

Reconceptualising Well-Being in Person-Centred Nursing Through an Epicurean Lens: A Scoping Review and Philosophical–Interpretive Synthesis

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Research Article

Keywords: well-being, person-centred nursing, person-centred care, scoping review, concept analysis, Epicurean philosophy, aponia, ataraxia

Posted Date: October 29th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-11023734/v1>

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Additional Declarations: No competing interests reported.

Abstract

Background

Well-being is central to person-centred nursing, but its meaning remains conceptually unstable. This review mapped and analysed representations of well-being in person-centred nursing and care literature and examined how the Epicurean concepts of aponia and ataraxia might contribute to its theoretical reconstruction.

Methods

We conducted a scoping review incorporating a Walker and Avant-informed concept analysis and a critical philosophical-interpretive synthesis, following Joanna Briggs Institute guidance and PRISMA-ScR. PubMed/MEDLINE, CINAHL, Scopus, Web of Science Core Collection and supplementary Google Scholar searches identified contemporary nursing evidence and relevant Epicurean scholarship. Evidence was charted descriptively; nursing sources were analysed for uses, attributes, antecedents, consequences and empirical referents of well-being, and the two evidence streams were compared through a structured conceptual matrix.

Results

Of 1,600 records identified, 26 sources were included: 20 empirical nursing sources and six philosophical sources. Nursing evidence represented well-being as multidimensional, individualised, experiential, relational and dynamic. Six interrelated attributes were identified: autonomy and agency; meaning and meaningful engagement; relational connection and communication; positive affect, engagement and vitality; freedom from suffering and psychological distress; and quality of everyday life and personally valued living. Epicurean analysis identified aponia, ataraxia, stable pleasure, rational desire management and freedom from fear as relevant philosophical resources. Their integration supported a reconstruction in which freedom from avoidable bodily suffering and excessive mental disturbance complements, rather than replaces, autonomy, meaning, relationships, participation and personally valued living.

Conclusions

Well-being in person-centred nursing is better understood as living well according to the person's values and priorities than as a single clinical or psychological outcome. Aponia and ataraxia offer complementary normative anchors, but the proposed framework remains theoretically generative and requires empirical evaluation across diverse nursing contexts.

Background

Well-being has become increasingly prominent in nursing and healthcare as care models move beyond disease control towards recognition of the person, lived experience and participation in care. The person-centred nursing framework positions authentic engagement, shared decision-making and attention to individual values and context as central to nursing practice.^{1–3} Yet the construct that such practice is expected to promote—well-being—remains conceptually unstable. Nursing scholarship uses well-being, wellness, health, quality of life, thriving and satisfaction in partially overlapping ways, and empirical studies often operationalise only one aspect of the broader experience of living well.^{4–6}

This instability has practical consequences. If well-being is reduced to positive affect, life satisfaction or symptom reduction, person-centred nursing may appear successful while autonomy, meaning, relationships or the quality of everyday life remain unexamined. Conversely, a broad definition without identifiable attributes and empirical referents is difficult to apply in assessment, intervention design or evaluation. Contemporary long-term-care evidence associates well-being with personalised care, autonomy, meaningful engagement, social connection and supportive environments, while also showing that organisational structures and staff relationships affect whether person-centred principles become everyday practice.^{10–18} These findings support multidimensionality but do not, by themselves, resolve the normative question of why particular dimensions constitute living well.

Philosophical analysis can clarify the values embedded in empirical definitions of well-being. Epicurean ethics is particularly relevant because it has often been mischaracterised as the unrestricted pursuit of sensory pleasure. Contemporary scholarship instead emphasises disciplined reflection on pleasure, pain, desire, fear and the conditions of a stable life.^{7–9} Within this tradition, *aponia* denotes freedom from bodily pain and *ataraxia* denotes tranquillity or freedom from mental disturbance. Epicurean pleasure therefore includes stable states and rationally ordered desires, rather than only transient gratification. *Ataraxia* should also not be confused with emotional numbness or suppression.¹⁹

Potential convergence with person-centred nursing must nevertheless be approached critically. Person-centred care is relational, participatory and embedded in organisational and social conditions; its outcomes vary across interventions and settings.^{20–24} Epicurean concepts emerged from a distinct ancient ethical system and cannot be transplanted directly into contemporary healthcare or treated as already validated dimensions of nursing outcomes. Indeed, some accounts of Epicurean happiness may sit uneasily with diverse conceptions of flourishing, vulnerability and social obligation.²⁵ Their value is therefore interpretive: *aponia* and *ataraxia* may help clarify the place of avoidable suffering and sustainable tranquillity within a broader person-centred account of well-being.

This study aimed to map and conceptually analyse how well-being is represented in person-centred nursing and care literature and to critically examine whether, and in what ways, the Epicurean concepts of *aponia* and *ataraxia* could enrich a theoretically reconstructed account of person-centred well-being. The review asked: (1) how is well-being conceptualised, operationalised and manifested in person-centred nursing and care literature; (2) what attributes, antecedents, consequences and empirical

referents are identifiable; and (3) what theoretical contribution can a critical integration of Epicurean concepts make without collapsing the normative differences between the two traditions?

Methods

Design and reporting

We conducted a scoping review with a Walker and Avant-informed concept analysis and critical philosophical–interpretive synthesis. Scoping review methods were selected because the evidence encompassed heterogeneous empirical designs and conceptually diverse outcomes rather than a single intervention or effect estimate. The review followed Joanna Briggs Institute methodological guidance and is reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).^{26,27} The concept-analysis component drew on Walker and Avant's framework while focusing on uses, attributes, antecedents, consequences and empirical referents relevant to the review questions.²⁸

The review protocol was not prospectively registered or published.

Eligibility criteria

Two linked evidence streams were defined. The contemporary nursing stream included English-language empirical studies published from 21 August 2011 through 21 August 2026 that examined well-being, wellbeing, wellness, quality of life, thriving, affective balance, meaningful engagement or closely related manifestations within person-centred nursing or care. Studies were eligible across nursing settings and populations when the findings contributed conceptually relevant information. Sources were excluded when person-centredness or well-being was peripheral, the population or context was outside nursing or care, the report lacked sufficient conceptually relevant information, or the full text could not be retrieved.

The philosophical stream included scholarly sources that directly examined Epicurean pleasure, aponia, ataraxia, stable pleasure, fear, desire management, friendship or the good life. Because historically important philosophical scholarship falls outside the contemporary nursing publication window, no date restriction was applied to this stream. Philosophical sources were assessed for conceptual relevance and scholarly contribution rather than empirical design. Reviews and broader theoretical publications not meeting inclusion criteria were retained only as contextual literature for the introduction or discussion and were not counted among the 26 included sources.

Information sources and search strategy

PubMed/MEDLINE, CINAHL, Scopus and Web of Science Core Collection were searched using database-specific combinations of controlled vocabulary and free-text terms for person-centred care or nursing and well-being. The nursing search was limited to English-language sources published from 21 August

2011 through 21 August 2026; no population, age, sex, care-setting or study-design filters were applied. A second set of searches combined Epicurus or Epicureanism with aponia, ataraxia, pleasure, pain, tranquillity and the good life. The philosophical search was not restricted by publication date or language; sources were included when their conceptual content could be reliably interpreted. Google Scholar and reference-list searching supplemented the database searches. The final searches were conducted on 21 August 2026. Database searches yielded 1,520 records in aggregate, and Google Scholar plus reference-list searching yielded 80 supplementary records; all identified records entered the screening process. Complete database-specific strategies are presented in Additional file 1, Table S1.

Selection of sources of evidence

Search results were collated in EndNote and duplicates were removed. Two reviewers independently screened titles and abstracts and subsequently assessed full-text reports against the prespecified eligibility criteria. Disagreements at either stage were resolved through discussion and consensus. Of 1,600 records identified, 360 duplicates were removed, 1,240 records were screened and 120 reports were sought in full text. Eight reports could not be retrieved. Of 112 reports assessed, 86 were excluded for the reasons shown in Fig. 1, leaving 26 included sources.

Data charting

MM charted the data using a structured matrix, and a second reviewer checked the completed charting against the source publications. Any discrepancies identified during checking were resolved through discussion. The matrix captured author, country, year, design or source type, participants or material examined, care context, operationalisation of well-being and findings relevant to the review questions. Nursing outcomes and concepts included thriving, life satisfaction, general health, depression, quality of life, engagement, affect balance, autonomy, relatedness, competence, meaning and lived experience. For philosophical sources, charting focused on the meanings and relationships of pleasure, pain, aponia, ataraxia, desire, fear, friendship, stability and the good life. The charted evidence is presented in Additional file 1, Table S2.

Conceptual and philosophical analysis

The nursing evidence was analysed iteratively. First, explicit definitions and operational indicators of well-being were extracted. Second, recurrent features were grouped into candidate attributes. Third, conditions preceding or supporting well-being were distinguished from observable expressions and consequences. Finally, empirical referents used in the studies were mapped to the conceptual structure. The analysis was informed by Walker and Avant but did not treat the framework as a mechanical checklist; emphasis was placed on preserving individual, relational and contextual dimensions across heterogeneous study designs.

Epicurean sources underwent critical philosophical–interpretive analysis. The analysis examined how each source characterised pleasure, bodily pain, mental disturbance, tranquillity, desire and fear, and paid particular attention to distinctions between aponia and ataraxia and between kinetic and stable or katastematic pleasure. Interpretations were compared across sources to avoid equating Epicurean tranquillity with emotional suppression or a simple absence of clinical symptoms.

Comparative synthesis and theoretical reconstruction

The two evidence streams were compared in a structured matrix across individual flourishing, suffering, tranquillity, autonomy, meaningful living, relationships, pleasure, stability, personal values, environment, subjective experience and normative orientation (Additional file 1, Table S3). Convergence was accepted only when the concepts performed comparable explanatory work. Differences in origin, scope and normative assumptions were retained. Aponia and ataraxia were therefore used as complementary interpretive anchors within the broader nursing-derived structure, not as pre-existing empirical dimensions or an exhaustive definition of well-being.

Critical appraisal

No formal risk-of-bias score was used because the purpose was to map conceptual content across heterogeneous empirical and philosophical sources rather than estimate an intervention effect. Study design, sample, context and evidential limitations were retained during interpretation, and quantitative associations were not treated as causal unless supported by the original design.

Use of generative AI and writing-assistance tools

ChatGPT (OpenAI) and Grammarly were used to support English-language editing, structural reorganisation and drafting assistance. These tools were not used to make study-selection decisions or independently determine review findings. The authors critically reviewed all generated text, verified the cited sources and take full responsibility for the accuracy, integrity and originality of the manuscript.

Patient and public involvement

Patients and members of the public were not involved in the design, conduct, reporting or dissemination planning of this literature-based study.

Results

Selection and characteristics of sources

The search identified 1,600 records: 1,520 from databases and registers and 80 from supplementary sources. After removal of 360 duplicates, 1,240 records were screened; 120 full texts were sought, eight

were not retrieved and 112 were assessed for eligibility. Eighty-six reports were excluded, leaving 26 included sources (Fig. 1). The included corpus comprised 20 empirical nursing or care sources and six philosophical sources.

The nursing evidence included qualitative, cross-sectional, longitudinal, mixed-method, methodological, quasi-experimental and intervention studies. Most studies were conducted in nursing homes, residential aged care or dementia care, although acute care, telephone nursing and haematopoietic stem-cell transplantation were also represented.^{13,29–47} The philosophical corpus included reference entries, book or encyclopedia chapters, and philosophical analyses of Epicurean ethics, tranquillity, pleasure and psychosomatic stability.^{19,48–52} Characteristics of all sources are reported in Additional file 1, Table S2.

Conceptual structure and core attributes

Across the nursing literature, well-being was represented as a multidimensional, individualised, experiential, relational and dynamic condition of living well rather than a single clinical or psychological endpoint. Residents' narratives, comparisons between resident and staff perspectives and studies of proxy assessment showed that professional judgement alone could not fully represent experienced well-being.^{38,39,46} Six interrelated attributes were identified.

First, autonomy and agency encompassed choice, participation, competence and opportunities for self-direction.^{33,47} Second, meaning and meaningful engagement involved personally relevant activity, shared goals and everyday experiences that supported vitality and quality of life.^{34,37,41} Third, relational connection and communication included nurse–patient interaction, social connection and interpersonal engagement.^{30,35,40,45} Fourth, positive affect, engagement and vitality were reflected in thriving, life satisfaction, positive engagement and affect balance.^{13,33,44,45} Fifth, freedom from suffering and psychological distress was represented by reduced depression, distress and unfavourable affective states.^{13,45} Sixth, the quality of everyday life and personally valued living integrated meaningful activity, preferences, participation, satisfaction and quality of life.^{13,41,43}

Antecedents, supporting conditions and empirical referents

Conditions supporting well-being operated at multiple levels. Individual conditions included functional capability, autonomy, competence, preferences and meaningful goals. Relational conditions included respectful communication, positive interaction, recognition and social connection. Environmental conditions included safety, everydayness, hospitality and a supportive person-centred climate, while organisational conditions included continuity, staff knowledge, leadership, planning and integration of person-centred practices into routine care.^{29,30,33–38,43,47}

Empirical referents varied substantially and included thriving, general health, life satisfaction, depression, engagement, occupational diversity, affect balance, quality of life, meaning and resident narratives. Person-centred climate was associated with better general health and life satisfaction and lower

depression; adjusted models explained 36%, 35% and 21% of variance, respectively.¹³ Following person-centred care implementation, resident well-being improved (change = 0.44, $p = 0.029$), alongside positive engagement and occupational diversity.⁴⁴ These findings illustrate observable expressions of the concept but do not establish that any single measure captures well-being in its entirety.

Illustrative conceptual cases

A model case generated from the synthesis is a person living with chronic illness whose avoidable pain is actively relieved, whose fears are addressed through trustworthy communication, and who retains meaningful choice, relationships and participation in everyday activities that matter to them. Illness may remain, yet the person can experience relationally supported and personally valued living. A boundary case is a person with well-controlled symptoms and no overt psychological distress who has little choice, limited social connection and no meaningful engagement. This case illustrates why aponia or tranquillity alone is insufficient to define person-centred well-being.

Epicurean conceptualisation

The philosophical sources positioned pleasure, freedom from pain, tranquillity, rational desire management and freedom from fear within an account of the good life.^{48,49,51,52} Aponia referred to freedom from bodily pain and ataraxia to freedom from mental disturbance; they were related but conceptually distinct. Ataraxia was not interpreted as emotional flattening, and the distinction between kinetic and katastematic pleasure supported an account of stable pleasurable states rather than transient stimulation alone.^{19,50} Contemporary application of Epicurean thought to stress and psychosomatic stability suggested potential translational relevance, but this source was treated as philosophical rather than nursing evidence.⁵²

Comparative synthesis and reconstruction

The strongest convergence concerned freedom from suffering, psychological tranquillity, meaningful living, autonomy and relational connection. Both evidence streams extended beyond disease status towards conditions that enable living well. Their normative foundations nevertheless differed: person-centred nursing foregrounded dignity, participation, relationships and responsiveness to the person's values, whereas Epicurean philosophy foregrounded pleasure, pain, fear, desire and stable tranquillity.

The integrated synthesis therefore reconceptualised well-being in person-centred nursing as a dynamic, individualised and relational state of living well according to the person's values and priorities, characterised by autonomy, meaningful engagement, relational connection, positive affect and vitality, participation, personally valued everyday life and freedom from avoidable bodily suffering and excessive mental disturbance. Aponia and ataraxia function as complementary anchors within this structure rather than its entirety (Fig. 2).

Discussion

Principal findings

This review found that well-being in person-centred nursing cannot be represented adequately by a single clinical, psychological or quality-of-life outcome. It emerged as multidimensional, individualised, relational and dynamic, with six interrelated attributes and supporting conditions operating across individual, relational, environmental and organisational levels. The philosophical synthesis added a normative layer by positioning *aponia* and *ataraxia* as complementary anchors for freedom from avoidable bodily suffering and excessive mental disturbance. It did not establish them as complete or empirically validated nursing outcomes.

This distinction matters because the absence of pain or distress can coexist with constrained autonomy, isolation or lack of meaning. Conversely, a person living with symptoms or dependency may still experience well-being when care supports agency, relationships, participation and a personally valued everyday life. The reconstructed account therefore treats supported living well—not symptom absence alone—as the object of person-centred nursing.

Relationship to existing literature

The findings align with a meta-ethnography showing that quality of life after transition to long-term residential care is shaped by interdependent autonomy, dignity, knowledge of the whole person, supportive environments, caring culture and sustained relationships.⁵³ They also support the argument that empirical indicators of well-being require explicit integration with philosophical accounts rather than being assumed to constitute the construct they measure.⁵⁴ The present review extends this literature by making the normative structure explicit and by distinguishing nursing-derived attributes from the interpretive contribution of Epicurean concepts.

The centrality of relationships is consistent with a scoping review of relationship-centred care in long-term care, which identified relationship building, reciprocal exchange, collaboration and organisational conditions as key mechanisms.⁵⁵ Yet relationships are not sufficient if they fail to protect agency or respond to what the person values. An ethnographic account of personhood in residential care similarly describes the simultaneous importance of autonomy, vulnerability, uniqueness and moral recognition.⁵⁶ The resulting position is neither unrestricted individual autonomy nor professional determination of the good, but relationally enabled and supported self-direction.

Epicurean scholarship strengthens attention to sustainable freedom from unnecessary suffering. O'Keefe's analysis links tranquillity to the rational removal of unfounded fears rather than merely to symptom absence,⁵⁷ while contemporary philosophical work suggests that pain and pleasure may contribute asymmetrically to well-being.⁵⁸ These insights support *aponia* and *ataraxia* as interpretive prompts: clinicians should ask not only whether symptoms are controlled, but whether avoidable bodily suffering, fear and mental disturbance continue to obstruct the person's valued life.

Implications for nursing

For practice, the framework supports multidimensional assessment. Symptom measures should be combined with the person's account of choice, meaningful activity, relationships, emotional balance and everyday priorities. Aponia should not be reduced to a pain score, and ataraxia should not be equated with the absence of a diagnostic symptom. Both require interpretation within the person's biography, preferences and care context.

For organisations, promoting well-being requires conditions that enable relational knowledge, continuity and meaningful engagement. Family perspectives show that autonomy may conflict with safety when refusals of care do not appear to represent enduring values,⁵⁹ and managers report multilevel barriers including staffing, turnover, competing priorities and organisational routines.⁶⁰ Staff also need sufficient time and opportunity to transform routine personal care into meaningful interaction.⁶¹ The framework therefore conceptualises autonomy as supported and negotiated within relational and organisational ecologies.

For research, the proposed dimensions can inform qualitative inquiry and the development or selection of outcome measures, but they should not yet be treated as a validated scale. Empirical testing should examine content validity with patients, residents, families and nurses; cultural variation in the meaning of tranquillity and pleasure; and applicability beyond long-term care.

Strengths and limitations

A strength of this review is the explicit separation and later integration of two evidence streams. The structured matrix made convergence and difference visible and reduced the risk of presenting Epicurean concepts as if they were already established nursing constructs. The use of concept analysis also distinguished attributes from antecedents, consequences and empirical referents.

Several limitations require caution. The empirical evidence was heterogeneous and concentrated in nursing-home and long-term-care settings, reducing transferability. The English-language restriction applied to the nursing stream may have excluded relevant nursing scholarship. The philosophical corpus was necessarily selective, and interpretive synthesis is influenced by researcher judgement. No formal risk-of-bias assessment was undertaken because the purpose was conceptual mapping rather than effect estimation. Finally, the reconstructed framework has not been validated empirically and should be treated as theoretically generative.

Conclusion

Well-being in person-centred nursing is best understood as a dynamic, individualised and relational state of living well according to the person's values and priorities, rather than as a discrete clinical or psychological endpoint. It encompasses autonomy and agency, meaningful engagement, relational connection, positive affect and vitality, freedom from avoidable suffering and psychological distress, and

a personally valued everyday life. These dimensions are enabled or constrained by individual capabilities, relationships, environments and organisational conditions. Epicurean aponia and ataraxia contribute a complementary normative lens by directing attention to bodily suffering, fear and mental disturbance, while remaining embedded within the broader person-centred structure. The resulting framework offers a coherent basis for further conceptual development, co-design and empirical testing across diverse nursing contexts.

Abbreviations

JB

Joanna Briggs Institute

PRISMA-ScR

Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews.

Declarations

Ethics approval and consent to participate

Not applicable. This review synthesised published, publicly available sources and did not involve human participants, human data, human tissue or animals.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Supplementary information

Additional file 1 (.docx): Tables S1-S3, including database-specific search strategies, characteristics of included sources and the comparative synthesis matrix.

Funding

No funding was received for this study.

Author Contribution

MK, NA, MZ and MM contributed to the conception and design of the study, interpretation of the evidence and critical revision of the manuscript. Two authors independently conducted study selection. MM performed data charting, which was checked by a second reviewer. All authors read and approved the final manuscript and agree to be accountable for all aspects of the work.

Acknowledgements

Not applicable.

Availability of data and materials

All data generated or analysed during this study are included in this article and its supplementary information file. The EndNote library and detailed screening records are available from the corresponding author on reasonable request.

References

1. McCance T, McCormack B. The Person-centred Nursing Framework: a mid-range theory for nursing practice. *J Res Nurs*. 2025;30(1):47–60. 10.1177/17449871241281428.
2. Kelsall-Knight L, Stevens R. Exploring the implementation of person-centred care in nursing practice. *Nurs Stand*. 2024;39(1):70–5. 10.7748/ns.2023.e12190.
3. Van Der Ploeg-Dorhout MP, Van Den Boogaard C, Reinders-Messelink H, Van Der Cingel M. Patients' experiences of shared decision-making in nursing care: a qualitative study. *J Clin Nurs*. 2024;33(6):2274–86. 10.1111/jocn.17032.
4. Patrician PA, Bakerjian D, Billings R, Chenot T, Hooper V, Johnson CS, et al. Nurse well-being: a concept analysis. *Nurs Outlook*. 2022;70(4):639–50. 10.1016/j.outlook.2022.03.014.
5. Eriksson M, Ekström-Bergström A, Arvidsson S, Jormfeldt H, Thorstensson S, Åström U, et al. Meaning of wellness in caring science based on Rodgers's evolutionary concept analysis. *Scand J Caring Sci*. 2024;38(1):185–99. 10.1111/scs.13196.
6. VanderWeele TJ, Johnson BR. Multidimensional versus unidimensional approaches to well-being. *Nat Hum Behav*. 2025;9(5):857–63. 10.1038/s41562-025-02187-5.
7. Mitsis P. Epicurus on living blessedly. In: Klein J, Powers N, editors. *The Oxford Handbook of Hellenistic Philosophy*. Oxford: Oxford University Press; 2025. 10.1093/oxfordhb/9780190695170.013.8.
8. Cifuentes Velásquez F. Ataraxia y aponía en el Epicureísmo. *Saga Rev Estud Filos*. 2023;(41):38–47.
9. Vasiliou I. Epicurus, pleasure, and happiness. *Varieties of Happiness: Eudaimonism and Greek Ethical Theory*. New York: Oxford University Press; 2025. pp. 142–67. 10.1093/9780197645093.003.0007.

10. Udkunta K, Efstathiou N, Guo P. Models of care and interventions to improve person-centred care for older people in long-term care facilities: a mixed methods systematic review. *J Adv Nurs*. 2026. 10.1111/jan.70527. online ahead of print.
11. Gan C, Angkawijaya IF, Li Z, Goh YS. Creating a home away from home: a resident-centred systematic review and meta-synthesis of ideal nursing home qualities from the perspectives of cognitively intact residents. *Age Ageing*. 2025;54(9):afaf265. 10.1093/ageing/afaf265.
12. Bradley R, Ryan A, Penney S. Improving meaningful activity and meaningful engagement for residents in long-term care settings. *Nurs Older People*. 2024. 10.7748/nop.2024.e1495. online ahead of print.
13. Xu L, Lou Y, Li C, Tao X, Engström M. Person-centered climate, garden greenery and well-being among nursing home residents: a cross-sectional study. *Int J Environ Res Public Health*. 2023;20(1):749. 10.3390/ijerph20010749.
14. Bäckman H, Lindkvist M, Niklasson J, Backman A. Health and quality of life in nursing homes: a repeated cross-sectional study on the impact of leadership and person-centred care. *Nurs Open*. 2025;12(7):e70283. 10.1002/nop2.70283.
15. Holmes SD, Scherr S, O'Brien E, Levy S, Galik E, Resnick B. The Meaningful Engagement Assessment for residents with dementia in assisted living settings. *J Am Med Dir Assoc*. 2025;26(1):105354. 10.1016/j.jamda.2024.105354.
16. Heid AR, Talmage A, Abbott KM, Madrigal C, Behrens LL, Van Haitsma KS. How do we achieve person-centered care across health care settings? Expanding ideological perspectives into practice. *J Am Med Dir Assoc*. 2024;25(8):105069. 10.1016/j.jamda.2024.105069.
17. van Loon J, Janssen M, Janssen B, de Rooij I, Luijkx K. Developing a person-centred care environment aiming to enhance the autonomy of nursing home residents with physical impairments: a descriptive study. *BMC Geriatr*. 2023;23(1):747. 10.1186/s12877-023-04434-8.
18. Anker-Hansen C, Olsen LB, Grøndahl VA, Leonardsen AL, Helgesen AK, Bååth C, et al. The interplay of leadership dynamics and person-centred practice in nursing homes: a mixed methods systematic review. *Front Health Serv*. 2025;5:1535414. 10.3389/frhs.2025.1535414.
19. Salje L. Depression, ataraxia, and the pig. *Australas J Philos*. 2023;101(2):251–66. 10.1080/00048402.2021.2005106.
20. Chen L, Sleeman KE, Bradshaw A, Sakharang W, Mo Y, Ellis-Smith C. The use of person-centered outcome measures to support integrated palliative care for older people: a systematic review. *J Am Med Dir Assoc*. 2024;25(8):105036. 10.1016/j.jamda.2024.105036.
21. Moran S, Bailey ME, Doody O. Role and contribution of the nurse in caring for patients with palliative care needs: a scoping review. *PLoS ONE*. 2024;19(8):e0307188. 10.1371/journal.pone.0307188.
22. Berkovic D, Macrae A, Gulline H, Horsman P, Soh SE, Skouteris H, et al. The delivery of person-centered care for people living with dementia in residential aged care: a systematic review and meta-analysis. *Gerontologist*. 2024;64(5):gnad052. 10.1093/geront/gnad052.

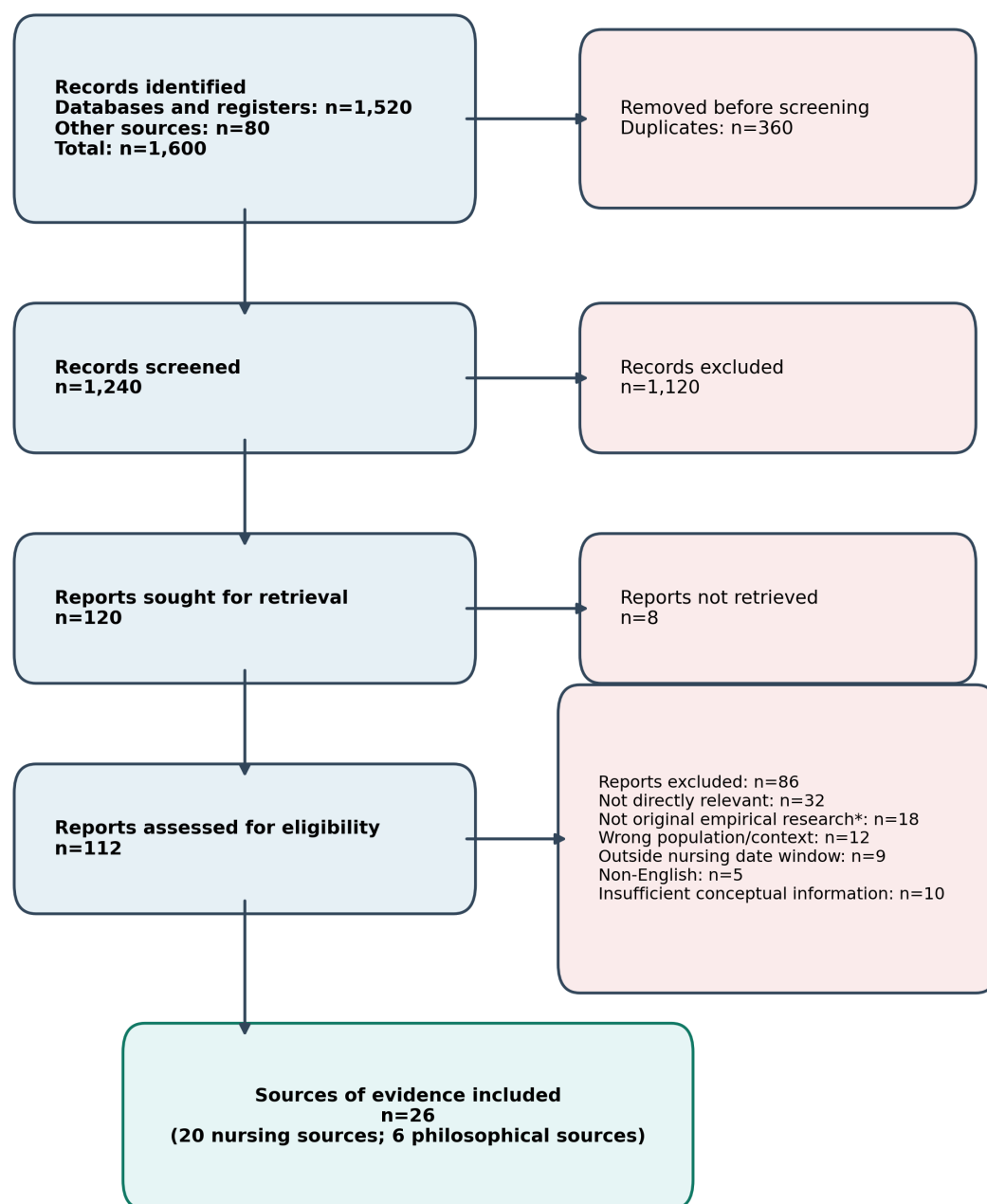
23. Elhassan H, Pardhan S, Hewage R, Harvey BP, Gyllensten H. Costs and health outcomes in economic evaluations of person-centered care: a systematic review. *Value Health*. 2025;28(6):852–65. 10.1016/j.jval.2025.03.013.
24. Osberg Ferm L, Karlsson M, Kasén A, Pennbrant S. A personalised caring approach at home: patients', relatives' and nurses' experiences of specialised palliative care: an integrative literature review. *Nurs Open*. 2025;12(2):e70155. 10.1002/nop2.70155.
25. Robitzsch JM. Why Epicurean happiness is not for everyone. *Br J Hist Philos*. 2024;32(6):1203–19. 10.1080/09608788.2024.2338214.
26. Peters MDJ, Marnie C, Tricco AC, Pollock D, Munn Z, Alexander L, et al. Updated methodological guidance for the conduct of scoping reviews. *JB I Evid Synth*. 2020;18(10):2119–26. 10.1097/XEB.0000000000000277.
27. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467–73. 10.7326/M18-0850.
28. Walker LO, Avant KC. *Strategies for Theory Construction in Nursing*. 6th ed. Boston: Pearson; 2019.
29. Kloos N, Drossaert CHC, Trompetter HR, Bohlmeijer ET, Westerhof GJ. Exploring facilitators and barriers to using a person centered care intervention in a nursing home setting. *Geriatr Nurs*. 2020;41(6):730–9. 10.1016/j.gerinurse.2020.04.018.
30. Haugan G, Kuven BM, Eide WM, Taasen SE, Rinnan E, Wu VX, et al. Nurse-patient interaction and self-transcendence: assets for a meaningful life in nursing home residents? *BMC Geriatr*. 2020;20:168. 10.1186/s12877-020-01555-2.
31. Mousazadeh N, Babaieasl F, Bagherian S, Mivehchi S. The spectrum of person-centered care: from luxury to necessity: a descriptive qualitative study. *BMC Nurs*. 2025;24:1078. 10.1186/s12912-025-03737-y.
32. Engberg de Carvalho C, O'Sullivan A, Bergkvist K, Lundh Hagelin C, Winterling J, Malmberg Kisch A. Person-centred nursing in allogeneic stem cell transplantation using a conversation tool: a qualitative study. *Scand J Caring Sci*. 2025;39(4):e70153. 10.1111/scs.70153.
33. Baxter R, Corneliusson L, Björk S, Edvardsson D. Promoting resident thriving in nursing homes: a qualitative study. *J Adv Nurs*. 2025;81(1):399–408. 10.1111/jan.16206.
34. Ehk S, Petersson S, Khalaf A, Nilsson M. Nurses' experiences of integrating the salutogenic perspective with person-centered care for older people in Swedish nursing home care: an interview-based qualitative study. *BMC Geriatr*. 2024;24:261. 10.1186/s12877-024-04831-7.
35. Boström E, Ali L, Fors A, Ekman I, Andersson AE. Registered nurses' experiences of communication with patients when practising person-centred care over the phone: a qualitative interview study. *BMC Nurs*. 2020;19:54. 10.1186/s12912-020-00448-4.
36. Nilsson A, Edvardsson D, Rushton C. Nurses' descriptions of person-centred care for older people in an acute medical ward: on the individual, team and organisational levels. *J Clin Nurs*. 2019;28(7–8):1251–9. 10.1111/jocn.14738.

37. Vassbø TK, Kirkevold M, Edvardsson D, Sjögren K, Lood Q, Bergland Å. The meaning of working in a person-centred way in nursing homes: a phenomenological-hermeneutical study. *BMC Nurs*. 2019;18:45. 10.1186/s12912-019-0372-9.
38. Yang Y, Li H, Xiao LD, Zhang W, Xia M, Feng H. Resident and staff perspectives of person-centered climate in nursing homes: a cross-sectional study. *BMC Geriatr*. 2019;19:310. 10.1186/s12877-019-1313-x.
39. Sion KYJ, Verbeek H, de Boer B, Zwakhalen SMG, Odekerken-Schröder G, Schols JMGA, et al. How to assess experienced quality of care in nursing homes from the client's perspective: results of a qualitative study. *BMC Geriatr*. 2020;20:67. 10.1186/s12877-020-1466-7.
40. Swall A, Marmstål Hammar L, Gransjön Craftman Å. Like a bridge over troubled water: a qualitative study of professional caregiver singing and music as a way to enable person-centred care for persons with dementia. *Int J Qual Stud Health Well-being*. 2020;15(1):1735092. 10.1080/17482631.2020.1735092.
41. Haugland BØ, Giske T. Nursing students explore meaningful activities for nursing home residents: enlivening the residents by cultivating their spark of life. *Nurs Rep*. 2021;11(2):217–28. 10.3390/nursrep11020022.
42. Boersma P, van Weert JCM, Lissenberg-Witte BI, van Meijel B, Dröes RM. Testing the implementation of the Veder Contact Method: a theatre-based communication method in dementia care. *Gerontologist*. 2019;59(4):780–91. 10.1093/geront/gnx200.
43. Chenoweth L, Jeon YH, Stein-Parbury J, Forbes I, Fleming R, Cook J, et al. PerCEN trial participant perspectives on the implementation and outcomes of person-centered dementia care and environments. *Int Psychogeriatr*. 2015;27(12):2045–57. 10.1017/S1041610215001350.
44. Ho P, Cheong RCY, Ong SP, Fusek C, Wee SL, Yap PLK. Person-centred care transformation in a nursing home for residents with dementia. *Dement Geriatr Cogn Dis Extra*. 2021;11(1):1–9. 10.1159/000513069.
45. Kolanowski A, Behrens L, Lehman E, Oravec Z, Resnick B, Boltz M, et al. Living well with dementia: factors associated with nursing home residents' affect balance. *Res Gerontol Nurs*. 2020;13(1):21–30. 10.3928/19404921-20190823-01.
46. Kloos N, Drossaert CHC, Bohlmeijer ET, Westerhof GJ. How well do nursing staff assess the wellbeing of nursing home residents? An explorative study of using single-question scales. *Ageing Soc*. 2022;42(4):812–28. 10.1017/S0144686X20001178.
47. Kloos N, Trompetter HR, Bohlmeijer ET, Westerhof GJ. Longitudinal associations of autonomy, relatedness, and competence with the well-being of nursing home residents. *Gerontologist*. 2019;59(4):635–43. 10.1093/geront/gny005.
48. Sedley D. Epicureanism. *Routledge Encyclopedia of Philosophy*. London: Routledge; 1998. 10.4324/9780415249126-A049-1.
49. Voorhoeve A. The pleasures of tranquillity. *Homo Oeconomicus*. 2022;39:185–97. 10.1007/s41412-021-00115-2.

50. Liebersohn YZ. Epicurus' 'kinetic' and 'katastematic' pleasures: a reappraisal. *Elenchos*. 2015;36(2):271–96. 10.1515/elen-2015-360204.
51. Palmer A. Epicureanism. In: Sgarbi M, editor. *Encyclopedia of Renaissance Philosophy*. Cham: Springer; 2022. pp. 1108–14. 10.1007/978-3-319-02848-4_192-1.
52. Yapijakis C, Chrousos GP. Epicurean stability (eustatheia): a philosophical approach of stress management. *Conatus*. 2022;7(2):173–90. 10.12681/cjp.31769.
53. Davies M, Zúñiga F, Verbeek H, Simon M, Staudacher S. Exploring interrelations between person-centered care and quality of life following a transition into long-term residential care: a meta-ethnography. *Gerontologist*. 2023;63(4):660–73. 10.1093/geront/gnac027.
54. Brown JLD, Potter S. Integrating the philosophy and psychology of well-being: an opinionated overview. *J Happiness Stud*. 2024;25(5):50. 10.1007/s10902-024-00763-6.
55. Gurung S, Chaudhury H. Relationship-centered care for older adults in long-term care homes: a scoping review. *J Appl Gerontol*. 2025;44(9):1513–32. 10.1177/07334648241309761.
56. Gagnon E, Marcotte R. On personhood in residential and long-term care centres. *J Aging Stud*. 2025;72:101308. 10.1016/j.jaging.2025.101308.
57. O'Keefe T. Achieving tranquility: Epicurus on living without fear. In: Klein J, Powers N, editors. *The Oxford Handbook of Hellenistic Philosophy*. Oxford: Oxford University Press; 2025. 10.1093/oxfordhb/9780190695170.013.7.
58. Pallies D. Why pain matters more than pleasure for well-being. *J Ethics*. 2025;29(5):847–61. 10.1007/s10892-025-09536-6.
59. Mortensen AH, Nåden D, Karterud D, Gallagher A, Lohne V. A qualitative study of family members' perspectives regarding decision-making for nursing home residents' care. *Int J Qual Stud Health Well-being*. 2024;19(1):2370545. 10.1080/17482631.2024.2370545.
60. Backman A, Ahnlund P, Lövheim H, Edvardsson D. Nursing home managers' descriptions of multi-level barriers to leading person-centred care: a content analysis. *Int J Older People Nurs*. 2024;19(1):e12581. 10.1111/opn.12581.
61. Haunch K, Downs M, Oyeboode J. Making the most of time during personal care: nursing home staff experiences of meaningful engagement with residents with advanced dementia. *Aging Ment Health*. 2023;27(12):2346–54. doi:10.1080/13607863.2023.2177254.

Figures

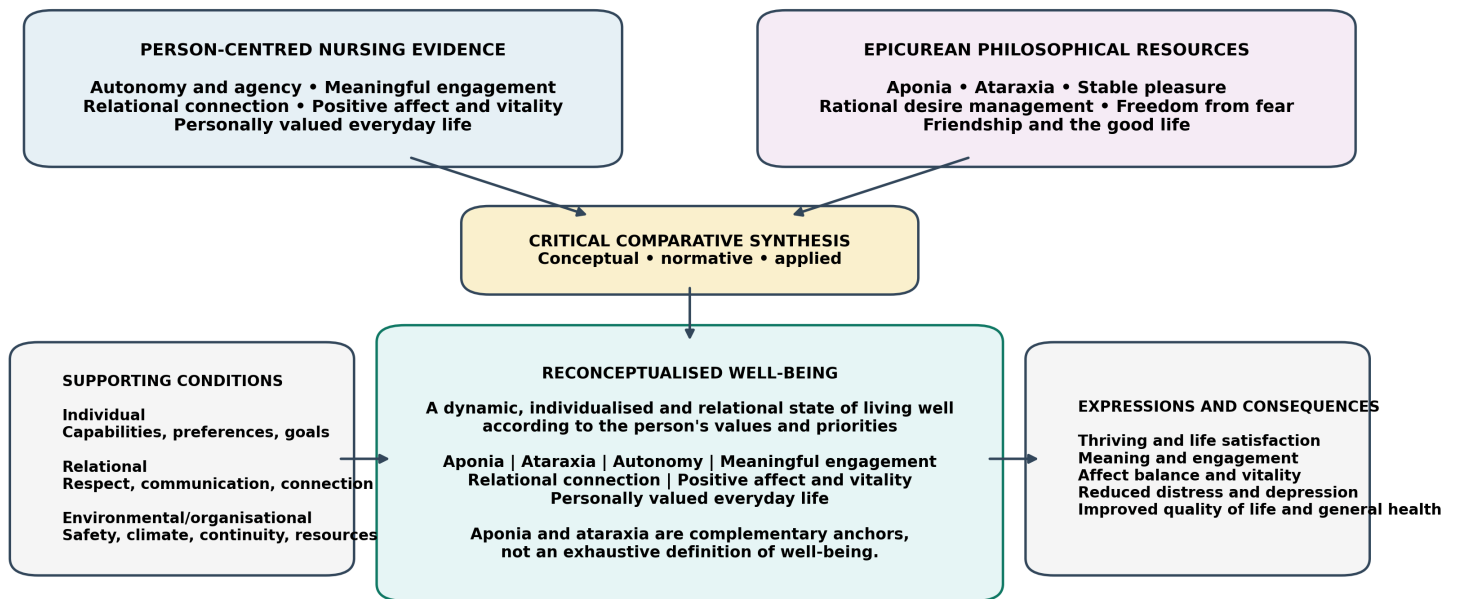
Identification and selection of sources of evidence



*The original-research criterion applied to the contemporary nursing evidence stream; scholarly philosophical sources were assessed using separate relevance criteria.

Figure 1

Identification and selection of sources of evidence. PRISMA-ScR flow diagram showing identification, screening, full-text assessment, exclusions and included sources.



*The framework integrates empirical nursing evidence with philosophical interpretation;
it is theoretically generative and requires empirical testing across care contexts.*

Figure 2

Reconstructed well-being in person-centred nursing. Conceptual framework integrating nursing evidence with Epicurean philosophical resources.

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