



REVIEWS

Positive Mental Health Interventions for nurses: A Systematic Review

Intervenciones de Salud Mental Positiva dirigidas a enfermeras: Revisión Sistemática

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ABSTRACT:

Introduction: In recent years, nurses' mental health has been increasingly at risk of deterioration due to heightened psycho-emotional and occupational stress. A key protective factor is maintaining a good level of positive mental health, understood as the psychological strength that enhances resilience and supports the ability to cope with adverse situations.

Objective: To identify, synthesize, and evaluate, through a systematic review, interventions or programs promoting positive mental health aimed at improving nurses' mental health and quality of life.

Method: A search for quantitative studies was conducted in PubMed, Scopus, and CINAHL. The PRISMA guidelines were followed, and the CASPe tool was used to assess the methodological quality of the selected articles.

Results: Nine studies were analyzed that implemented interventions aimed at strengthening the positive mental health of participants. The most common techniques included mindfulness, problem-solving strategies, and resilience-building techniques. These methods demonstrated a significant reduction in stress and occupational burnout, as well as improvements in quality of life and in the care provided.

Conclusions: The evidence suggests that positive mental health programs are effective in enhancing nurses' well-being. Institutional support for their integration into clinical practice could improve occupational health among nurses and enhance patient safety.

Keywords: Mental Health; Positive Attitude; Program; Interventions; Nursing.

RESUMEN:

Introducción: La salud mental de las enfermeras se ha visto sometida a un mayor riesgo de alteraciones debido al incremento de la presión psicoemocional y laboral, en los últimos años. Un elemento protector clave es mantener un buen nivel de salud mental positiva, entendida como la fortaleza psicológica que aumenta la resiliencia y favorece la capacidad de afrontar situaciones adversas.

Objetivo: Identificar, sintetizar y evaluar, mediante una revisión sistemática, las intervenciones o programas de salud mental positiva dirigidos a mejorar la salud mental y la calidad de vida de las enfermeras.

Método: Se realizó una búsqueda en *Pubmed*, *Scopus* y *Cinahl* de estudios cuantitativos. Se siguieron las directrices PRISMA y se empleó la herramienta CASPe para evaluar la calidad metodológica de los artículos seleccionados.

Resultados: Se analizaron nueve estudios que implementaron intervenciones dirigidas a fortalecer la salud mental positiva de los participantes. Entre estas técnicas destacan el *mindfulness*, las técnicas de resolución de problemas y estrategias para mejorar la resiliencia. Estas metodologías demostraron una reducción significativa del estrés y del agotamiento laboral, además de una mejora en la calidad de vida y en los cuidados ofrecidos.

Conclusiones: Los resultados sugieren que los programas de salud mental positiva son eficaces para mejorar el bienestar de las enfermeras. Su integración en el ámbito clínico, con el respaldo institucional, podría optimizar la salud ocupacional de las enfermeras y mejorar la seguridad en la atención de los cuidados.

Palabras clave: Salud Mental; Actitud Positiva; Programa; Intervenciones; Enfermería.

INTRODUCTION

The nursing profession is considered one of the most vulnerable to occupational stress due to the combination of extended work shifts, constant exposure to human suffering, and the high emotional demands inherent to its professional practice⁽¹⁾. These factors significantly increase the risk of nurses developing mental health disorders such as anxiety or depression, while also negatively impacting the quality of care provided, potentially compromising patient safety⁽²⁾.

From an epidemiological perspective, a study conducted in Catalonia (Spain) in 2021 reported that 58,3% of nurses presented symptoms consistent with anxiety or depressive disorders⁽³⁾. This phenomenon is not exclusive to Catalonia, as recent data from the U.S National Institute for Occupational Safety and Health revealed that 46% of healthcare professionals, including nurses, reported occupational burnout in 2022⁽⁴⁾. These figures highlight the urgent need to implement targeted strategies for the assessment and promotion of mental health within this professional group.

In the current context, the application of positive psychology in the workplace has become particularly relevant and necessary, not only to prevent professional burnout, but also to foster emotional competence, improve the quality of care, and contribute to the sustainability of healthcare systems by reducing associated costs⁽¹⁾⁽⁵⁾.

Positive Mental Health (PMH) is a complex and dynamic construct whose definition has evolved over recent decades. In simplified terms, it can be defined as a state of well-being arising from the acceptance and effective management of life experiences within one's environment⁽⁶⁾. From this perspective, mental health is understood as an entity in its own right, and positive mental health constitutes a domain within it⁽⁷⁾.

PMH refers to the mental health of individuals who are not clinically ill, aiming to optimize well-being throughout the various transitions experienced across the lifespan⁽⁸⁾. Efforts to improve healthcare professionals' mental health have been ongoing for years.

As early as 2004, the World Health Organization (WHO) published a report on mental health promotion, identifying various frameworks to enhance individual well-being⁽⁹⁾. Among the most influential theories is that proposed by Marie Jahoda in 1958, a pioneer in PMH theory, whose conceptualization remains relevant today. Jahoda viewed mental as an inherent attribute of the individual⁽¹⁰⁾, emphasizing its multidimensional nature, shaped by time, culture, social group, and context. Her model was structured around six interrelated factors⁽¹⁰⁾⁽¹¹⁾. Later, Dra. Lluch expanded upon this model, introducing an empirical tool for assessing PMH within a health promotion framework. Her multifactorial model includes interventions aimed at enhancing individuals' psychological well-being⁽¹²⁾. While following Jahoda's theoretical foundations, Lluch proposed slightly different factors: F1 – Personal satisfaction; F2- Prosocial Attitude; F3 – Self-control; F4 – Autonomy; F5 – Problem-solving and self-actualization; and F6 - Interpersonal relationship skills⁽¹¹⁾.

As evidenced, the enhancement of PMH is closely linked to the development of emotional and psychological competencies that strengthen both individual and collective well-being, particularly in demanding clinical environments⁽¹³⁾.

Recent research has proposed various interventions and programs aimed at reducing stress, improving quality of life, and promoting adaptive emotional regulation among nurses. It has been demonstrated that individuals with greater emotional stability are less likely to experience mental health disturbances under stressful conditions, which translates into safer and more effective care delivery⁽¹⁴⁾.

In this context, the present study aims to conduct a systematic review to identify, synthesize, and evaluate interventions or programs designed to improve nurses' positive mental health and quality of life.

MATERIAL AND METHODS

A systematic review of the literature was carried out with an interpretative and descriptive approach, following the guidelines outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement⁽¹⁵⁾. The analysis included studies with quantitative research designs, published in specialized healthcare databases.

The search was carried out between January and April 2024, preceded by a preliminary exploration to assess the current state of the research topic and to define the search criteria. The databases consulted included PubMed, Cinahl, Scopus, Cuiden, and JBI. However, due to the terminological variability used to refer to positive mental health and the specific focus of this study, the main databases selected were PubMed, Scopus, and Cinahl, as they yielded the most relevant findings for the present research.

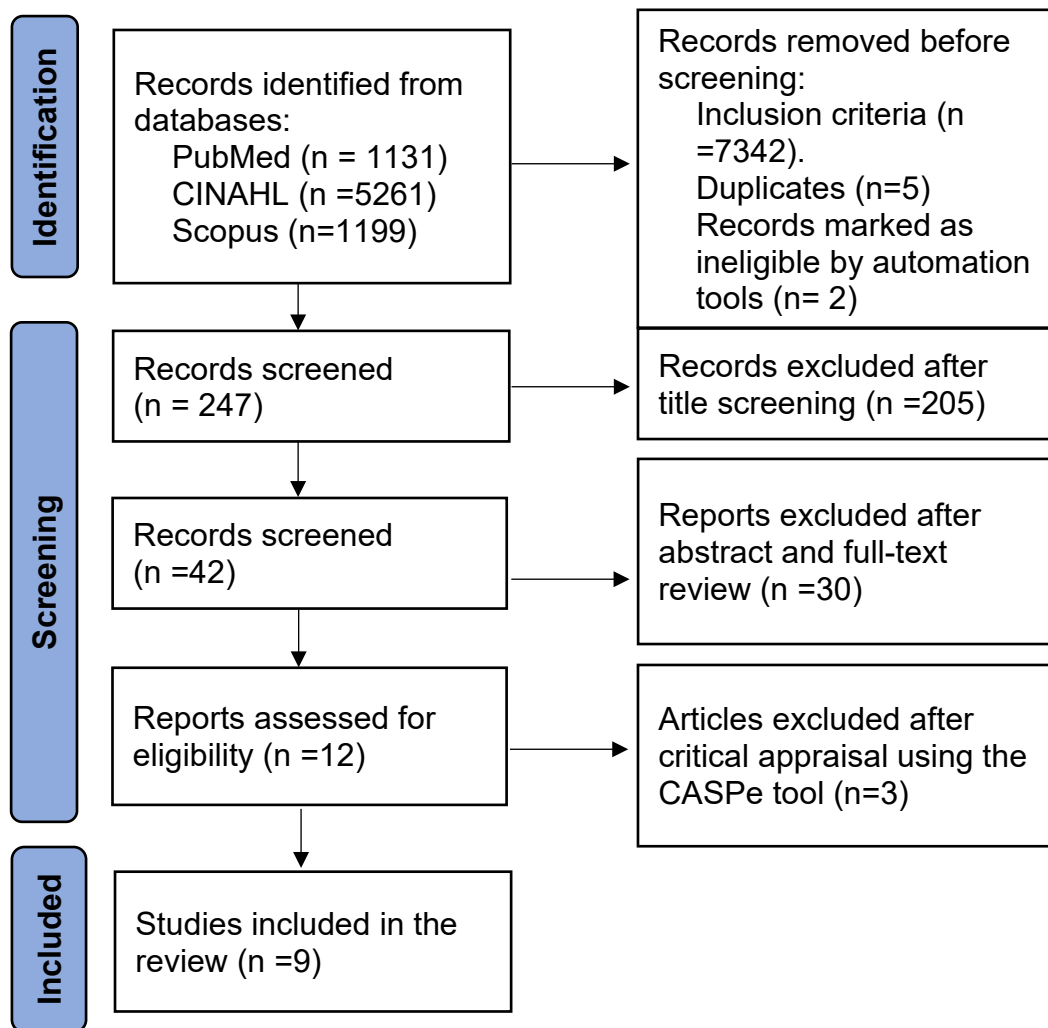
The search strategy was designed using standardized descriptors from the MeSH and DeCS vocabularies, combined with Boolean operators and truncation techniques. The terms used included: "positive mental health", "nurses" or "nursing", and "program" or "intervention program."

The inclusion criteria were as follows: studies published in English, Spanish and Portuguese between 2019 and 2024, with full-text access; original publications using a

quantitative methodology; and studies that assessed the implementation of programs or interventions aimed at promoting PMH among nurses.

After applying the selection criteria to all identified articles, duplicates and studies that did not address the research question were excluded, based on a peer-review evaluation of title, abstract, and full-text (Figure 1). Specifically, studies that did not assess PMH programs or did not identify nurses as the study population were excluded.

Figura 1: PRISMA 2020 Flow Diagram



To ensure methodological rigor and minimize potential bias, the selected articles were evaluated using the CASPe tool, which is designed for the critical appraisal of clinical trials and case-control studies. This instrument consists of 11 questions, the first two of which serve as exclusion filters, ensuring the validity and relevance of the results. Subsequently, a third question assesses the applicability of the findings to the target context⁽¹⁶⁾.

Scoring was assigned according to the following criteria: “Yes” was equivalent to one point, “Don’t Know” to half a point, and “No” to zero points. Articles that did not pass the initial exclusion questions were eliminated. The final score determined the definitive selection of studies included in the analysis. The protocol for this review was registered in PROSPERO (ID: 1080424), currently under review, to ensure methodological transparency and traceability.

RESULTS

A total of nine articles were selected for analysis (Table 2): five randomized clinical trials, two quasi-experimental studies, one descriptive observational study, and one cohort study.

The included studies exhibit notable methodological diversity and originate from various countries, including the United States^(13,17,18), China⁽¹⁹⁾, Taiwan⁽²⁰⁾, England⁽²¹⁾, Germany⁽²²⁾, the Netherlands⁽²³⁾, and Egypt⁽²⁴⁾, providing a broad perspective applicable to different healthcare systems and cultural contexts. Table 2 summarizes the main methodological aspects of each study, including design, sample type, objectives, main outcomes, and the score obtained in the critical appraisal of methodological quality.

From the comparative analysis, common patterns were identified in relation to the techniques used, the PMH factors involved, and the benefits achieved. These elements are presented in a structured synthesis table (Table 3), which enables a comparison of the characteristics of each intervention.

Table 2: Description of the articles selected for the review and CASPe results.

Authorship, Year, County	Methodology Sample	Objective	Main Results	CASPe score Quality Assessment
Abdelazizet al., 2020, Egipto ⁽²⁴⁾	Pre-post quasi-experimental intervention. Novice psychiatric nurses (n=36; 21 F, 15 M)	To evaluate the effectiveness of an assertiveness program on psychological well-being and work engagement among nurses.	Statistically significant differences were observed in the intervention group, with improvements in assertiveness skills ($p_F=0,011$; $p_M=0,005$), psychological well-being ($p_F= 0,007$; $p_M=0,003$) and work engagement ($p_F=0,001$; $p_M=0,001$).	10/11 High
Ameli et al., 2020, USA ⁽¹⁸⁾	RCT Intervention group vs control group. Healthcare professionals (n=78; 65 F, 13 M; 5 nurses)	To evaluate the effectiveness and feasibility of a mindfulness program in reducing stress among healthcare professionals.	The intervention group showed a significant reduction in stress ($p=0,02$) and anxiety ($p<0,001$) compared to the control group. Improvements in self-care and burnout were also significant ($p<0,001$). These effects were sustained for 13 weeks only for stress and anxiety. 97% of participants rated the intervention as very good.	10/11 High

Authorship, Year, Country	Methodology Sample	Objective	Main Results	CASPe score Quality Assessment
Zhang et al., 2022, China ⁽¹⁹⁾	Pre-post quasi- experimental intervention with control group. Healthcare professionals (n=60; 44 F, 16 M, 35 nurses.	To assess the effect of a program on resourcefulness and psychological capacities among healthcare personnel.	One week after the intervention (<i>Resourcefulness</i>), the experimental group showed significant improvements in resourcefulness, resilience, and positive responses ($p<0,001$) compared to the control group. These improvements were maintained one month later in the control group. These improvements were maintained one month later in the control group ($p<0,05$) in all cases.	10/11 High
Fu et al., 2021, Taiwan ⁽²⁰⁾	Cluster randomized controlled trial. Hospitalization, ICU and outpatient nurses (n=124)	To evaluate the effects of a program on resilience, mindfulness and social support.	Twelve weeks after intervention, the experimental group showed significant improvements in compassion satisfaction ($p<0,001$), burnout ($p<0,001$), and traumatic stress ($p<0,001$). Physical and mental health improved in the experimental group ($p<0,001$), while it declined in the control group.	10/11 High
Henshall et al., 2023, UK ⁽²¹⁾	RCT. Community and mental health nurses (n=107; 97 F, 12 M)	To examine participants' engagement with an online resilience program (<i>REsOlution</i>) and evaluate its impact on resilience and psychological well-being.	72,8% of participants showed improvement in resilience, confidence, and ability to deliver quality care. 75,8% reported progress in communication and workplace relationships. No statistically significant differences were found between groups, but positive trends were observed. The 6-week retention rate was 96%.	10/11 High

Authorship, Year, Country	Methodology Sample	Objective	Main Results	CASPe score Quality Assessment
Hoying, et al., 2023, USA ⁽¹³⁾	Pre-post quasi-experimental intervention without a control group. Healthcare professionals (n=100; 92F, 8 M, 93 nurses).	To examine mental health burnout, beliefs and behaviours following the <i>MINDBODYSTRONG</i> intervention.	The <i>MINDBODYSTRONG</i> intervention led to significant improvements in beliefs about healthy lifestyles (p=0,000) and in healthy behaviours (p=0,000). Levels of depression (p=0,000), anxiety (p: 0,000), stress (p=0,0004) and burnout (p=0,0018) decreased.	9,5/11 Moderate
Janzarik et al., 2022, Germany ⁽²²⁾	RCT Intervention group vs control group. Hospital nurses (n=72; 66 F, 6M)	To evaluate the effectiveness of an intervention to improve nurses' resilience and mental health using cognitive-behavioural techniques.	The intervention showed improvements in mental health (p=0,03), resilience (p=0,02), emotional regulation (p=0,003), active coping (p=0,01) and life satisfaction (p=0,05) in the experimental group. These effects were sustained up to 6-month post-intervention. No significant differences were observed in self-esteem, self-efficacy, or perceived stress.	9,5/11 Moderate
Sarro, et al., 2022, USA ⁽¹⁷⁾	Pre-post quasi-experimental cohort study. Oncology nurses (n= 23).	To evaluate whether the <i>PASTRY</i> intervention reduces distress among nurses through meditation and guided reflection.	Moral distress decreased following the intervention (66,7%), although the reduction was not statistically significant (p=0,18). Qualitative analysis revealed improvements in communication, emotional coping, and sense of unit belonging. The most stressful situations included dishonest communication with patients by physicians, futile treatments and poor	9/11 Moderate

Authorship, Year, Country	Methodology Sample	Objective	Main Results	CASPe score Quality Assessment
			interdisciplinary communication.	
Van Shaick et al., 2021, Netherlands ⁽²³⁾	Cross-sectional descriptive study. Palliative care nursing staff (n= 221; 195F, 26 M)	To evaluate the feasibility of and promote moral resilience and nursing competencies through a reflection and ethics-based intervention (<i>CURA</i>).	The <i>CURA</i> intervention was perceived as clear, easy to use, and helpful for developing moral competencies (71%), perspective-taking (67%), and self-awareness (63%), according to participants. Additionally, 54% reported that it helped them manage moral stress.	9,5/11 Moderate

Abbreviations: F= females; M=males; RCT= Randomized Controlled Trial.

The synthesis table (Table3) presented below compares the nine included studies according to three identified categories: participant characteristics, type of intervention used, and benefits for clinical practice. This classification is intended to facilitate the analysis and interpretation of the results from both a practical and clinical perspective.

Table 3: Comparative synthesis of the interventions based on techniques, PMH factors and clinical benefits.

Authorship	Main technique or Methodology	Related PMH factors	Intervention duration	Benefits for participants	Reported limitations
Abdelaziz et al. ⁽²⁴⁾	Cognitive-behavioural techniques (role-playing, group exercises, etc.)	F1- Personal satisfaction F3- Self control	4 weeks	Reduced stress, increased self-esteem and enhanced work engagement	Small sample size
Ameli et al. ⁽¹⁸⁾	Brief mindfulness intervention	F3- Self-control	5 weeks	Reduction in stress and anxiety	Limited effects in severe cases of depression and anxiety
Zhang et al. ⁽¹⁹⁾	Online training on resourcefulness	F1- Personal satisfaction F3- Self-control F4- Autonomy	4 weeks	Improved quality of life	Limited sample diversity; reduced impact on

Authorship	Main technique or Methodology	Related PMH factors	Intervention duration	Benefits for participants	Reported limitations
					severe symptoms
Fu et al. ⁽²⁰⁾	Mindfulness, breathing techniques and social support	F3- Self-control F4-Autonomy	4 weeks	Promoted physical and mental health; increased compassion	No significant improvement in compassion fatigue
Henshall et al. ⁽²¹⁾	Online resilience program	F2- Prosocial attitude F5- Problem-solving and self-actualization F6- Interpersonal relationship skills	6 weeks	Enhanced professional bonding and resilience	Small sample size
Hoying, et al. ⁽¹³⁾	Cognitive-behavioural techniques and mindfulness	F1-Personal satisfaction F3- Self-control F4-Autonomy	7 weeks	Reduced stress, anxiety and depressive symptoms	No control group
Janzarik et al. ⁽²²⁾	Self-control	F1- Personal satisfaction F3-autocontrol F4-Autonomy	8 weeks	Increased positive emotions and resilience	Unable to implement a controlled intervention
Sarro et al. ⁽¹⁷⁾	Ethical reflection and guided meditation	F2- Prosocial attitude F5- Problem-solving and self-actualization F6- Interpersonal relationship skills	One weekly session over up to 8 months	Reduction in moral distress; improved stress management in challenging situations	Small sample size
Van Shaick et al. ⁽²³⁾	Ethical decision-making support	F1- Personal satisfaction F2- Prosocial attitude F3- Self-control F4- Autonomy F6- Interpersonal relationship skills	Not defined- flexible use	Positive perception and increased moral competencies	Prior training required; no group comparison

1. Common characteristics of participants and perceived feasibility of the interventions

Based on the critical analysis of the included studies, homogeneous sociodemographic characteristics were identified among the participants. Most were women with similar educational levels: a nursing degree or intermediate-level training (nursing assistants). Age ranged from 23 to 69 years. In general, nurses with more professionals' experience tended to have a partner and children, while younger or novice nurses were mostly single. All studies excluded participants with diagnosed severe mental disorders, thereby reinforcing the validity of the findings in the context of preventive interventions or those aimed at enhancing positive mental health.

Although in most studies the nurses came from various hospital departments, three investigations focused their samples on specific areas with a higher emotional burden: palliative care and home care⁽²³⁾, oncology⁽²³⁾ and mental health⁽²⁴⁾.

Overall, nurses found programs to be useful. However, relevant barriers to sustained implementation were identified, such as work overload and rigid shift schedules in clinical practice⁽²¹⁾. The low dropout rates reported reinforcing the acceptability and commitment of the nursing staff, demonstrating a high level of engagement with the interventions^(13,18,20,22,24).

The most common reasons for dropout were unexpected changes in work shifts, illness and unforeseen family responsibilities. Despite these challenges, adherence levels remained high, indicating that with proper organizational planning, such initiatives are feasible^(13,21).

Overall, the reviewed studies show that interventions aimed at promoting positive mental health are perceived as effective by nurses. They help enhance resilience, reduce stress levels, and foster greater emotional and professional well-being^(13,19,20,22,23).

2. Most common interventions to promote Positive Mental health in nurses

The programs identified in this review share common objective of promoting positive mental health among nurses through interventions aimed at reducing stress, anxiety and emotional exhaustion. These initiatives aim to strengthen resilience, promote self-care, and improve communication within the healthcare team^(13,20).

Among the most frequently used interventions to enhance resilience and modify thought patterns are mindfulness, problem-solving techniques, and cognitive-behavioural approaches. In this regard, the study by *Amelie et al.* evaluated a brief mindfulness program, which demonstrated a significant reduction in stress and anxiety after five weeks of intervention, compared to a control group. Improvements were also observed in overall well-being and productivity, particularly among individuals presenting mild symptomatology⁽¹⁸⁾. These findings are consistent with previous studies, which suggest that mindfulness-based practices can reduce anxiety and stress, and improve perceived well-being, although their effectiveness is limited in cases of severe depressive disorders.

Four of the reviewed studies combined various techniques to enhance resilience, such as mindfulness, problem-solving strategies, structured self-reflection and networking

sessions⁽¹³⁾. Programs such as *REsOluTioN*⁽²¹⁾ and *Mindbodystron*⁽¹³⁾, both delivered in online formats, demonstrated sustained improvements in resilience, self-esteem and work engagement. Although these digital platforms offer greater scheduling flexibility, they showed challenges in participant recruitment and adherence.

Complementarily, *Janzarik et al.*⁽²²⁾, through an eight-week intervention based on cognitive-behavioural therapy and mindfulness, observed significant improvements in emotional well-being, along with reductions in anxiety and stress. Moreover, the findings highlight the importance of addressing not only stress, but also effective communication and expression of concerns in the workplace⁽¹³⁾, as a preventive tool against professional burnout.

An innovative contribution was offered by *Zhang et al.*⁽¹⁹⁾, who led a study that explored the impact of an online training program focused on resourcefulness, understood as the ability to autonomously resolve adverse situations. Participants who developed this competence showed improvements in quality of life, greater personal satisfaction, and enhanced self-control.

Other studies explored more context-specific approaches depending on the care setting. The *CURA*⁽²³⁾ program, designed for palliative care, focused on reducing moral distress through a four-step process: describing the situation, identifying emotions, ethical reflection, and decision-making. Participants found the intervention useful and applicable, although its impact depended on contextual variables such as time availability and institutional support.

Similarly, the *PASTRY*⁽¹⁷⁾ project focused on empowering oncology nurses through dialogue spaces and the analysis of morally complex situations. This initiative supported participants in their communication with other healthcare professionals, identifying assertive communication as a protective factor against moral distress.

Abdeaziz et al.⁽²⁴⁾ addressed assertiveness in novice nurses, observing improvements in self-esteem, communication skills, and stress reduction. Although no significant differences were found based on sex or marital status, these results differ from other studies suggesting higher assertiveness among women.

Finally, *FU et al.*⁽²⁰⁾ developed a program involving family and social support that addressed participants' resilience compassion fatigue. The intervention showed improvements in physical and mental health at 4 and 12 weeks, although no statistically significant change was observed in compassion fatigue. However, no increase in fatigue was reported either, which could be related to the limited duration of the program or to unmodifiable structural factors in the work environment.

3. Benefits for clinical practice

The results of this review show that nurses are exposed to multiple structural conditions that contribute to chronic stress, emotional distress and symptoms of burnout. Workload, continuous rotation between shifts and departments, constant exposure to human suffering, and complex decision-making are risk factors that directly affect their mental health, the quality of care provided, and their organizational commitment^(17,19,24).

In response to this reality, the studies analysed recommend the integration of positive mental health promotion programs as part of healthcare system strategies⁽²⁴⁾. These interventions have proven to be feasible for integration into routine practice, provided they receive the necessary institutional support⁽²³⁾. Their implementation offers strategic benefits for healthcare organizations, including staff retention, reduced absenteeism, improved work climate, and enhance patient safety⁽¹⁷⁾.

Furthermore, the evidence suggests that these programs should be implemented not only in response to situations of distress, but as ongoing preventive strategies—particularly during the onboarding phase or in high-demand care settings^(19,21)—since in many cases, the positive effects have been sustained for up to six months after the intervention. This highlights both their sustainability and cost-effectiveness⁽¹³⁾⁽²²⁾. The strengthening of emotional competencies, resilience, professional empowerment, and assertiveness are fundamental dimensions that must be continuously cultivated. Therefore, it is concluded that positive mental health programs are a structural necessity to ensure staff well-being and the quality of care.

DISCUSSION

This systematic review aimed to evaluate the effectiveness of interventions designed to promote and prevent positive mental health in nurses. Despite the conceptual and methodological heterogeneity of the included studies, the findings converge on the feasibility of implementing these interventions in routine clinical practice, highlighting their positive impact on nurses' emotional, social, and psychological well-being.

The results confirm that nurses are particularly vulnerable to mental health issues due to structural and emotional factors such as work overload, rotating shifts, high emotional demands, and constant exposure to human suffering. This evidence is consistent with previous research emphasizing the need for preventive strategies to mitigate the impact of occupational stress, psychosocial distress, and burnout^(13,22,24).

In this regard, the reviewed programs focus on developing competencies such as resilience, emotional self-regulation, effective communication, and self-care—skills that are essential for coping healthily with the challenges inherent to the healthcare settings⁽²⁵⁾. In particular, multicomponent interventions that combine mindfulness, problem-solving techniques, and cognitive-behavioural strategies appear to provide more sustained and comprehensive benefits^(13,20,22,26). These approaches address the three pillars of positive mental health proposed by Keyes: emotional, social and psychological well-being. However, few studies address these three dimensions in an integrated manner, with most interventions adopting partial approaches focused primarily on reducing stress or anxiety. Therefore, it is essential to move toward intervention models with a salutogenic perspective—those that not only address psychological distress, but also foster lasting well-being and professional growth⁽²⁷⁾.

The promotion of positive mental health in nurses could benefit from the development and implementation of programs that not only focus on the prevention or treatment of illness but also address the need for active support and, ultimately, protection of well-being. Although there are several robust conceptual models of positive mental health—such as those proposed by Keyes, Jahoda and Lluich—to date, the application of these frameworks in programs specifically targeted at nurses has not been documented. This

theoretical gap hinders comparability across studies and limits the generalizability of results. All of the articles analysed in this review focus on improving individual components of positive mental health—such as psychological or social well-being—but do not offer a comprehensive approach that addresses the multiple dimensions of the human experience. In this regard, the *Mentis plus+* program developed by *Teixera et al.*, represents a promising initiative. Its holistic approach promotes six key factors of positive mental health: personal satisfaction, prosocial attitude, self-control, autonomy, problem-solving, and interpersonal skills⁽⁷⁾, and it has shown effectiveness in both the general and student populations. However, this program has not yet been validated in clinical settings or among nursing professionals, which represents a clear opportunity for future research.

The potential adaptation of *Mentis Plus+* to nursing contexts could contribute not only to improving individual well-being but also to enhancing care quality, talent retention, and professional engagement. Moreover, recent programs highlight the added value of including participatory elements such as ethical reflection⁽²³⁾, family support⁽²⁰⁾, or interdisciplinary dialogue spaces⁽¹⁷⁾, which could further increase the effectiveness and acceptability of these interventions.

In this regard, the *National Plan for Health Workforce Well-Being* proposes seven national strategies to structurally address healthcare workforce well-being, offering a useful framework for developing sustainable interventions adapted to clinical settings. Among its key recommendations are the creation of safe and supportive work environments, the strengthening of leadership committed to staff well-being, and the promotion of equity in access to resources. The plan emphasizes the importance of healthcare professionals' mental health and the need to foster a culture of well-being across health systems⁽²⁸⁾, as also highlighted by *Søvold et al.*, who advocate for integrating mental health-centered policy responses as a humanitarian priority within healthcare systems⁽²⁹⁾.

In conclusion, the analysed data demonstrate that the development of positive mental health programs for nurses should not be limited to the prevention of distress, but should instead be oriented toward the active promotion of comprehensive well-being. Their systematic implementation, based on validated theoretical models and adapted to clinical setting, could contribute to improving the quality of life of professionals, their work performance, and the safety of care.

This systematic review presents several limitations that must be considered when interpreting its findings. First, although the objective was to identify intervention aimed at promoting positive mental health in nurses, most of the included studies approach well-being from a perspective focused on distress or illness (e.g., stress, anxiety, or burnout), rather than applying theoretical models of positive mental health such as those proposed by Jahoda or Lluch⁽¹²⁾.

Second, there was marked methodological heterogeneity among the studies, both in terms of design and the strategies and evaluation instruments used. This variability hinders the quantitative synthesis of results and makes cross-study comparison difficult, as the lack of consistency in outcome measures prevents a comprehensive view of program effectiveness and limits the generalizability of findings.

Additionally, several studies lacked control groups or randomization, increasing the risk of bias and reducing the internal validity of their results. In other cases, small sample sizes compromised statistical power, making it difficult to detect significant effects and generalize findings to the broader nursing population.

Another important limitation was the absence of long-term follow-up in some studies, which prevents the assessment of the sustained impact of the interventions. This is particularly relevant in clinical settings, where long-term outcomes determine the institutional feasibility of such programs.

A transversal limitation identified across the reviewed studies is the omission of structural or organizational variables (such as leadership style, institutional climate, or work-life balance policies), despite literature highlighting their critical influence on nurses' well-being ^(21,23,30).

Furthermore, no detailed information was provided regarding funding sources in the primary studies, which limits the assessment of potential conflicts of interest. Finally, the language scope of the search was restricted to articles published in English, Portuguese, and Spanish, which may have excluded relevant research in other languages.

CONCLUSION

This systematic review is relevant to clinical practice, as it highlights the importance of implementing programs aimed at promoting positive mental health among nurses—a professional group exposed to high emotional and structural demands. The findings confirm that such interventions are both feasible and well accepted, particularly when they are adapted to workplace realities and supported institutionally. In this regard, organizational support is a key factor in ensuring the integration of these programs into occupational health policies and quality improvement strategies in patient care.

Moreover, it is recommended that future initiatives be grounded in solid conceptual frameworks, such as Lluch's model of PMH, which enables a comprehensive approach to well-being and promotes factors such as autonomy, personal satisfaction, prosocial attitudes, and emotional self-regulation.

To strengthen the current evidence base, future research should employ methodologically robust designs, larger samples, longer follow-up periods, and standardized evaluation criteria ^(18,20).

Promoting positive mental health should not be understood solely as individual-level intervention, but rather as a strategic action aligned with the principals of patient safety and healthcare systems sustainability.

Finally, it is essential that the findings of this review be translated into actionable proposals for both clinical practice and healthcare management. To achieve this, fostering translational and participatory research will be crucial, with the active involvement of nurses in the design and implementation of such programs ⁽⁷⁾.

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