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Nursing and Health Economics for Community Wellbeing: A Systematic Review and Development of the Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework

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ABSTRACT

Community nursing plays a vital role in health promotion, disease prevention, healthcare access, and community wellbeing; however, its wider economic value remains under-recognized. This review takes a close look at how nursing interventions connect with health economics and community wellbeing, and it introduces the Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework. For this review, we followed PRISMA 2020 guidelines to systematically search the literature. We searched databases like PubMed/MEDLINE, CINAHL, Embase, ProQuest, Web of Science, and Google Scholar for publications from 1970 to 2026. Out of 280 records reviewed, 40 met our criteria and were included in the analysis. The review identified economic evaluation methods such as cost-effectiveness analysis, cost-benefit analysis, cost-utility analysis, and Social Return on Investment. The evidence demonstrates nursing's contributions to health outcomes, quality of care, accessibility, equity, resource efficiency, and community wellbeing. Based on the evidence and theories we reviewed, the NHE-CW Framework Highlights Nursing Effectiveness, Health Economic Efficiency, Accessibility, Quality of Care, Equity, and Sustainability as the main factors that shape Community Wellbeing. By combining nursing science with health economics, we can thoroughly assess the clinical, economic, and social value of nursing interventions. The NHE-CW Framework offers a solid, evidence-based foundation for future research, healthcare planning, resource allocation, and policy development, though it still needs to be validated through further studies.

KEYWORDS: Conceptual framework, Community wellbeing, Economic evaluation, Health economics, Nursing effectiveness, Sustainable healthcare.

1. INTRODUCTION

To prove the usefulness of the Community based interventions we must look towards Health Economics within nursing research. The economic value of Community Nurses' work is often overlooked or poorly documented, because they are working in a broader field of promoting health, preventing hospital admission rates and meeting the social determinants of health (SDOH). As the drive to value-based care moves forward within healthcare, the relationship of nursing actions and financial outcomes is now more important than ever to ensure sustainability and balance (Nassou, 2025; Rabarison et al., 2015). This review looks at how health economics is used in nursing research to evaluate community interventions and introduces the Nursing and Health Economics for Community Wellbeing (NHE-CW) framework. Questions of economic value (cost-effectiveness analysis (CEA), cost-benefit analysis (CBA), cost-utility analysis (CUA)); The wellbeing concept: wellbeing indicators: How are the concepts of Health Capital Theory and the Capability Approach related? This report combines insights from systematic reviews with low-evidence studies to provide a roadmap for implementing effective economic and health outcomes in communities, and for the nurse to use their leadership position and trusted role in the community to achieve these (Alanazi et al., 2024; Weston et al., 2020).

1.1 Problem statement

The value of community nursing is typically measured predominantly in terms of clinical outcomes, with its economic and broader contributions to community wellbeing measured too little, or only in a few select areas (Looman et al., 2019; Weston et al., 2020; Flemming et al., 2021). This makes the allocation of scarce resources in the public health system, from community nursing services to hospital services, preventive care and other public health programmes difficult for policy makers and health system managers to do effectively (Tchouaket

& Brousselle, 2013; Rabarison et al., 2015). Most economic analyses focus on numbers such as costs, the utilization of healthcare, quality adjusted life years, or medical outcomes. These are significant things but they don't convey all the aspects of significance. Nursing does so much more: It enables health to be fairer; it brings access to healthcare easier; it helps people to take control of their health; it helps to improve social health; it brings financial peace of mind; it makes communities stronger, more resilient (Atkinson et al., 2020; Adeyemi, 2021; Pavloff et al., 2022). Nursing interventions take place in complex environments such as families, communities, primary care teams, voluntary agencies and local health systems and can impact an individual patient or span multiple time horizons. Of course, the largest hurdle is the lack of a practical platform that integrates all of the factors that are important, from nursing's effectiveness and economic efficiencies to fairness, quality, access, sustainability, and visions for community health at large. Without a "big picture" view of all these key elements, it's easy to miss the bigger picture of nursing, particularly when it becomes difficult to make choices regarding funds and resources. It can also prevent nursing's true contribution to community and people's health and wellbeing from being fully realised when it is needed (Weston et al., 2020: Nassou, 2025).

1.2 Research gap

Five key gaps are identified in the literature: lack of an integrated voice between the community nursing and health economic worlds (Looman et al., 2019; Flemming et al., 2021), lack of consensus about how to measure the economic value of a particular intervention (Atkinson et al., 2020; Adeyemi, 2021), limited consideration of wider outcomes, such as equity and community capability (Rabarison et al., 2015; Weston et al., 2020); and lack of a comprehensive framework specifically for the nursing sphere that connects intervention and its economic value with community wellbeing (Tchouaket & Brousselle, 2013; Nassou, 2025). In order to deal with these gaps, the present study combines the existing evidence and creates the Nursing and Health Economics for Community Wellbeing (NHE-CW) framework.

2. OBJECTIVES OF THE STUDY

2.1 General Objective

The marriage of nursing interventions and health economics and appropriate community well-being outcomes has to be explored, and a Nursing and Health Economics for Community Well Being (NHE-CW) framework developed that is based on strong evidence.

2.2 Specific Objectives

1.To find out which economic evaluation methods are used in nursing research and to highlight areas where more research is needed in nursing and health economics.

2.To explore the contribution of nursing to wellbeing of communities,

3.To build the Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework,

3. RESEARCH QUESTIONS

This systematic review will rely on the following research questions:

RQ1. How have health economists collaborated with nursing to assess nursing intervention and health care delivery in nursing research?

RQ2. Which Nursing Interventions are the most cost effective based on findings from economic evaluation studies?

RQ3. In a study that looks at the effect of nursing interventions on community well-being, what measures have been employed with regard to community well-being?

RQ4. What are the most useful health economic evaluation models and approaches to guide community nursing services?

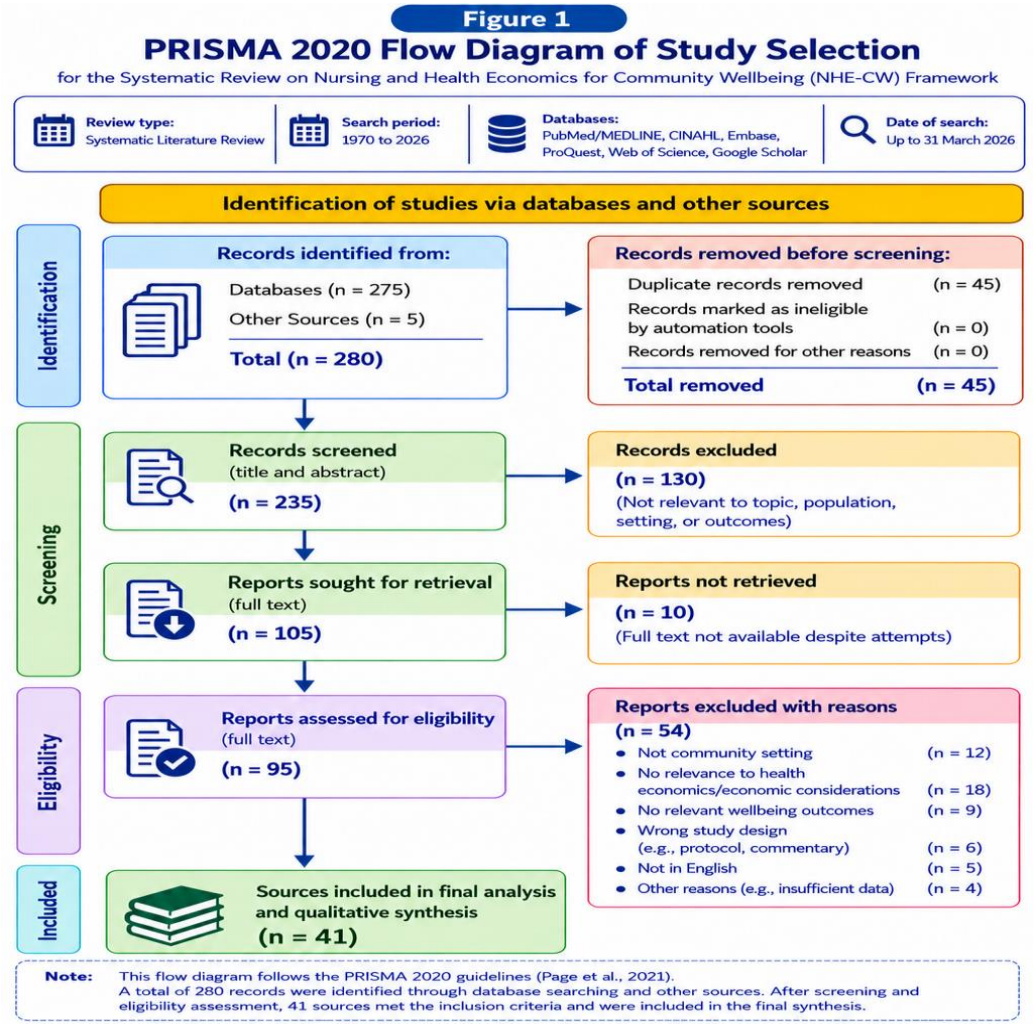
RQ5. How can the existing evidence be combined to create an incremental integrated Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework?

4. METHODOLOGY:

This study employed systematic literature review (SLR) in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines to review the relationship of nursing interventions and health economics with community wellbeing, to support the development of the Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework. PubMed/MEDLINE, CINAHL, Embase, ProQuest, Web of Science, and Google Scholar were used to undertake an extensive literature review on the papers published between 1970 and 2026. The search strategy was the combination of keywords and subject words on the topics of nursing, community nursing, health economics, economic evaluation, cost-effectiveness, cost-benefit, cost-utility, community wellbeing, quality of life, equity, accessibility, social determinants of health and healthcare sustainability. There were 280 records found through the search. Duplicate records were deleted and the titles and/or abstracts of the records screened following pre-established screening and eligibility criteria with full text

of the potentially relevant articles evaluated. Eligible sources focused on nursing or nurse-led interventions and nursing-related interventions, on community or public health nursing and public health nursing interventions, on health economics, economic evaluation, on resource use and cost savings, on healthcare outcomes, on community wellbeing, on equity/accessibility, on quality of care, on sustainability, or on other health economics. Empirical studies, systematic reviews, theoretical and/or conceptual publications of any kind, and other valid, scholarly source, were included when they directly provided knowledge to the goals of this review, or to the development of the NHE-CW Framework. Sources that did not meet the purpose of the review; those that were not relevant to nursing and/or health economics and/or community wellbeing; or lacked adequate information to analyse were excluded. Following the final screening and eligibility process 41 eligible sources were chosen and included in the final qualitative synthesis. A structured format was used to extract the data from the articles including authorship, publication year, country, study design, setting, nursing intervention/role, economic evaluation approach, outcomes, community wellbeing indicators, key findings, and relevance to the NHE-CW Framework. The study designs, interventions, outcomes, and methods of economic assessment used were diverse, so the findings have been presented narratively and thematically and not using a meta-analysis. Since the evidence included diverse study designs and also there are numerous conceptual and framework-based publications included there was no formal risk-of-bias assessment performed, instead methodological characteristics and limitations of included sources were considered in making the narrative synthesis. The 40 sources of evidence were then summarised according to the main constructs of the proposed NHE-CW Framework – Nursing Effectiveness, Health Economic Efficiency, Accessibility, Quality of Care, Equity, Sustainability and Community Wellbeing – and integrated with suitable theories to form the NHE-CW Framework. Flow diagrams, based on the PRISMA 2020 guidelines, were created to document the process of selection and reporting of the studies.

Fig 1. PRISMA 2020 Flow Diagram of Study Selection for the NHE-CW Systematic Review



5. RESULTS

Study Selection

Studies were chosen based on the PRISMA 2020 guidance. 280 records were identified through searches of databases and other sources. There were 235 records left to review titles and abstracts after 45 records were deleted because they were duplicate records. Of all these 130 have been excluded as irrelevant. A full-text retrieval effort was made for 105 reports, and on 10 occasions, the report could not be retrieved. The other 95 reports were then judged as to eligibility. Following the full-text assessment 55 reports were excluded on various grounds, including lack of study design, lack of relevance to health economics/economic/resource issues, lack of relevant wellbeing outcomes, lack of relevant information, not conducted in a community context or published in a language other than English. The final body of evidence comprised of 40 sources included in the critical appraisal, including empirical studies, systematic reviews, theoretical/framed publications and other suitable scholarly sources.

Study Characteristics

All systematic reviews, randomized controlled trials, mixed methods studies and theoretical reviews which staffed the body of evidence were focused on enhanced home care interventions and mainly on preventive integrated care for frail older people (Looman et al., 2019). The rest of the literature is devoted to many different subject matter aims:

Examples of Economic evaluations: caregiver support programmes (Drummond, 1991), nutritional care bundles (Wong, 2024) and social prescribing (Makanjuola, 2025).

Frameworks that pertain to nursing practice: rural nursing, remote nursing (Pavloff et al., 2022), health security (Alharbi et al., 2024), and including social determinants of health (Adeyemi, 2021).

Within this category, there are topics such as value based health systems (Nassou 2025), decision making in public health (Rabarison et al. 2015), etc., and that of the economics of wellbeing (Pouw 2020).

Examples included primary care nursing in Brazil (with a different focus with Chiesa & Fracolli, 2007) and the variations in care provision in Rwanda (Kalapurakkel, 2021).

Economic Evidence and Nursing Impact

The existing literature suggests that there are several ways that nursing interventions can contribute to the creation of economic value. This demonstrates that when nurses are properly staffed, their educational level and qualifications are improved, there are fewer deaths, indications of reduced complications, and higher patient satisfaction, resulting in lower health system costs and higher efficiency. (Nassou, 2025). This is supported by Rames (2024) where enhancing the economics of healthcare through nursing interventions demonstrates that they are cost-effective and positive in terms of patient safety and quality of healthcare treatment from an economical perspective. Some specific interventions have yielded positive economic outcomes. A Caregiver Support Program (CSP) was found by Drummond et al. (1991) to be an economically favourable incremental investment and performed better than standard community nursing, at $20,000 per quality adjusted life year (QALY) when compared to other healthcare investments. With respect to preventive care, Goldsmith and Hutchison (2004) reported that of all 672 economic evaluations, the majority of preventive interventions measures, such as clinical prevention, have a positive net benefit to society. Recent guidelines and evaluations also highlight the need to add economic analysis. Wong et al. (2024) conducted a study on the cost-effectiveness of an Individualised Nutritional Care (INCA) bundle for nursing home patients with pressure injuries. To understand how economic outcomes are achieved, McEwan et al. (2023) researched the use of realist evaluation in building programme theories in the area of community end-of-life care. In addition, Nego et al. (2025) underlines the importance of health economics tools, such as cost-utility analyses (CUA) and cost-minimization analysis (CMA), in informing decision-makers about the benefits relative to cost for different interventions and ensuring that population get equitable access to services. A problem with this economic information is that it does not always translate easily to other public health environments, notes Tchouaket and Brousselle (2013).

Healthy Scale-up Strategies and Wellbeing Indicators

The creation of frameworks is important to link nursing practice and community wellbeing. Hanchett's concept of 'Community as Client' was the first step in the development of nursing arrangements in the community (Baigis-Smith et al., 1989). A more recent development has been the creation of a nursing practice framework for rural and remote areas of Canada that incorporates the determinants of health, the role of place and community outcomes (Pavloff et al., 2022). There are many well-being measures. Drummond et al. (1991) assessed well-being via the Caregiver Quality of Life Instrument (CQLI) and Looman et al. (2019) measured the self-rated well-being of people in integrated care. Baguley and Wilson (2025) present several potential approaches to improving care and well-being for the people who live their day-to-day lives in the community setting, and highlight what skills the nurse must possess to ensure a person's health is supported in a community

setting. “Well-being Economics” (2020) is a framework by Pouw that shifts the focus from economic growth to enhancing people's well-being through the use of “Well-being Economic Matrix” (WEM). For Atkinson et al. (2020), relationships are a key dimension of community well-being; 'being well together' is about addressing both spatial and social inequalities, rather than how people feel. Borda et al. (2024) propose that in the case of any wellbeing interventions, techniques such as living labs and open innovation could provide further enhancement for an impacting effect on people (Borda et al., 2024).

In 2021, Adeyemi et al. conducted a study on the implementation of social determinants of health (SDOH) into nursing practice. They relied on WHO's Health Equity Framework and ‘Culture of Health' Model, noting that supporting economic stability and ensuring access to education are both crucial for well-being, and that nurses have a key role in all of this. Similarly, Alanazi and Colin (2024) indicate that, in collaborating, community nursing and public health in tackling health disparities and inequities is helpful to reduce the inequalities and improve health literacy (Alanazi et al., 2024).

Community and Holistic Integration

Nursing leadership is increasingly recognized as a key factor in driving economic change at the community level. According to Weston et al. (2020), nurses can use business practices such as hiring locally and buying locally to leverage the economic impact of health systems and thus build community wealth. This approach turns nurses into leaders of community networks that target the underlying causes of poor health. In Rwanda, the One Family Health model serves as an example of care delivered by nurses to achieve universal coverage, even though a detailed economic analysis is still in its early stages (Kalapurakkel, 2021). Another important aspect is the integration of holistic wellness. Verma (2025) advocates for working together by blending public health with holistic approaches—like the Six Dimensions of Wellness—to help prevent chronic illness and lower healthcare costs. In Wales, social prescribing has shown positive results, strengthening community wellbeing by linking people to non-clinical support networks. These activities were evaluated with Social Return on Investment (SROI) methods (Makanjuola, 2025). On a practical note, studies by Bobay et al. (2021) and Radwin (2003) show how important it is to focus on patients’ needs in nursing, and how changes in nursing approach can affect how prepared patients feel to leave the hospital. Educational initiatives, such as those implemented in Brazil's Family Health Program, are also essential for reinforcing these community nursing practices (Chiesa & Fracolli, 2007). Moreover, Khojasteh (2019) shows how a range of factors, including immigrant food entrepreneurs, contribute to community wellbeing, and nurses can get involved with these as part of a place-based strategy for health (Thompson et al., 2025).

6. THE NURSING AND HEALTH ECONOMICS FOR COMMUNITY WELLBEING (NHE-CW) FRAMEWORK DEVELOPMENT

6.1 Theoretical Foundations:

The NHE-CW framework is the result of combining evidence-based nursing models with health economic principles.

Grounding in Health Capital Theory and Capability Approach:

The NHE-CW Framework is theoretically based on two main economic and welfare viewpoints: the Health Capital Theory and the Capability Approach, and it is also supported by various nursing theories such as Pender's Health Promotion Model and Rogers' Science of Unitary Human Beings.

- Health Capital Theory: Nursing interventions, for example preventive care (Looman et al., 2019) and staffing investments (Nassou, 2025), are considered investments in human capital. Such interventions help to maintain the 'health stock' of the community and thus reduce subsequent medical expenditures (Grossman, 1972; Goldsmith and Hutchison, 2004; Rabarison et al., 2015).
- Capability Approach: The focus on patient-centered care (Xie et al., 2024), as well as that of Radwin (2003) and restorative nursing (Flemming et al., 2021), is in line with the Capability Approach since it centres on the things that individuals are able to do and to be. The relational approach to well-being (Atkinson et al., 2020) builds on this by taking into account the social and spatial capabilities of the community as a whole. According to Sen's Capability Approach, well-being is evaluated in terms of the real opportunities and freedoms people have to achieve the outcomes they value. It goes beyond simply looking at income and the availability of resources by examining whether individuals are actually able to achieve the well-being outcomes they desire. Because of this, it is especially pertinent to understanding inequalities in community well-being and in access to healthcare (Sen, 1980, 1999).

- Health Promotion Model (Nola Pender): According to Pender's Health Promotion Model, individual experiences, the perceived advantages and difficulties, self-efficacy, and the impact of interpersonal relationships all play a role in influencing health-promoting behaviours. In the context of community nursing, the model supports interventions which help people to take up healthy practices, prevent illness, and enhance their general well-being. It therefore offers a useful basis for understanding how nursing interventions can lead to better community health outcomes (Pender et al., 2015).
- Rogers' Science of Unitary Human Beings: The theory known as Rogers' Science of Unitary Human Beings sees individuals and their environments as interconnected and dynamic energy fields. Taking a community nursing approach, it promotes a holistic understanding of health by acknowledging the continuous interaction among people, families, communities, and their environments. Thus, the theory offers a useful basis for understanding nursing interventions which aim to promote holistic health, wellbeing, adaptation, and quality of life (Rogers, 1970).

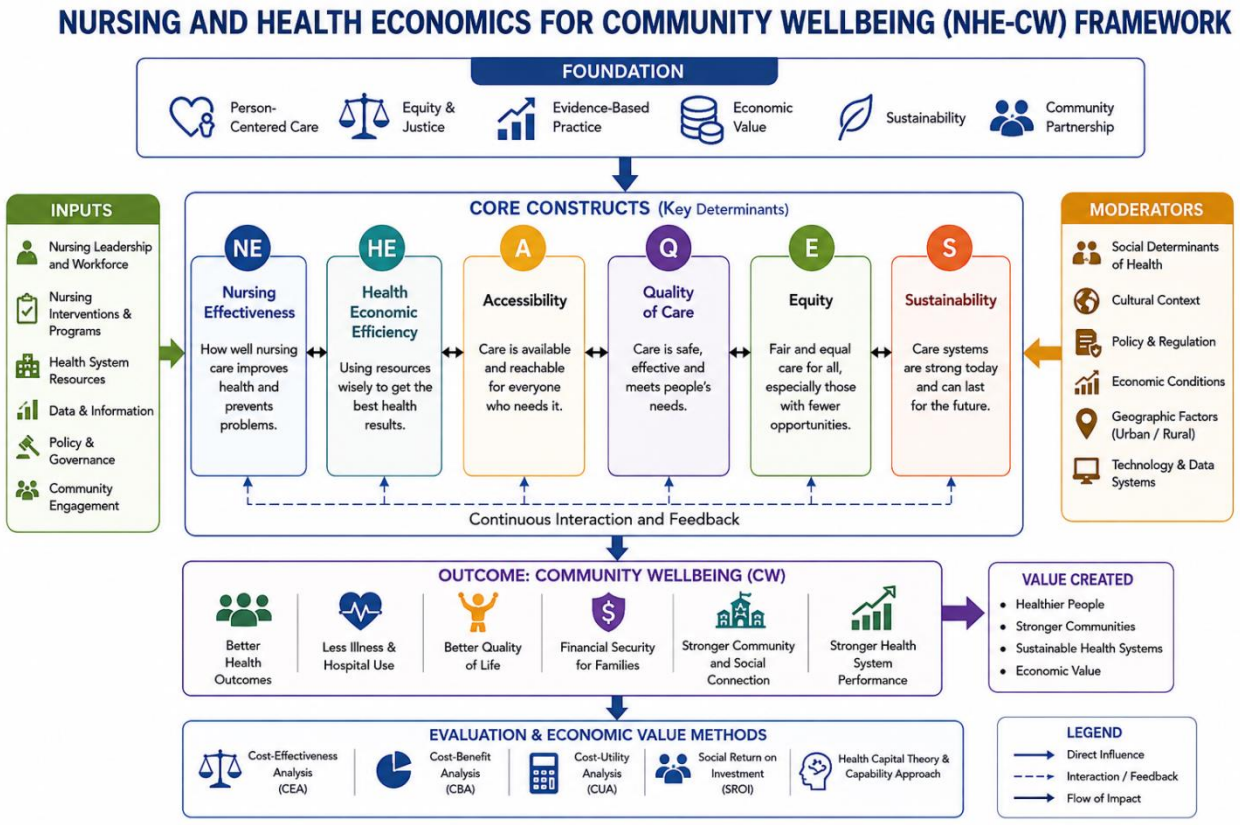
6.2 Framework Components

The NHE-CW framework includes five main components; these components correspond to the major domains of the framework, while the six core constructs are the key analytical factors used in the proposed integrated model.

1. Nurses can act as reliable leaders in community wealth building (Weston et al., 2020), and play a vital role in ensuring health security (Alharbi et al., 2024) as well as in rural health care (Pavloff et al., 2022); this also encompasses specific responsibilities in end-of-life care (McEwan et al., 2023) and in patient-centered CAR-T therapy (Xie et al., 2024).
2. Incorporating economic valuation by going beyond basic cost assessments to encompass CEA (Looman et al., 2019; Drummond et al., 1991), SROI (Makanjuola, 2025), and value-based healthcare approaches (Nassou, 2025), and this also involves using HTA as an adaptive methodology for prioritising care (Nego et al., 2025).
3. To assess holistic wellbeing, a combination of clinical outcomes (for example, wound reduction (Wong et al., 2024)), subjective quality of life (CQLI) (Drummond et al., 1991), and measures of relational wellbeing (Atkinson et al., 2020) can be used, with innovation models such as living labs being able to (Borda et al., 2024) help scale these measures.
4. Integration of social determinants: embedding domains of social determinants of health such as economic stability and access to education directly into nursing care plans through the use of standard terminology and computerized records (Adeyemi et al., 2021; Thoroddsen et al., 2011).
5. Systems-level synergy: this involves fostering collaboration among community nursing, public health, and the voluntary sectors in order to offer support that is based on the local area (Alanazi et al., 2024; Thompson et al., 2025). It includes all aspects such as food environment diversity (Khojasteh, 2019) and universal health coverage models (Kalapurakkel, 2021).

6.3 Integration of Theoretical Foundations:

Fig 2. Integration of the Theoretical Foundations



Source: Developed by the author with assistance from ChatGPT (OpenAI, 2026), based on the literature reviewed in this study.

6.4Proposed Integrated Model: Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework

The NHE-CW Framework considers community wellbeing to be influenced by a number of factors such as nursing effectiveness, health economic efficiency, accessibility, the quality of care, equity, and sustainability. This perspective is in line with the Triple Aim, which is concerned with enhancing care experiences, improving population health, and lowering per-person healthcare costs (Berwick et al., 2008). The framework demonstrates how evidence-based nursing can make healthcare systems more efficient and lead to better community health outcomes by drawing on principles from nursing science and health economics (Drummond et al., 1991; Rabarison et al., 2015; Nassou, 2025).

The proposed functional relationship is expressed as: [CW = f(NE, HE, A, Q, E, S)]

where:

- CW = Community Wellbeing
- NE = Nursing Effectiveness
- HE = Health Economic Efficiency
- A = Accessibility
- Q = Quality of Care
- E = Equity
- S = Sustainability

To facilitate future empirical validation of the proposed Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework, the conceptual relationship among the constructs can be represented using the following multiple linear regression equation:

Expanded Regression Model

$$CW = \beta_0 + \beta_1 NE + \beta_2 HE + \beta_3 A + \beta_4 Q + \beta_5 E + \beta_6 S + \varepsilon$$

Where:

- CW = Community Wellbeing (Dependent Variable)

- β_0 = Intercept (constant term)
- β_1 = Regression coefficient for Nursing Effectiveness
- β_2 = Regression coefficient for Health Economic Efficiency
- β_3 = Regression coefficient for Accessibility
- β_4 = Regression coefficient for Quality of Care
- β_5 = Regression coefficient for Equity
- β_6 = Regression coefficient for Sustainability
- ε = Random error term (residual)

Mathematical Interpretation
Community Wellbeing = Baseline Level + (Effect of Nursing Effectiveness) +
(Effect of Health Economic Efficiency) + (Effect of Accessibility) + (Effect of Quality of Care)+
(Effect of Equity) + (Effect of Sustainability) + Random Error
The model in question assumes that there are positive relationships between each of the predictors and community wellbeing; these relationships need to be verified through empirical research. As shown in the literature on health economics, it is important to assess healthcare interventions by reference to their outcomes, resource use, efficiency, and value (Drummond et al., 1991; Phiri et al., 2024). In a similar way, the nursing and community health literature points out the role that nursing interventions play in achieving better health outcomes, improving the quality of care, and enhancing community wellbeing (Alanazi et al., 2024; Borda et al., 2024). Even though the framework is presented in a linear format for the sake of simplicity in analysis, it also acknowledges that interactions among the various constructs may occur and that such interactions should be investigated in future empirical studies using advanced statistical methods such as Structural Equation Modeling (SEM) or Partial Least Squares Structural Equation Modeling (PLS-SEM).

6.5 Definition of Model Constructs:

Table 1. Definition of the Model Constructs

Nursing Effectiveness (NE)	Capacity of nursing care to enhance the health of both patients and communities by means of high-quality, efficient, and evidence-based interventions(Nassou, 2025; Bobay et al., 2021).
Health Economic Efficiency (HE)	Means using healthcare resources wisely in order to achieve the best possible health outcomes while at the same time minimizing unnecessary costs(Drummond et al., 1991; Rabarison et al., 2015).
Accessibility (A)	The degree to which individuals and communities are able to access nursing and healthcare services in a timely, affordable, and appropriate manner, no matter what geographic, socioeconomic or cultural obstacles they may face, is what accessibility entails (Phiri et al., 2024).
Quality of Care (Q)	Offering nursing services that are safe, effective, focused on the patient, and timely in order to improve health outcomes and patient satisfaction (Berwick et al., 2008; Radwin, 2003; Xie et al., 2024).
Equity (E)	Ensuring that all people have fair access to good healthcare according to their health needs, regardless of their social or economic situation (Sen, 1980, 1999).
Sustainability (S)	The capability of healthcare systems to provide high-quality nursing care over the long term by making efficient use of resources, embracing innovation, and having a resilient workforce (Borda et al., 2024).

Conceptual Interpretation:
The NHE-CW Framework suggests that nursing interventions (Haycock-Stuart & Kean, 2012) can have an effect on the performance of the healthcare system by improving both nursing effectiveness and health economic efficiency. Such improvements could lead to better healthcare accessibility, higher quality of care and greater equity, while also helping to ensure sustainable healthcare delivery (Drummond et al., 1991; Rabarison et al., 2015; Phiri et al., 2024). Together, these factors are said to contribute to improved community wellbeing, comprising better population health outcomes, a lower disease burden, an enhanced quality of life, financial protection and stronger community resilience. The Capability Approach also supports a people-centred view of wellbeing by stressing the importance of individuals having the real opportunities to achieve the outcomes they value (Sen, 1980, 1999).

In this proposed framework, community well-being is considered to be the final result of a healthcare system which combines effective nursing practice with sound economic decision-making, equitable access, quality care, and sustainable use of resources.

7. DISCUSSION

Evidence indicates that nursing is about much more than direct care—it brings clinical, economic, and social benefits. Studies on value-based healthcare (Nassou, 2025) and caregiver support programs (Drummond et al., 1991) highlight the essential role of nursing expertise in making healthcare systems run well. Nurses play a vital role in enabling entire communities to thrive by addressing healthcare gaps, strengthening the connections within the community, improving access to resources, and helping to develop sustainable, healthy habits (Nelson et al., 2011; Etowa & Hyman, 2022).

Designing and developing proposed nursing frameworks based on what communities truly need creates practical, real-world guidance to support well-being. This way, fairness and social justice stay at the heart of nursing practice (Adeyemi et al., 2021; Pavloff et al., 2022; Atkinson et al., 2020; Nego et al., 2025).

Synthesis of Supporting Literature:

Reviewing all 40 sources expanded what we know about nursing practice, health economics, community wellbeing, and health-system perspectives:

- The aspect of distributional equity in the field of health economics consists in giving priority to the allocation of resources to disadvantaged communities (Nego et al., 2025).
- The contribution of nursing education and staffing to cost reductions and fewer readmissions (Nassou, 2025).
- The development of local models of pain care and nutritional support which combine community nursing with other sectors (Wong et al., 2024; Alanazi et al., 2024; Thompson et al., 2025).
- The use of health technology assessment (HTA) and computerized records has the potential to increase both the completeness and transparency of nursing care (Thoroddsen et al., 2011; Nego et al., 2025).
- An economic analysis of community-based care shows that well-integrated and proactive health services are able to achieve comparable or better outcomes in terms of well-being at the same time as reducing healthcare costs (Browne et al., 1999).

8. IMPLICATIONS AND CONTRIBUTIONS OF THE NHE-CW FRAMEWORK

8.1 The implications for Nursing Care.

The NHE-CW Framework encourages nurses to consider the clinical outcomes, as well as quality, access, equity, sustainability and economic value of all services delivered in the community. It promotes proof-based nursing practices which make optimal use of resources and which enhance the community's well-being.

8.2 The implications for healthcare management/policy

This framework can assist policy makers and administrators to maximise limited resources by allocating funding, assessing the economic effects appropriately, plan fairly, and maintain healthcare delivery services. Helps provide them with real-world assistance for addressing nurse-led interventions and with the ability to make intelligent and informed decisions.

8.3 The implications for nursing research

The model provides the empirical proof of the relationships between NE, HE, A, Q, E, S and CW using multiple regression, SEM and PLS-SEM techniques. The framework could be validated in future studies in different healthcare and geographical settings.

The NHE-CW Framework; its contributions

8.4 The following are some contributions to be made in the proposed NHE-CW Framework:

Theoretical contribution:

The framework brings together nursing science and health economics in one multi-disciplinary model, and extends the existing nursing, public health and economic perspectives, by integrating nursing effectiveness with health economics to the issue of accessibility, quality of health care, equity, sustainability and community wellbeing.

Conceptual contribution:

The spacing is a conceptual framework that points out to the reader the format in which nursing interventions and health-economic factors might synergize to address multiple aspect of community wellbeing. It brings all the clinical, economic, social and system level elements together that are generally discussed separately.

Practical contribution:

The framework includes a systematic approach for evaluating nurse-led and community-based interventions alongside clinical measures, incorporating measures of resource efficiency, quality, accessibility, equity, sustainability and wellbeing.

Policy contribution:

The framework is based on evidence and serves as a foundation for planning in the healthcare field, resource allocation, providing health services in an equitable manner and developing sustainable strategies for community health services both in policy and practice, while also highlighting potential benefits for incorporating perspectives on health economics in the policy and practice of nursing.

Research contribution:

The framework lays a foundation from which the proposed connections between Nursing Effectiveness, Health Economic Efficiency, Accessibility, Quality of Care, Equity, Sustainability, and Community Wellbeing can be tested in the future in an empirical manner. These relationships can be explored using quantitative techniques like multiple regression, SEM and PLS-SEM.

9. FUTURE RESEARCH DIRECTIONS

The review points out a number of opportunities for progressing research at the point where nursing science and health economics come together.

First, the proposed Nursing and Health Economics for Community Wellbeing (NHE-CW) Framework should be tested and confirmed in a variety of health care settings, across different populations and across countries in order to explore the value applied and generalizability of this framework.

Second, standardised indicators should be developed for measuring community well-being. This would allow for comparisons to be made between studies, strengthening the evidence base to evaluate nursing interventions, and then it would be possible.

Third, future studies should consider more powerful approaches to health-economic evaluations, such as cost-effectiveness analysis, cost-benefit analysis, cost-utility, and Social Return on Investment (SROI) analysis, so that the value or contribution of interventions can be better quantified in clinical, economic, and societal terms.

Fourth, researchers should use advanced analytical techniques, for example Structural Equation Modeling (SEM) and Partial Least Squares Structural Equation Modeling (PLS-SEM), in order to look at the relationships between Nursing Effectiveness, Health Economic Efficiency, Accessibility, Quality of Care, Equity, Sustainability, and Community Wellbeing.

Finally, longer term and multi-centre studies to assess the longer term economic and health impacts of community nursing programmes, particularly in lower- and middle-income countries, where evidence is still limited.

Finally, continued research should focus on how emerging technologies can be leveraged to enhance the effectiveness of nursing care, improve healthcare systems and contribute to sustainable community wellbeing. The integration of these innovations into the NHE-CW Framework may provide new ways of thinking about healthcare practice, policy and resource allocation.

10. LIMITATIONS

Although a large preceding literature base, there are certain limitations. Firstly, most of the papers contained are either of descriptive or theoretical nature without any concrete primary economic data. Secondly, when economic evaluation scales, such as the Canadian scale on prevention, are applied to other countries, there is a need to consider the specific organization of local health systems. Thirdly, it is difficult to operationalise the concept of "relational approach" to wellbeing into programmed indicators suitable for policy action, because the theoretical basis of the concept is quite firm.Thirdly, the idea of "relational approach" to wellbeing is firmly grounded with theory, which is difficult to operation to programme indicators suitable for policy action. The literature search was limited to a review as heterogeneity of the study designs, the outcomes and types of evidence available prevented conducting a quantitative meta-analysis. Additionally, the suggested NHE-CW Framework has not yet been tested in practice, and the links among the components of NHE-CW should therefore be considered as suggestions for future research.

11. CONCLUSION

The review highlights the opportunity for the transformational potential of bringing nursing together with health economics for better outcomes in creating wellbeing in communities. The future research, practice and policy can be guided by the proposed NHE-CW framework. Findings suggest that attempting to report economic data with rigor and to arrive at dominant relational measures of well-being, nursing will be able to contribute value to existing health systems. Empirical validation of the proposed NHE-CW framework in various community contexts should be given more attention in future studies to ensure that it fulfills its economic and health goals within context of the population.

References

1. Nassou, Y. (2025). The economics of care in nursing: Toward value-based health systems. European Journal of Management, Economics and Business, 2(2), 241–253. Article 21. https://doi.org/10.59324/ejmeb.2025.2(2).21
2. Rabarison, K. M., Bish, C. L., Massoudi, M. S., & Giles, W. H. (2015). Economic evaluation enhances public health decision making. Frontiers in Public Health, 3, Article 164. https://doi.org/10.3389/fpubh.2015.00164
3. Alanazi, D. M. M. ., Alanazi, M. M. M., Alanazi, F. M. M. ., Aldhafiri, M. T. ., Albalawi, D. N. M. ., Alanazi, N. A. M. ., Alghumayz, S. M., Alwani, S. A. O. ., Almutairi , O. Z. M. B. ., & Almusaad, A. S. . (2024). Community-Based Nursing and Public Health: A Synergistic Approach to Health Promotion. Journal of Ecohumanism, 3(8), 1823–1829. https://doi.org/10.62754/joe.v3i8.4876
4. Weston, M. J., Pham, B. H., & Zuckerman, D. (2020). Building Community Well-being by Leveraging the Economic Impact of Health Systems. Nursing Administration Quarterly, 44(3), 215–220. https://doi.org/10.1097/NAQ.0000000000000425
5. Looman, W. M., Huijsman, R., & Fabbricotti, I. N. (2019).The (cost-)effectiveness of preventive, integrated care for community-dwelling frail older people: A systematic review. Health & Social Care in the Community, 27(1), 1–30.https://doi.org/10.1111/hsc.12571
6. Flemming, J., Armijo-Olivo, S., Dennett, L., Lapointe, P., Robertson, D., Wang, J., & Ohinmaa, A. (2021). Enhanced Home Care Interventions for Community Residing Adults Compared With Usual Care on Health and Cost-effectiveness Outcomes: A Systematic Review. American Journal of Physical Medicine & Rehabilitation, 100(9), 906–917. https://doi.org/10.1097/PHM.0000000000001734
7. Atkinson, S., Bagnall, A.-M., Corcoran, R., South, J., & Curtis, S. (2020). Being well together: Individual subjective and community wellbeing. Journal of Happiness Studies, 21(5), 1903–1921. https://doi.org/10.1007/s10902-019-00146-2
8. Adeyemi, C., Ajayi, O. O., Sagay, I., & Oparah, S. (2021). Integrating social determinants of health into nursing practice: A framework-based review. International Journal of Multidisciplinary Research and Growth Evaluation, 2(3), 630–640. https://doi.org/10.54660/.IJMRGE.2021.2.3.630-640
9. Tchouaket, E., & Brousselle, A. (2013). Using the Results of Economic Evaluations of Public Health Interventions: Challenges and Proposals. The Canadian Journal of Program Evaluation, 28(1), 43–66. https://evaluationcanada.ca/system/files/cjpe-entries/28-1-043.pdf
10. Drummond, M. F., Mohide, E. A., Tew, M., Streiner, D. L., Pringle, D. M., & Gilbert, J. R. (1991). Economic evaluation of a support program for caregivers of demented elderly. International Journal of Technology Assessment in Health Care, 7(2), 209–219. https://doi.org/10.1017/s0266462300005109
11. Makanjuola, A. (2025). Enhancing the social return on investment methodology for the evaluation of social prescribing interventions in Wales that promote mental health and wellbeing, Doctoral dissertation, University of South Wales. ProQuest Dissertations & Theses Global. (Publication No. 32556343)
12. Pavloff, M., Edge, D. S., & Kulig, J. (2022). A framework for nursing practice in rural and remote Canada. Rural and Remote Health, 22(3), 7545. https://doi.org/10.22605/RRH7545
13. Alharbi, H. A. B. M., Aloufi, K. F. R., Alharbi, A. Z. D., Al-Harbi, H. M. H., Aljumaiah, I. A., Alganim, A. S., & Al-Harbi, K. A. A. (2024). Integrating nursing into health security frameworks: Implications for public health preparedness and response. Journal of Posthumanism, 4(3), 2026–2039. https://doi.org/10.63332/joph.v4i3.3472
14. Pouw, N. R. M. (2020). Wellbeing economics: How and why economics needs to change. Amsterdam University Press. https://doi.org/10.5117/9789463723855
15. Chiesa, A. M., & Fracolli, L. A. (2007). An educational process to strengthen primary care nursing practices in São Paulo, Brazil. International Nursing Review, 54(4), 398–404. https://doi.org/10.1111/j.1466-7657.2007.00554.x
16. Kalapurakkel, S. S. (2021). Achieving value: A case study of the One Family Health Care Delivery Model in the context of Rwanda's vision for universal health coverage,Master's thesis, Duke University. ProQuest Dissertations & Theses Global. (Publication No. 28321413)
17. Rames, S. (2024). Optimizing healthcare economics: Unveiling the economic impact of nursing interventions on patient safety and quality of care. Journal of Nursing Research, Patient Safety and Practice, 3(1), 32–37. https://doi.org/10.55529/jnrpsp.31.32.37
18. Goldsmith, L. J., Hutchison, B., & Hurley, J. (2004). Economic evaluation across the four faces of prevention: A Canadian perspective.Centre for Health Economics and Policy Analysis, McMaster University
19. McEwan, K., Girling, M., Bate, A., Atkinson, J., Clarke, A., & Dalkin, S. (2023). 'For want of a nail': Developing a transparent approach to retroduction and early initial programme theory development in a

realist evaluation of community end of life care services. Journal of Health Services Research & Policy, 28(6), 417–430. https://doi.org/10.1177/13558196231161924

20. Nego, I. G., Yustedjo, D. O., Parlindungan, H., Hartono, B., & Daud, A. G. (2025). Konsep dasar ekonomi kesehatan dan aplikasinya dalam sistem pelayanan kesehatan: Tinjauan literatur. Journal Health & Science: Gorontalo Journal Health and Science Community, 9(4), 335–349. https://doi.org/10.35971/gojhes.v9i4.34207
21. Baigis-Smith, J., Wagnild, G., & Whall, A. L. (1989). Book reviews: Hanchett, E. S. (1989). Nursing frameworks and community as client: Bridging the gap. East Norwalk, CT: Appleton & Lange. Nursing Science Quarterly, 2(4), 203–206. https://doi.org/10.1177/089431848900200410
22. Baguley, F., & Wilson, D. (2025). Public health and the promotion of wellbeing. In S. Chilton & H. Bain (Eds.), A Textbook of Community Nursing (3rd ed., pp. 56–78). Routledge. https://doi.org/10.4324/9781003347545-4
23. Borda, A., Schuurman, D., Pedell, S., Spagnoli, F., & Konstantinidis, E. (2024). Editorial: Living labs and open innovation approaches to scale impact for human wellbeing. Frontiers in Public Health, 12, 1378932. https://doi.org/10.3389/fpubh.2024.1378932
24. Verma, A. (2025). Integrating Public Health and Holistic Wellness for Comprehensive Well-Being. 258–260. https://doi.org/10.37648/medinity2025.041
25. Bobay, K. L., Conway-Phillips, R., Hughes, R. G., Costa, L., Bahr, S. J., Siclovan, D., Nuccio, S., & Weiss, M. (2021). Clinical nurses' perspectives on discharge practice changes from participating in a translational research study. Journal of Nursing Management, 29(3), 553–561. https://doi.org/10.1111/jonm.13171
26. Radwin, L. E. (2003). Cancer patients' demographic characteristics and ratings of patient-centered nursing care. Journal of Nursing Scholarship, 35(4), 365–370. https://doi.org/10.1111/j.1547-5069.2003.00365.x
27. Khojasteh, M. (2019). Healthy placemaking: How do immigrant food entrepreneurs contribute to community wellbeing in a multiethnic community? [Doctoral dissertation, University of Pennsylvania]. Scholarly Commons.
28. Thompson, K., Jamil, S., Page, K., Tabasam, G., Woodall, J., & Johnson, M. I. (2025). Rethinking pain: A systems change model for integrating the VCSE and NHS to provide place-based community pain support [Preprint]. Research Square.https://doi.org/10.21203/rs.3.rs-6172824/v1
29. Xie, C., Duan, H., Liu, H., Wang, Y., Sun, Z., & Lan, M. (2024). Promoting patient-centered care in CAR-T therapy for hematologic malignancy: A qualitative meta-synthesis. Supportive Care in Cancer, 32(9), 591. https://doi.org/10.1007/s00520-024-08799-3
30. Sen, A. (1980). Equality of what? In S. McMurrin (Ed.), The Tanner lectures on human values (Vol. 1, pp. 195–220). Cambridge University Press.
31. Sen, A. (1999). Development as freedom. Oxford University Press.
32. Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2015). Health promotion in nursing practice (7th ed.). Pearson.
33. Rogers, M. E. (1970). An introduction to the theoretical basis of nursing. F. A. Davis Company.
34. Wong, A., Lai, P., Chong, H. H., Lien, C. T. C., & Graves, N. (2024). The Clinical and Cost-Effectiveness of an Individualized Nutritional CAre (INCA) Bundle versus Standard Care for Adults with Pressure Injuries Receiving Home Nursing Services: A Protocol for a Cluster Randomized and Pragmatic Clinical Trial with an Economic Evaluation. Nutrients, 16(2), 299. https://doi.org/10.3390/nu16020299
35. Thoroddsen, A., Ehnfors, M., & Ehrenberg, A. (2011). Content and completeness of care plans after implementation of standardized nursing terminologies and computerized records. CIN: Computers, Informatics, Nursing, 29(10), 599–607. https://doi.org/10.1097/NCN.0b013e3182148c31
36. Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. Health Affairs, 27(3), 759–769. https://doi.org/10.1377/hlthaff.27.3.759
37. Phiri, J., Morreel, S., De Graeve, D., Philips, H., Beutels, P., Verhoeven, V., & Willem, L. (2024). The need for a broad perspective when assessing value-for-money for out-of-hours primary care. Primary Health Care Research & Development, 25, e37. https://doi.org/10.1017/S1463423624000318
38. Haycock-Stuart, E., & Kean, S. (2012). Does nursing leadership affect the quality of care in the community setting? Journal of Nursing Management, 20(3), 372–381. https://doi.org/10.1111/j.1365-2834.2011.01309.x
39. Nelson, K. M., Christensen, S., Aspros, B., McKinlay, E., & Arcus, K. (2011). Adding value to stretched communities through nursing actions: The Wellington South Nursing Initiative. Contemporary Nurse, 40(1), 87–102. https://doi.org/10.5172/conu.2011.40.1.87
40. Etowa, J., & Hyman, I. (2022). Leadership and system transformation: Advancing the role of community health nursing. Witness: The Canadian Journal of Critical Nursing Discourse, 4(2), 5–16. https://doi.org/10.25071/2291-5796.101

41. Browne, G., Roberts, J., Gafni, A., Byrne, C., Weir, R., Majumdar, B., & Watt, S. (1999). Economic evaluations of community-based care: Lessons from twelve studies in Ontario. Journal of Evaluation in Clinical Practice, 5(4), 367–385. https://doi.org/10.1046/j.1365-2753.1999.00191.x