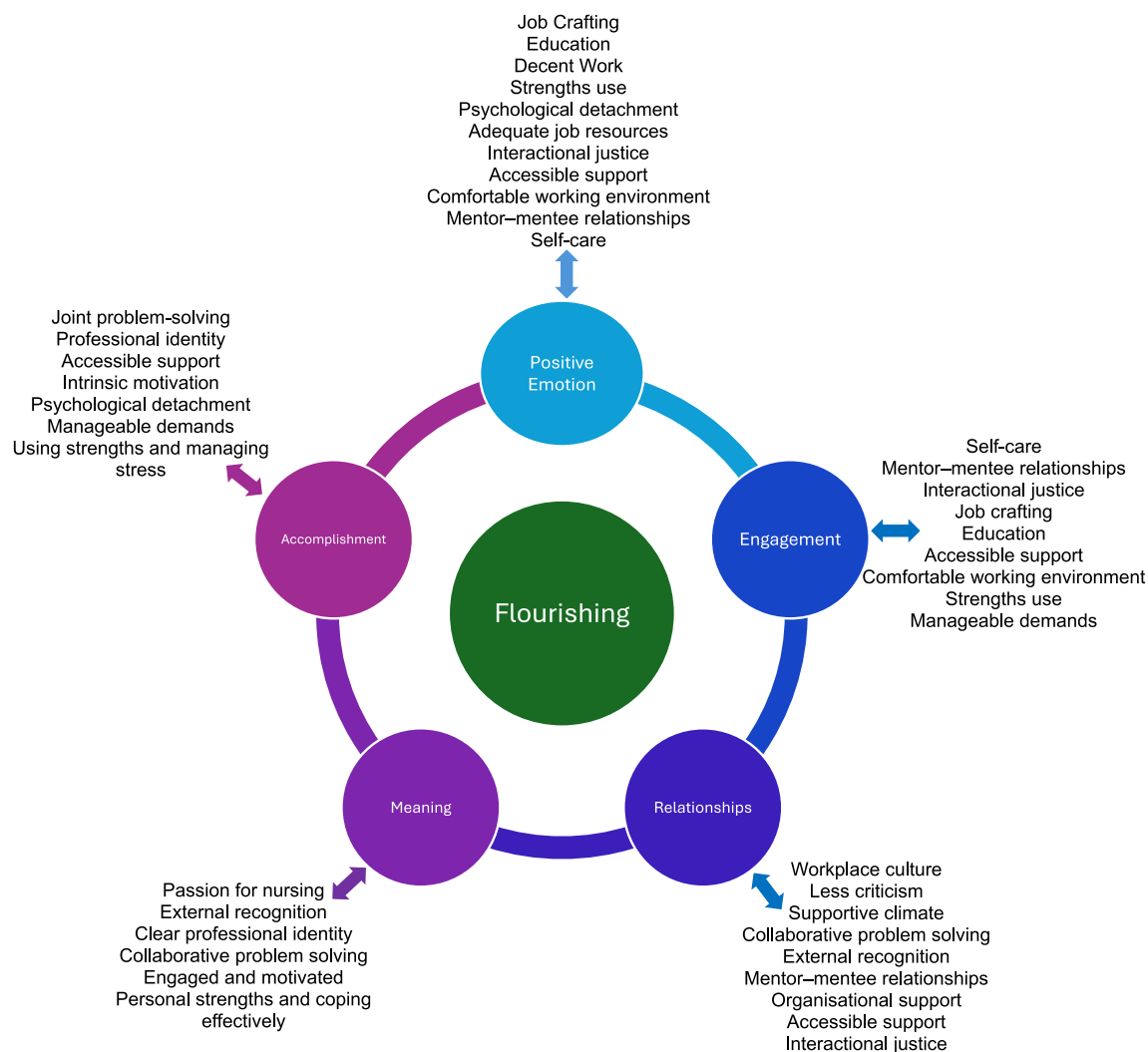


FIGURE 2 | Map of factors linked to flourishing in the literature reviewed. [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/jan.70333)]

9.2.7 | Health

While the primary focus of the studies was well-being, as conceptualised by the PERMA model (Seligman 2011), many findings have direct implications for nurses' physical and mental health.

Several organisational factors, for example, the creation of a decent work environment (Sönmez et al. 2023), access to job resources (Kohnen et al. 2023) and supportive workplace climates (Jennings et al. 2025; Högstädt et al. 2024), were shown to have a 'protective' effect on both physical and psychological health. For instance, improved working conditions were consistently linked to lower stress levels, reduced burnout, and greater emotional resilience.

Individual strategies, including self-care practices (Ashley et al. 2021), effective stress management, and psychological detachment from work (Li, Hou, et al. 2024; Bai and Bai 2024), were associated with reduced fatigue and enhanced overall health. Mindful breaks (Riedl et al. 2024) and accessible psychological support (Whybrow et al. 2024) were specifically noted to improve mental health by facilitating feelings of comfort and calm, as well as reducing stigma around seeking help for issues perceived to be related to positive mental health.

Studies highlighted that positive workplace relationships and fair treatment (Babamiri et al. 2021; Cadiz et al. 2024) not only foster emotional well-being, but also buffer against the negative health impacts of workplace stressors. Organisational recognition and opportunities for professional development were also linked to improved job satisfaction and lower rates of burnout, both of which are closely tied to better emotional and psychological well-being. Figure 3 provides a summary of the individual and organisational factors linked to flourishing.

10 | Discussion

10.1 | This Review Sought to Explore Factors Within the Workplace That Improve Well-Being Among Registered Nurses

10.1.1 | Synthesis of Key Findings

Mapping the findings of 18 (largely cross-sectional European and USA) studies to the PERMA domains highlighted the influence of both organisational and individual factors on nurses' well-being. Organisational strategies that promote supportive environments, professional development and recognition,

Individual

- Self-Belief (Self efficacy)
- Resilience
- Ability to disengage from work (switch off)
- Able to reframe challenging situations (cognitive reappraisal)
- Self-regulation

Organisational

- Structural support (staffing; leadership; policies)
- Shorter shifts and breaks during work
- Social support
- Participatory decision making

FIGURE 3 | Summary of key individual and organisational factors linked to nurses' flourishing. [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/jan.70333)]

alongside individual practices such as self-care, strength use and adaptive coping, collectively underpin positive emotion, engagement, relationships, meaning and accomplishment in nursing. The organisational and individual factors linked to the PERMA domains also played an important role in supporting nurses' physical and mental health.

10.1.2 | Contextualising Findings in Existing Evidence-Base

In the current review, identifying the positive influence of mindfulness and self-care on the well-being of nurses (Riedl et al. 2024) was unsurprising, given the vast and longstanding preponderance on these individual-level factors (Gantt and Haberstroh 2023; Ramachandran et al. 2023). Whilst nurses have considerable agency in their own health and well-being (Jarden et al. 2025), system-level approaches to remediate organisational barriers to work well-being are crucial and reflect recent calls for policy investment (Sharplin et al. 2025). Addressing enduring workforce deficits, and thereby demonstrating valuing of nurses, remains a global imperative for a sustainable nursing profession (Stewart et al. 2025).

The current review identified the positive influence of supportive work environments on nurse well-being (Jennings et al. 2025). This finding builds upon the extant evidence base for supportive work environments, across multiple levels, ranging from individual, to team- or unit-level, to organisation levels, benefiting not just nurses themselves, but also patients and healthcare organisations (Jarden et al. 2023). Supportive work environments foster engagement, and increasing evidence demonstrates the important role of structural supports and leadership in strengthening organisational commitment. Organisational citizenship behaviours refer to discretionary individual actions beyond employees' contractual obligations (Al-Ruzzieh et al. 2022) and are beneficial for patient safety (Jafarpanah and Rezaei 2020; Mazzetti et al. 2022), nurses' job satisfaction (Biagioli 2018), and nurse retention (Kyungmi and Jihye 2025). Nurses engage in these behaviours when they experience psychological resources (Zheng et al. 2024; Anitha and Suganthi 2022; Wang et al. 2023; Biagioli 2018; Li, Hou, et al. 2024), supportive leadership (Aloustani et al.

2020; El-Sayed Ghonem 2023), and positive workplace climates (Aloustani et al. 2020; Bakeer et al. 2024; El-Sayed Ghonem 2023).

The evidence of supportive and collaborative relationships as a recurring theme across the studies is consistent with previous reviews of nurse wellbeing, both during studenthood and throughout professional careers (Cambridge et al. 2023; Jarden, Sandham, Siegert, and Koziol-McLain 2020, 2021a). The importance of connection, and particularly relationships, for well-being, is evident not just in PERMA, but in many theoretical models and frameworks for well-being including those of Diener et al. (2010), Huppert and So (2013), Keyes (2002) and specifically for nurses, Jarden, Sandham, Siegert, and Koziol-McLain (2020). Fostering professional relationships and a sense of belonging can pave pathways to nursing well-being.

The current review identified a number of pathways to well-being at the individual level, such as effective stress management, and the application of personal strengths, which contributes to a sense of purpose and fulfilment in nursing (Bai and Bai 2024; Kohnen et al. 2023). Strengths use is a significant positive predictor of thriving at work (Miglianico et al. 2020). At the interpersonal and organisational levels, pathways included mentoring (Davey et al. 2020) and recognition from both the organisation and peers. A sense of feeling valued, such as through recognition from the organisation, and peers, is a consistent finding across research exploring nurse well-being (Jarden et al. 2018). Accessible psychological support was identified as helpful and acceptable in the current review (Whybrow et al. 2024). Psychological support in clinical areas is now available in some countries (Zhou et al. 2025). For some nurses, access to support, which is independent from employers, and peer-led, is an important feature (Jarden et al. 2025). Co-designing what works best for nurses, with nurses, is an important next step.

10.2 | Implications for Nursing Education, Practice and Leadership

The findings from this review carry important implications for nurse education, practice and leadership. Collectively, these findings reinforce that nurse flourishing and well-being are shaped by complex and intersecting organisational and individual factors. It is important that nurse educators embed well-being literacy into nursing curricula from undergraduate, through to postgraduate education, and this should include material that addresses self-care, strengths-based practice, mindfulness and psychological flexibility. Supporting nurses to develop these competencies from the very beginning of their career, and regularly reinforcing them, could promote career longevity and enhance career enjoyment and satisfaction. Additionally, content on reflective practice and mentoring should also be integrated into both undergraduate and postgraduate programs to assist nursing students and nurses in enhancing career satisfaction and well-being.

Findings of this review highlight the importance of supportive and enabling environments in advancing nurses' optimism and positive emotions, work engagement and sense of accomplishment (Jennings et al. 2025). These findings affirm that workplace climate is a key determinant of well-being for nurses.

Nurse managers and senior clinicians can support nurse well-being by prioritising working environments and team cultures that foster positive workplace behaviours, thereby strengthening individual well-being, team cohesion, and workplace quality.

Leadership plays a central role in both creating and sustaining the conditions that will support nurse flourishing and well-being. But leaders must go beyond encouraging and promoting well-being as an individual responsibility, and work to drive the organisational and systemic changes that will support it. Compassionate and inclusive leadership practices, to support nurse flourishing, such as recognising staff achievements, providing constructive feedback and modelling healthy work behaviours are important. But, alone they are not enough. Organisational structure and resource availability have a direct influence on nurse well-being, with supportive staffing levels and manageable workloads central to well-being and enhanced job satisfaction. When care delivery models prioritise efficiency over quality, nurses are likely to experience increased stress and reduced professional fulfilment (Bagnasco et al. 2024).

Addressing chronic workforce challenges – such as unsafe workloads, limited autonomy, and lack of career progression – is of central importance. Co-designing work-based support resources with nurses, including access to adequate psychological support, can also demonstrate a shift toward more responsive and supportive leadership. Furthermore, leaders who display ethical values and moral behaviour play a central role in creating and maintaining positive and supportive workplace cultures (Si et al. 2023). When nursing leaders act with integrity, fairness and respect, they foster a positive workplace environment. This, in turn, enhances nurses' emotional well-being and job satisfaction. Ethical leadership also builds trust and encourages open communication (Si et al. 2023). By promoting workplace cultures grounded in compassion and accountability, ethical leaders contribute meaningfully to improving the overall well-being of the nursing workforce (Si et al. 2023).

Finally, the evidence highlights the value of organisational citizenship behaviours – voluntary, discretionary actions that benefit and enhance the workplace and the people in it (Al-Ruzzieh et al. 2022). These behaviours thrive when nurses feel valued, respected and psychologically safe.

10.3 | Limitations

Findings of this review clearly demonstrate that supporting nurse well-being is an important personal, professional and organisational imperative. While the findings provide important insights into the organisational and individual factors associated with nurse well-being, several limitations should be acknowledged. The evidence base is largely composed of cross-sectional studies (9/18), which limits the ability to draw causal inferences between workplace factors and well-being outcomes. Longitudinal and intervention-based research is needed to strengthen the evidence for causal relationships and to explore how changes and alterations in workplace culture and policy can affect nurse well-being over time. Additionally, although the review included a broad international sample, much of the literature originates from high-income countries.

This may limit the generalisability of the findings to low- and middle-income settings, where resource constraints, cultural values and health system structures differ significantly. Furthermore, while the PERMA model provided a helpful framework for organising review findings, this model may not fully capture all relevant dimensions of nurse well-being. Some studies may have reported on well-being factors that did not fit neatly within the PERMA domains and, may, therefore, have been understated in the synthesis.

The review drew on peer-reviewed empirical studies published between 2020 and mid-2025. Relevant grey literature, policy documents and practitioner perspectives did not meet inclusion criteria meaning that potentially valuable real-world insights and innovations from clinical practice may have been omitted. Despite these limitations, the review provides important insights and a strong foundation for future research, practice and policy focused on enhancing nurse well-being and the environments in which nurses work.

11 | Conclusion

This review has identified some of the diverse and interconnected factors that influence nurse well-being, framed through the PERMA model. Drawing on current empirical research, it is clear that both individual factors and organisational structures have important roles in supporting nurse well-being. Our findings show that flourishing at work and nurse well-being are not only personal activities but also systemic outcomes.

The review supports the need to shift from a narrow focus on individual factors to more holistic, systemic interventions. While self-care, mindfulness and the use of personal strengths are valuable, they are most effective when supported by workplaces that are psychologically safe, and feature positive cultures, and provide appropriate and accessible resources. Nurses cannot sustain their well-being in demoralising working environments that undermine their professional values or expose them to chronic persistent stress and distress.

Nurse leaders and educators have a crucial role in advancing nurse well-being through strategies such as including well-being literacy in education and fostering relational leadership. Furthermore, recognising and rewarding organisational citizenship behaviours—those discretionary actions that contribute to and strengthen team and organisational functioning—can increase workforce engagement and commitment.

When considering ongoing global workforce pressures, the need to invest in and prioritise nurse well-being is clearer than ever. Prioritising nurse well-being is not only a matter of professional courtesy, but also essential to high-quality, safe and sustainable care. By intentionally creating environments in which nurses can flourish, we not only strengthen nursing, but contribute to safer and more resilient healthcare systems.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

No new data were created or analysed during this study. Data sharing is not applicable to this article.

Endnotes

¹ The 'meaning' domain refers to a sense of purpose in life, a direction where life is going, feeling that life is valuable and worth living, or connecting to something greater than ourselves (Butler and Kern 2016).

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