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REVIEW

Ineffective health maintenance behaviors: a concept analysis based on a scoping review

Comportamientos ineficaces de mantenimiento de la salud: análisis de concepto basado en revisión de alcance

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ABSTRACT:

Background: the concept under study is partially developed according to the literature. According to Morse, if a concept is partially mature, techniques of comparison, clarification, and/or concept correction should be applied.
Objective: To analyze the concept of “ineffective health maintenance behaviors” from Morse's perspective.
Method: Concept analysis conducted according to Morse's advanced techniques, operationalized through a scoping review performed in the following data sources: Scopus, MEDLINE/PubMed, ScienceDirect, Web of Science, PsycINFO, and Google Scholar, along with manual searches in reference lists.
Results: With a final sample of 35 studies, five attributes, 17 antecedents, 12 outcomes, and the boundaries of the phenomenon of ineffective health maintenance behaviors were identified for the Nursing field. The results of this study contribute to the standardized Nursing language.
Conclusion: The boundaries of this phenomenon in the field of Nursing have been delineated. Conceptual refinement contributes to the development of targeted Nursing interventions, facilitating the implementation of personalized care plans with the potential to impact the quality of care provided. Based on this concept analysis, research with observational designs is recommended to validate the indicators of the phenomenon under study, which may help nurses effectively identify, diagnose, plan, implement, and evaluate patients with ineffective health maintenance behaviors during their care.

Keywords: health-related behaviors; health promotion; Nursing diagnosis.

RESUMEN:

Introducción: el concepto en estudio está parcialmente desarrollado según la literatura. Para Morse, si el concepto es parcialmente maduro, deben aplicarse técnicas de comparación, aclaración y/o corrección del concepto.
Objetivo: Analizar el concepto de comportamientos ineficaces de mantenimiento de la salud desde la perspectiva de Morse.
Método: Análisis de concepto desarrollado de acuerdo con las técnicas avanzadas de Morse, mediante una revisión de alcance, realizada en las siguientes fuentes de datos: Scopus, MEDLINE/PubMed, ScienceDirect, Web of Science, PsycINFO y Google Scholar, además de búsquedas manuales en las listas de referencias.
Resultados: Con una muestra final de 35 estudios, se identificaron cinco atributos, 17 antecedentes, 12 resultados y se comprendieron los límites del fenómeno de comportamientos ineficaces de mantenimiento de la salud para el área de Enfermería. Los resultados de este estudio presentan contribuciones al lenguaje estandarizado de Enfermería.
Conclusión: Se delinearon los límites de este fenómeno. El refinamiento conceptual contribuye a la elaboración de intervenciones de Enfermería dirigidas, con el fin de facilitar la implementación de planes de cuidado personalizados, con potencial para impactar la calidad de la atención brindada. A partir de este análisis de concepto, se recomienda la realización de investigaciones con diseños observacionales para validar los indicadores del fenómeno en estudio, lo que puede ayudar a los enfermeros a identificar, diagnosticar, planificar, implementar y evaluar de manera efectiva a los pacientes con comportamientos ineficaces de mantenimiento de la salud durante su atención.

Palabras clave: comportamientos relacionados con la salud; promoción de la salud; diagnóstico de Enfermería.

INTRODUCTION

The concept of “ineffective health maintenance behaviors” is a Nursing diagnosis included in the NANDA-International (NANDA-I) taxonomy. It is defined as “the management of health practices, attitudes, and knowledge underlying health actions that is unsatisfactory in maintaining or improving well-being or preventing illness and injury”[1]. This phenomenon is commonly identified in individuals across various life cycles and in various health and disease processes. It is a prominent concept in Nursing care and, at the same time, a recent one, due to its reformulation in the latest edition of the NANDA-I taxonomy[2-3].

References to similar concepts related to ineffective health maintenance behaviors exist in the scientific literature of other fields, such as medicine, psychology, nutrition, and sociology. Therefore, there is divergence in the literature on the concept in question, which can lead to the use of multiple terms to describe the same phenomenon or even to their application to other phenomena, making it impossible to adopt a standardized language among health professionals[4-5].

In Nursing, concepts related to human phenomena are of particular interest to researchers. Nursing is considered a developing discipline and has constantly expanded its scientific knowledge base to support research, teaching, and practice. However, this has not always been the case, as some conceptual foundations of Nursing theory and research have been supported by concepts from other disciplines[6]. Concepts are symbolic representations intended to describe a specific phenomenon or category of phenomena. When they lack a precise definition, they can cause problems in healthcare practice and in the development of research instruments. Therefore, concept analysis studies make significant contributions by clarifying meanings, with the aim of ensuring that concepts are understood similarly by

those who use them in the same context, space-time, and situation[7-8]. Therefore, the objective is to analyze the concept of ineffective health maintenance behaviors from Morse's perspective.

Background

Prior to this study, the researchers conducted a non-systematic narrative review of the literature to assess the maturity of the concept of “ineffective health-maintaining behaviors,” identified as a NANDA-International Nursing diagnosis. This preliminary review took place between October and December 2023.

The maturity level of the concept of “ineffective health-maintaining behaviors” was analyzed through a comprehensive literature review based on clarity criteria achieved by the concept, utilizing epistemological, logical, pragmatic, and linguistic principles[9].

According to Morse (1996), these principles are based on the following criteria: conceptual definition: emerging stage (unclear and with conflicting definitions)/mature stage (clear and agreed upon); characteristics: emerging stage (not clearly identified)/mature stage (clearly described); preconditions and outcomes: emerging stage (not clearly identified)/mature stage (fully described and demonstrated); and boundaries: emerging stage (unknown or not delineated)/mature stage (clearly delineated)[9].

From this, it became clear that the concept of ineffective health maintenance behaviors is partially developed. The conceptual definition is considered clear, but there are competing definitions, such as health risk behaviors, unhealthy lifestyle behaviors, and inadequate oral health practices, presented in research in psychology, sociology, and dentistry, respectively[10-12]. Furthermore, characteristics, preconditions, and outcomes are not fully addressed, as the literature review identified related elements that are not included in their framework. The boundary of the concept also lacks precise delineation in the current scientific literature. Depending on the framework used, if the concept is considered immature, further research is needed to identify and develop the concept using the delineation technique.

On the other hand, if the concept is partially mature, concept comparison, clarification, and/or correction techniques are used[7,9]. Therefore, the application of comparison and clarification techniques was considered relevant for a deeper analysis of the concept.

METHODS

Study Design

This is a conceptual analysis based on Morse's Advanced Concept Analysis Techniques model, which focuses on elevating a given concept to a higher level of clarity through processes of concept comparison and clarification[7]. This framework was chosen because it allows for analyzing the concept's use in different contexts and clarifying it for use in Nursing. The concept analysis was based on a systematic scoping review.

Morse's (1995) procedures for concept comparison and clarification are: (1) identify the core concept; (2) conduct a literature review; (3) analyze the literature for underlying values; (4) identify, describe, and compare the concept's attributes and relationships; and (5) identify its limitations in explaining the phenomenon[7].

Core Concept Identification

Therefore, the core concept identified for this study was “ineffective health-maintaining behaviors” with the objective of analyzing it as a human response in the Nursing context.

Conducting a Literature Review

To conduct a comprehensive review of the relevant literature and critically analyze it, we decided to conduct the analysis through a scoping review, prepared according to the guidelines of the JBI Manual for Evidence Synthesis[13] and guided by the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) checklist.[14] The review protocol was registered on the Open Science Framework (OSF) platform (osf.io/m92wf)[15].

Literature Analysis According to Underlying Values

The research question was constructed based on the PCC mnemonic strategy, where: P = population/problem (professional areas), C = concept (ineffective behaviors for health maintenance), and C = context (scientific literature). Therefore, the following question arises: How is the phenomenon of "ineffective health maintenance behaviors" conceptualized in scientific literature across various professional areas?. To meet the objectives of this analysis, the following research questions were identified: What is the concept of ineffective health maintenance behaviors in Nursing? What are the antecedents, attributes, limits, and outcomes of the concept of ineffective health maintenance behaviors?

Studies that answered the research questions were included, were fully available, and had no language or time limit. Letters to the editor, editorials, commentaries, abstracts, and protocols were excluded from the sample. The literature search was conducted in three distinct phases in October 2024. The first phase was conducted in five databases: Scopus (Elsevier), Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed), ScienceDirect (Elsevier), Web of Science, and PsycINFO (ProQuest). The second phase was conducted using Google Scholar to identify gray literature. The third phase consisted of a manual search of the reference lists of the studies selected in the previous phases.

Identify, describe, and compare the attributes and relationships of the concept

To formulate the search strategy, the descriptors indexed in Medical Subject Headings (MeSH) were defined: “Health Behavior,” “Health Risk Behaviors,” and “Concept Formation.” After a pilot search of the databases, it was decided to include the alternative term “Conceptualization,” as the equation allowed for the identification of a greater number of studies. Therefore, the search strategy used was: “Health Behavior”

OR “Health Risk Behaviors” AND “Concept Formation” OR Conceptualization. It should be noted that the search addressed the specificities of each database.

Study selection was performed using the Rayyan – Intelligent Systematic Review software (https://rayyan.ai/). Thus, the studies identified in the first phase of the search were recorded and exported to the software on October 2, 2024, the last date of access to the databases.

For the second phase, the search was conducted in Google® Scholar using the same strategy used in the previous phase. The capture of the results identified in this phase was facilitated with the Publish or Perish software (https://harzing.com/resources/publish-or-perish), which allowed the results to be exported to Rayyan software on the same date as in the first phase.

Studies were initially selected by two researchers, independently and blindly, by reading the titles and abstracts. A third researcher was invited to resolve any discrepancies between them. According to the eligibility criteria, the selected studies were read in their entirety, and duplicates were counted only once.

In the third phase of the search, a manual search of the reference lists of the previously selected studies was performed, allowing for the inclusion of studies that had not been previously identified.

Identifying Limitations in the Explanation of the Phenomenon

For mapping and data extraction, a structured data collection tool was created in Microsoft Excel 2019® with the following variables: study identification (study title, country of publication, language, year of publication, authors, and journal), methodological aspects (study objectives, approach and study design), and findings (scientific discipline highlighted, definitions/aspects/applications of the concept, conceptual definition, background, attributes, limits and results of the concept, and main results and/or conclusions of the study).

The level of evidence of the studies was classified according to the Polit and Beck (2021) framework: Level I: systematic review/meta-analysis of randomized controlled trials (RCTs); Level II: RCTs; Level III: non-randomized (quasi-experimental) trials; Level IV: systematic review of nonexperimental studies; Level V: nonexperimental/observational studies; Level VI: systematic review/meta-analysis of qualitative studies. Level VII - qualitative/descriptive study; Level VIII - non-research source (internal evidence and expert opinion)[16].

The framework adopted for conducting concept analysis allows the researcher the flexibility to apply procedures with discernment and consideration, and, when necessary, carefully adjust or deviate from them[7]. Therefore, the structure of the results followed a more general approach, analyzing the use of the concept in professional settings and, consequently, its use in Nursing, including the conceptual definition, background, attributes, boundaries, and outcomes. The results were summarized and presented in tables and figures for easier visualization.

Since the research used publicly available secondary data in the literature, approval from a research ethics committee was not required. However, it is important to

emphasize that methodological rigor was ensured and the copyright of the studies analyzed was duly respected.

RESULTS

A total of 46,201 studies were identified in the data sources. After rigorously meeting the eligibility criteria, 32 studies were selected. Three studies were also included in the manual search for reference lists, resulting in a final sample of 35 studies. Figure 1 presents the flowchart of the study selection process.

Figure 1. Flowchart of the study selection process, according to PRISMA-ScR. Natal, RN, Brazil, 2024.

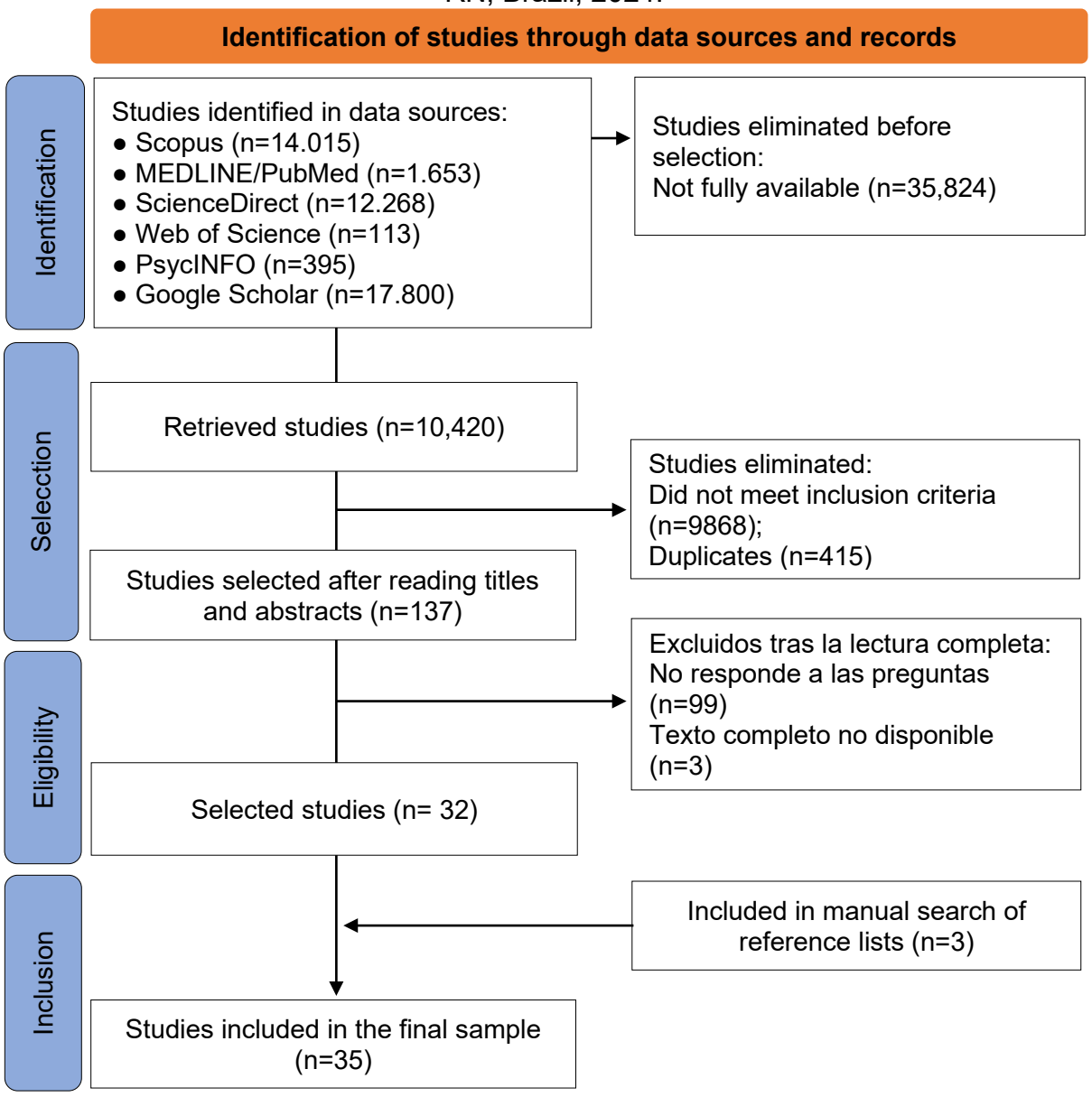


Table 1 presents the data characterizing the selected studies, according to study identification (ID), authors, year of publication, country, study design, level of evidence, professional area, and definitions, aspects, or applications of the concept.

Table 1: Characterization of the studies selected in the scoping review. Natal, RN, Brazil, 2024.

ID	Authors (year)/Country	Study design/LE*	Professional área	Definitions, aspects or applications of the concept of ineffective health maintenance behaviors
A1[17]	Plascak et al. (2023)/United States of America (USA)	Cross-sectional study/V	Medicine	Smoking, excessive drinking, and consuming sugary drinks.
A2[18]	Verra et al. (2023)/Netherlands	Cross-sectional study/V	Sociology	Socioeconomic and educational inequalities lead to a perception of lesser importance of health.
A3[19]	Rapoport et al. (2023)/Germany	Cross-sectional study/V	Dentistry	Procrastination as an influence on postponing dental care.
A4[20]	David et al. (2023)/United Arab Emirates	Qualitative study/VII	Medicine	Identification of factors that interfere with cancer prevention/detection.
A5[21]	Heuel et al. (2022)/Germany	Mixed methods study/V	Nursing	Relationship between stress and unhealthy behavioral experiences on adherence and health.
A6[22]	Cavalcante et al. (2022)/Brazil	Cross-sectional study/V	Nursing	Ineffective health maintenance as a Nursing diagnosis.
A7[23]	Zhang et al. (2022)/China	Cross-sectional study/V	Nursing	Negative beliefs about health with a negative effect on lifestyle.
A8[24]	Fernández-Gutiérrez et al. (2022)/Spain	Cross/V mapping study	Nursing	Ineffective health maintenance behaviors as a Nursing diagnosis.
A9[25]	Wainwright et al. (2022)/USA	Cross-sectional study/V	Psicology	Association between impulsivity and noncompliance with self-care activities.
A10[26]	Kertzman et al. (2022)/Israel	Cross-sectional study/V	Psicology	Relationship between impulsivity and smoking.
A11[27]	Akbar et al. (2022)/Australia	Qualitative study/VII	Nursing	Sociocultural context as an influence on health self-management.
A12[28]	Alvarez et al. (2022)/USA	Descriptive study/VII	Nursing	Adverse childhood experiences that lead to maladaptive strategies and negative experiences with healthcare.
A13[29]	Brown et al. (2022)/Jamaica	Narrative review/VII	Pharmacy	Cultural and religious beliefs can lead to low adherence to pharmacotherapy.
A14[30]	Prihanto et al. (2021)/Indonesia	Cross-sectional study/V	Nursing	Health literacy can influence smoking behavior, unhealthy eating, alcohol consumption, and physical inactivity.
A15[31]	McCutchan et al. (2021)/ United Kingdom	Systematic Review/IV	Medicine	Limited medical help-seeking behavior.
A16[32]	Roth et al. (2021)/USA	Narrative Review/VII	Public Health	Compensatory feeding.
A17[33]	Kamp et al. (2020)/USA	Cross-sectional study/V	Nursing	Relationship between social support and self-management behaviors in health.
A18[34]	Algren et al. (2020)/Dinamarca	Cross-sectional study/V	Public Health	Low socioeconomic status and social isolation are associated with low fruit and vegetable consumption, smoking, alcohol consumption, and physical inactivity.
A19[35]	Celene et al. (2020)/Singapore	Qualitative study/VII	Medicine	Limited medical help-seeking behavior.
A20[36]	Waszczuk et al. (2019)/USA	Cross-sectional study/V	Psicology	Sleep disturbance and sedentary behavior in traumatized individuals.
A21[37]	Maher et al. (2019)/USA	Ecological study/V	Medicine	Sedentary behavior associated with lack of motivation and low self-efficacy.
A22[38]	Dalton et al. (2018)/USA	Cross-sectional study/V	Psicology	Relationship between stress and depressive symptoms and maladaptive health behavioral practices.
A23[39]	Kang et al.	Cross-sectional	Public Health	Inadequate self-monitoring of health

ID	Authors (year)/Country	Study design/LE*	Professional área	Definitions, aspects or applications of the concept of ineffective health maintenance behaviors
	(2018)/USA	study/V		patterns; Low adherence to pharmacotherapy; Low adherence to non-pharmacological health practices.
A24[40]	Craig et al. (2018)/Australia	Cross-sectional study/V	Public Health	Adverse childhood experiences influence sleep time, physical activity, fruit and vegetable consumption, alcohol consumption, and smoking.
A25[41]	Rademakers et al. (2018)/Netherlands	Observational study/V	Public Health	Impact of health literacy on experiences of patient-centered care, shared decision-making, and self-management.
A26[42]	Taniguchi-Tabata et al. (2017)/Japan	Cross-sectional study/V	Dentistry	Inappropriate oral health behavior.
A27[43]	Plow et al. (2017)/USA	Mixed methods study/V	Medicine, Nursing, Nutrition, Psychology and Public Health	Relationships between sleep disorders, physical limitations, emotions, and social support in unhealthy lifestyle habits.
A28[44]	Friis et al. (2016)/Denmark	Observational study/V	Public Health	Association between health literacy and smoking behaviors, physical inactivity, and poor nutrition.
A29[45]	Calsson et al. (2015)/Sweden	Cross-sectional study/V	Dentistry	Avoidance of dental care and related health consequences.
A30[46]	Bernecker et al. (2015)/Swiss	Correlational study/VII	Psychology	The role of beliefs about willpower as a predictor of self-control in the context of health self-management.
A31[47]	Watkins et al. (2013)/USA	Cohort study/V	Nursing	Spiritual beliefs and poor self-care.
A32[48]	Mishali et al. (2011)/Israel	Methodological study/V	Psychology	Low self-efficacy that affects treatment adherence behaviors.
A33[49]	Flynn et al. (2011)/USA	Integrative conceptual framework/VII	Psychology	Motivation, emotions, and beliefs that affect health behaviors related to cancer screening.
A34[50]	Gonzalez et al. (2007)/USA	Cohort study/V	Medicine	Depressive symptoms associated with lack of adherence to important aspects of self-care.
A35[51]	Valdez et al. (2005)/USA	Qualitative study/VII	Public Health	Relationships between lack of adequate access to spaces that promote health and sociocultural norms and reduced physical activity.

*LE=Level of evidence according to the Polit and Beck classification (2021)[16]

Regarding characterization, most studies were published in 2022 (25.7%), in the USA (40.0%), with a quantitative approach (71.4%), a cross-sectional design (45.7%), and a level of evidence V (71.4%). Regarding the professional areas in which the studies were addressed, Nursing predominated in the sample (28.5%), followed by Psychology (22.8%) and Public Health (22.8%).

The literature showed varied descriptions of the aspects of the concept of ineffective health maintenance behaviors or related terms. For a better understanding, the synthesis of the conceptual definitions of “ineffective health maintenance behaviors” in the identified professional areas is presented in Table 2.

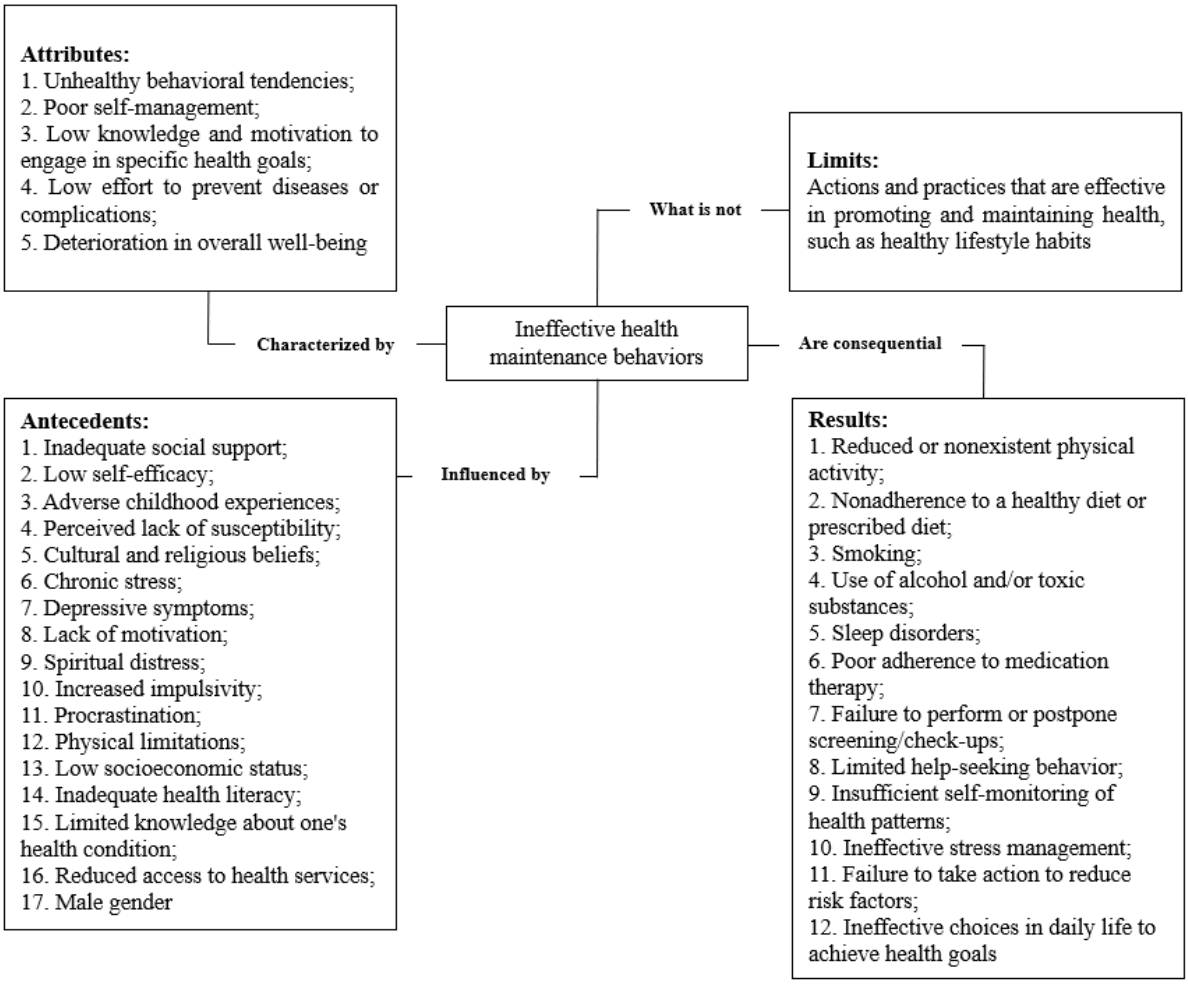
Table 2. Summary of conceptual definitions of “ineffective health maintenance behaviors” in each professional area. Natal, Rio Grande do Norte, Brazil, 2024

Professional área	Conceptual definition
Nursing	Individual actions that are not satisfactory in achieving specific goals to maintain or improve well-being, or prevent diseases and complications[21-24,27-28,30,33,47].

Professional área	Conceptual definition
Psychology	Maladaptive behavior patterns that compromise adherence to health management practices, influenced by psychological factors and limiting beliefs, and exacerbated by stress, depressive symptoms and traumatic experiences[25-26,36,38,46,48-49].
Public health	Collective practices that result in the adoption of lifestyles that are harmful to health, influenced by socioeconomic, cultural and environmental determinants[32,34,39-41,44,51].
Medicine	Attitudes that compromise the prevention, monitoring and adequate management of health conditions, increasing the risk of morbidity and mortality[17,20,31,35,37,50].
Dentistry	Actions that harm the prevention and adequate treatment of oral health, resulting in negative impacts on oral and systemic well-being[19,42,45].
Sociology	Individual or collective practices influenced by structural factors, such as socioeconomic and educational inequalities, which limit access to health resources and reduce the perception of the importance of self-care[18].
Pharmacy	Attitudes and practices that compromise adherence to pharmacological therapies and other pharmacological interventions, negatively impacting clinical outcomes[29].

Regarding the comparison of the concept's attributes and their relationships in the Nursing context, it is observed that in the field of Psychology, the findings explore psychological aspects, such as personality traits and emotions, and their impact on health-related behaviors[25-26,36,38,46,48-49]. In Public Health and Sociology, the results permeate socioeconomic aspects, in which low socioeconomic status can affect access to health services and care[18,32,34,39-41,44,51]. In Medicine, the identification of factors that interfere with the prevention of diseases and complications was evidenced[17,20,31,35,37,50]. In Dentistry, actions that harm oral health were addressed[19,42,45], while in Pharmacy, practices that compromise pharmacological therapeutic adherence were identified[29]. To facilitate visualization, a graphic representation of the concept's background, attributes, limits, and outcomes for the Nursing context was constructed (Figure 2). At the same time as this step, the limits to explain the phenomenon are identified.

Figure 2: Graphic representation of the concept analysis for the Nursing context. Natal, RN, Brazil, 2024.



DISCUSSION

The analysis conducted in this study highlights that the concept of ineffective health maintenance behaviors, used by nurses, is approached from different perspectives in different professional settings, but shares common aspects. In Nursing, this phenomenon is identified when a person fails to achieve defined goals to maintain or improve well-being or prevent illness and complications.

For Morse (1996), attributes are the characteristics that define the concept; limits are identified when an example ceases to be a particular instance of the concept; antecedents are the preconditions that give rise to the phenomenon; and outcomes are the consequences of the concept[9]. Therefore, the attributes of the concept were identified based on the findings of the review, which identified studies that described the essential characteristics of the phenomenon, as well as its limits, antecedents, and consequences.

Based on the description of the identified elements that comprise the concept (Figure 2), four categories were listed: psychological aspects, social aspects, educational aspects, and physiological aspects. These categories were organized to reflect the multiple factors that influence health behaviors and serve as indicators to guide the

planning of Nursing interventions. The following section analyzes the comparison of attributes and the relationship of each diagnostic element to the Nursing context, according to the subthemes: definition, attributes, antecedents, and consequences.

Definition

The literature has provided various descriptions of aspects of the concept of ineffective health maintenance behaviors and similar terms. After analyzing the information identified in the studies, a conceptual definition was proposed for the Nursing context: ineffective health maintenance behaviors are individual actions, decisions, or practices that are not satisfactory in achieving specific goals of maintaining or improving well-being, or in preventing illness and complications.

Attributes

The attributes that comprise the core concept of ineffective health maintenance behaviors include (1) unhealthy behavioral tendencies, (2) poor self-management, (3) low knowledge and motivation to achieve specific health goals, (4) low effort to prevent illness or complications, and (5) impaired general well-being.

Antecedents

Regarding the background, the results explore how psychological aspects, such as personality traits and emotions, can influence health-related behaviors[26]. Nurses work to prevent underlying conditions such as chronic stress[21,23,28,35,38-39], depressive symptoms[28,38], lack of motivation[23,37], spiritual distress[23,27], and increased impulsivity[25-28], through actions aligned with the scope of the profession, such as setting clear health goals and building trust in daily health actions with the patient, thus influencing their behavioral performance. Research corroborates these findings by identifying the impact of psychological aspects on health practices[49-50].

Regarding social aspects, one of the underlying factors identified is low socioeconomic status. This element is presented as a global challenge that can affect access to health services and care[18,30,34]. Several studies present similar evidence on the influence of socioeconomic status on quality of life and willingness to receive health care[49,51]. In the context of Nursing diagnoses, low socioeconomic status is not independently modifiable by nurses and is best defined as an at-risk population[1]. Despite this, Flaubert et al. (2021) note that nurses play a relevant role in reducing health inequities, with the responsibility to engage patients in behavior change through investing in health literacy promotion[52]. Generally, patients with a history of inadequate health literacy[30,44] have limited knowledge about their health condition[31,35]. Educational aspects are intrinsic to Nursing practice, as Nursing plays an important role in health education for different population groups.

Nursing emphasizes human responses and therefore develops care to prevent choices and practices that may negatively affect the patient's health, potentially addressing failures in risk factor reduction, for example[22]. The literature reflects on how understanding the nurse's role in this process leads to greater professional autonomy and better access to quality healthcare[52].

With the arrival of the epidemiological transition, there has been a considerable increase in the number of people with chronic diseases, representing 70% of deaths worldwide[53,54]. In this context, a study by Cardoso et al. (2019) indicates that the phenomenon of ineffective health maintenance is significantly prevalent in populations affected by chronic diseases, being identified in approximately 65% of patients with chronic diseases[55].

The increase in chronic diseases has required a shift in the focus of healthcare towards promoting health maintenance. When patients are actively involved in their health care, they can prevent chronic diseases and complications. This involves the use of health, psychological, social, and spiritual resources to develop skills to regulate health patterns and decision-making for problem-solving. This approach not only benefits disease control, but also contributes to reducing costs associated with treatment and hospitalizations due to complications[56].

Supporting self-management is an essential responsibility for nurses caring for patients with chronic conditions. Supportive interventions facilitate patient awareness of their health status and, consequently, contribute to improved management of health patterns[33]. However, a study by Tharani et al. (2021) indicates that a lack of clarity regarding professional role expectations and a lack of ongoing knowledge update are factors that negatively impact self-management support provided by nurses[57].

To consistently provide Nursing care, it is essential for nurses to understand the elements that permeate Nursing phenomena. When identifying patients with backgrounds such as cultural and religious beliefs[20,23,29,46-47,49], inadequate social support[28,33-34,43,47], low self-efficacy[21,25,48], adverse childhood experiences[28,32,40], perceived lack of susceptibility[23], procrastination[19], and physical limitations[43], the nurse must have concrete information to develop effective interventions for each patient.

Consequences

The outcomes are a consequence of the emergence of the concept and, within the framework of a Nursing diagnosis, represent the defining characteristics. Among the most common outcomes in the studies are: reduced or no physical activity[23-24,30,34,40,43-44,47,51], lack of adherence to a healthy diet or the prescribed diet[17-18,30,32,38,46,49], smoking[23-24,27,30,34,44-45], alcohol or substance use[17,24,30,34,40], sleep disorders[36,38,40,43], and poor adherence to drug therapy[27,29].

Despite being widely disseminated by major health agencies and commonly identified in studies, these clinical indicators are often not reversed by patients without professional help. In many cases, it is also observed that nurses do not clearly define specific goals that enable patients to adopt effective health behaviors[58]. This highlights the need for a deeper understanding of the phenomenon in question, as well as the need to develop updated clinical tools with clear interventions for nurses.

The theoretical implications of the study, i.e., the conceptual definition and other diagnostic elements, reflect a conceptual model. Fawcett (1997) describes this type of model as a system of broad, general concepts, paired with interrelated propositions, which connect to each other, forming a cohesive structure. Therefore, this model should be interpreted based on the concepts of the Nursing metaparadigm proposed

by Fawcett (2024): human beings, global environment, culture, planetary health, Nursing activities, and related propositions[59-60].

Thus, human beings are considered, without exception, in their entirety. The global environment is considered the space where Nursing provides care and society, including the cultural, social, political, and economic factors that impact human health. Culture encompasses beliefs, attitudes, values, morals, behavioral patterns, and diverse eating habits. Planetary health refers to the promotion of individual and collective behaviors that promote the well-being of humans and the planet. Nursing activities are actions carried out in conjunction with humans and encompass the processes of assessment, diagnosis, planning, implementation, and evolution. Finally, related proposals suggest that Nursing activities address the health of humans and the planet within the context of the global environment and cultural diversity[59-60].

The limitations of this study can be attributed to the exclusion of studies from the sample that were not retrieved during the selection process and that could have contributed to the results of this research, despite efforts to minimize losses through institutional access to data sources.

CONCLUSION

The conceptual analysis of ineffective health maintenance behaviors, from Morse's perspective, allowed for a refinement of the definition of the concept and its attributes. Therefore, it can be concluded that the boundaries of this phenomenon in the field of Nursing have been delineated. This conceptual refinement contributes to the development of specific Nursing interventions, facilitating the implementation of personalized care plans with the potential to impact the quality of care provided. The results of this study contribute to practice by addressing standardized Nursing language with new evidence of elements related to the concept under study that could be more consistent for the use of Nursing diagnoses, in addition to supporting the continued development of the NANDA-I classification.

Based on this conceptual analysis, observational research designs are recommended to validate the indicators of the phenomenon under study. This can help Nursing staff effectively identify, diagnose, plan, implement, and assess patients with ineffective health maintenance behaviors during their care.

CONFLICTS OF INTEREST

No conflicts of interest are declared.

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