



REVIEW ARTICLE

# Adolescent well-being: A concept analysis

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**ABSTRACT:** *Although there is a vast literature on the concept of well-being, there appears to be no consensus regarding its meaning. A clear conceptualization of adolescent well-being is necessary as the foundation for interventions and research addressing this phenomenon. Adolescence is a transitional period characterized by rapid growth, gaining independence, and learning social skills as well as behaviours that lay the foundations for future well-being. Therefore, the purpose of this paper was to analyse the concept of adolescent well-being and identify its attributes, antecedents, and empirical referents based on the literature. The Walker and Avant (2019) method was used. Ninety-four articles were included in the final review. The defining attributes of adolescent well-being were identified as autonomy, connectedness, optimism and competency. The antecedents were grouped under internal and external factors. Internal factors included the behavioural, physical, psychological, and spiritual domains. External factors included the environmental, economic, education, leisure, social, and safety as well as security domains. For the adolescent to reach well-being, all these domains must be present, albeit, the social domain was highly stressed. The consequences of adolescent well-being included eudaimonia, having high resilience as well as low risk-taking behaviours and delinquency. Empirical referents were discussed in terms of ways of measuring the defining attributes. Stemming from the eudaimonic perspective, to promote adolescent well-being, care providers need to integrate in education, practice, and research the importance of establishing positive relations and connectedness, to enhance adolescent autonomy and optimism and assist them to grow into competent and self-fulfilled beings.*

**KEY WORDS:** *adolescent, concept analysis, eudaimonia, health promotion, well-being.*

## INTRODUCTION

Adolescents make up one sixth of the global population, with an estimated 1.2 billion adolescents in 2016, and this number is expected to rise through 2050, particularly in low- and middle-income countries (Khanna & Singh, 2016; World Health Organization [WHO], 2018a). The World Health Organization (WHO) defines the adolescent as an individual between the ages of 10 and 19 years old (WHO, 2018a). Adolescence is a transitional period characterized by rapid

growth. During this phase, adolescents begin to gain independence and learn social skills as well as behaviours that lay the foundations for future health and well-being (Li *et al.*, 2018; Mills, 2017; WHO, 2018a). Adolescents establish patterns of behaviour that can be either protective or risky to their health and well-being. In fact, hundreds of millions of adolescents follow unhealthy choices and behaviours that impact their well-being and result in lifelong negative consequences increasing mortality and morbidity (Aldrich, 2018; Rew *et al.*, 2004). Health behaviours such as dietary habits, physical inactivity, and tobacco use are commonly started during adolescence (Green *et al.*, 2018) and are significantly associated with many non-communicable diseases (Rew *et al.*, 2004; Schuette *et al.* 2019). The *Lancet* (2019) reported that 136 million adolescents smoked daily, 71 million adolescents engaged in binge

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drinking and 324 million adolescents were overweight or obese. Such health behaviours were regarded as risk factors for non-communicable diseases contributing to disease burden and accounting for 56% of global adolescent disability-adjusted life-years (DALYs) (Azzopardi *et al.*, 2019).

Although most adolescent diseases and deaths can be prevented through adopting healthy lifestyle choices, studies report that many adolescents do not have the proper socio-cultural context that provides any anticipatory health services due to inaccessibility, cost, restrictive laws, and policies (Daley *et al.*, 2017; WHO, 2018b). In fact, studies have reported an association of poor socioeconomic status and health inequalities with higher risks of nearly all kinds of diseases (Vyncke *et al.*, 2013). Green *et al.* (2018) reported that in both United Kingdom and the United States, poverty increased the risks of smoking and health limitations. Among adolescent girls particularly, Elgar *et al.* (2017) had found that socioeconomic inequalities had developmental consequences and concerns on their well-being. However, country level modifications and management approaches in health inequality may reveal different outcomes, which is why perhaps there might be some inconsistencies in study reporting (Green *et al.*, 2018). There is evidence that access to health promotion interventions during adolescence support future physical and mental well-being, better performance, resilience, and reduction in delinquency (Laski, 2015; Reynolds *et al.*, 2007). Thus, investing in the well-being of the adolescent is crucial for preventing the development of risky health behaviours, long-term health consequences, and possible challenges in achieving future educational as well as occupational success (Green *et al.*, 2018; Laski, 2015). This requires efforts from parents, schools, and communities to create a supportive environment for adolescents (Laski, 2015). Taken together, these facts call for an urgent need for preventative healthcare and supportive services targeting adolescents for the promotion of their well-being (Aldrich, 2018; Friesen *et al.*, 2015; WHO, 2018b).

Well-being is a life goal, an aspiration of individuals and entire nations (Prescott *et al.*, 2019). It is a complex and a controversial phenomenon that has captured the interest of many scientists (Ryan & Deci, 2001; Steptoe *et al.*, 2015). The popularity of the well-being concept may be attributed to its essence being regarded as a positive term, person centred, as well as holistic (Ahanonu & Jooste, 2016; Wiens *et al.*, 2016). Among adolescents, well-being is a growing

field of study. It is an element of concern because the adolescent period is regarded as an important developmental stage that sets ground for future physical, cognitive, emotional, social, and economic well-being. With the lack of a clear conceptualization of adolescent-specific well-being and proper theoretical and operational definitions, promoting well-being for this group remains a challenge in clinical practice (Marjanen *et al.*, 2016; Mohamed *et al.*, 2018; Pollard & Lee, 2003). In order to promote well-being and empower adolescents, it is imperative that nurses and care providers have a clear understanding of the concept, its related factors, and its meaning (Fang *et al.*, 2014; Fouhy, 2007; Lothes & Nanney, 2019). Hence, the purpose of this paper is to help define the concept of adolescent well-being by specifically analysing 'adolescent well-being' rather than 'well-being' in general. This process will clarify the meaning of adolescent well-being and differentiate it from well-being in other stages of life. We also propose an illustration of the concept analysis results.

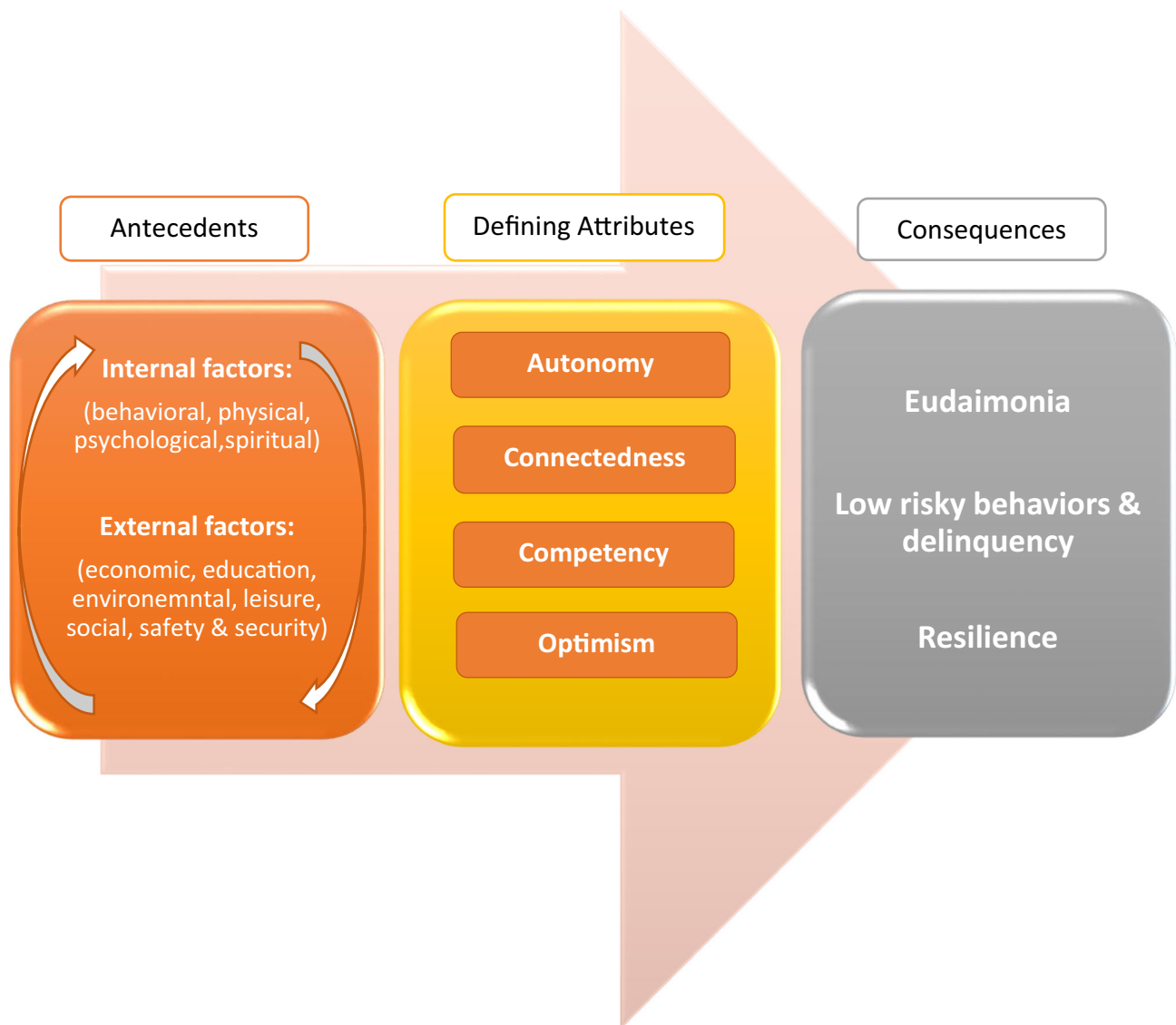
## METHODS

The Walker and Avant (2019) method was used as a framework to analyse the concept of adolescent well-being. This method involves eight stages: 'select a concept', 'determine the aims or purpose of the analysis', 'identify all uses of the concept (definitions)', 'determine the defining attributes', 'construct a model case', 'identify borderline, related, contrary, invented and illegitimate cases', 'identify antecedents and consequences', and 'define empirical referents'. All usages of the concept of adolescent well-being were identified using dictionaries and Journal databases through search engines [including Google Scholar, PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), SCOPUS and World Health Organization]. The search for the topic of interest occurred in three phases. Initially, each database was examined through a search using the following key terms: adolescents, adolescence, teenagers, teens, young people, youth, children, student, wellbeing, well-being, well being, wellness and holistic health. For terms related to the same concept, the Boolean operator "OR" was used and for combining different concepts "AND" was used. In the second phase, titles were screened and included when the material was written in English and the full text was available. Finally, the content was screened to ensure that either the theoretical or operational definition was discussed for healthy normally developing

adolescents. Fig 1 illustrates the PRISMA flow chart of the review process.

Editorials, letters to the Editor and commentaries were not included. Documents were also excluded when the population of interest was other than adolescents (organizations, communities, nurses, teachers, gymnasts...), the age range was below 10 or above 19, the concept was described in relation to a specific disease (like cancer, cerebral palsy, stroke...) or that the adolescent suffered from a certain health condition and disability. Similarly, articles were excluded when the concept of well-being was referred to but neither had a theoretical definition nor an operational one, articles

were non-English and were not able to be retrieved as full texts. We noticed that well-being was used synonymously with other terms, such as health or happiness. However, these terms were not included in the search, as it would have generated a much broader possibility of available literature and a higher challenge to capture its meaning. Papers were analysed by using a simple evaluation format we had developed. We identified if well-being was addressed, the sample in the study, the methods used, the measurement methods and the outcomes found. Based on the Walker and Avant (2019) concept analysis framework, we report in the findings below the uses of the concepts, defining attributes,



**FIG. 1** Illustrating the concept analysis of adolescent well-being. [Colour figure can be viewed at wileyonlinelibrary.com]

antecedents, and consequences that were frequently repeated in the studies reviewed.

## FINDINGS

The results of this concept analysis of adolescent well-being are illustrated in Figure 2 (Moher et al., 2009).

### All uses of the concept

The origin of the word well-being is Latin from the words 'bene' meaning well and 'stare' meaning remain

or stay. Research on well-being began as early as the 4<sup>th</sup> century Premodern Era with Greek philosophers like Socrates, Plato and Aristotle. Their theories on this concept moulded how today's scientists view well-being. This was followed by a rise in the study of well-being by philosophers, psychologists, and sociologists in the 1960s (Vitterso, 2016).

One of the main challenges in defining well-being was due to the multiple terms used interchangeably such as 'health', 'flourishing', 'comfort', 'happiness', 'vitality', 'full of life', 'energy', 'eudaimonia', 'good life', 'interest', 'prosperity', 'objective well-being',

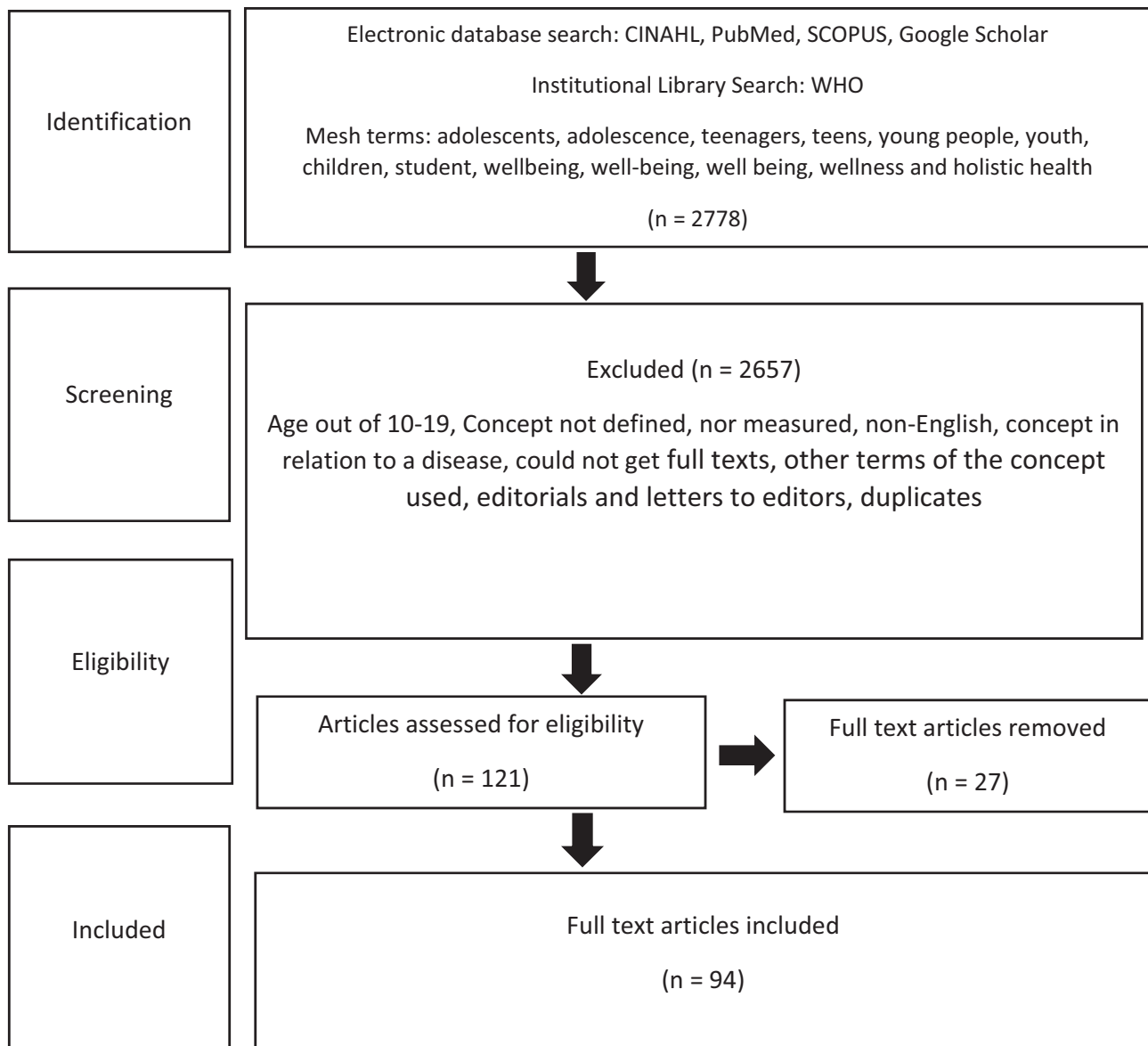


FIG. 2 PRISMA flow chart representing a summary of the articles selected.

‘subjective well-being’, and ‘quality of life’ (Pinto *et al.*, 2017).

The definition of well-being was found in forty-eight dictionaries. In the Oxford English Dictionary (2014), well-being is ‘the state of being healthy, happy or prosperous; physical, psychological or moral welfare’. In the Oxford dictionary of Public Health (Porta & Last, 2018), it is ‘a state of dynamic physical, mental, social and spiritual well-being that enables a person to achieve full potential and an enjoyable life’. The concept in the journal databases revealed its use in different disciplines, including philosophy, psychology, sociology, economics, and health.

#### *Well-being in Philosophy*

Aristippus (4th Century Premodern Era) presumed that the ultimate goal of human life was to maximize pleasure and minimize pain. This philosophy of well-being became to be known as hedonism, and it is highly evident in contemporary theories of well-being (De Chavez *et al.*, 2005). Contrary to the hedonistic well-being, Aristotle (330 Premodern Era) believed that well-being was not the product of mere pleasure. This theory acknowledged that following one’s pleasures would not always lead to well-being but sometimes result in bad outcomes. Well-being was more thought of as the outcome of finding a purpose in life, leading a virtuous life and being able to function fully (Ryan & Deci, 2001). He believed that if a person did a virtuous act over and over, eventually the act becomes part of the character and provides self-fulfilment and accomplishment. However, Aristotle pinpointed the importance of being surrounded by people who know what is right and virtuous and can provide guidance for others. According to the eudaimonic perspective, finding a true meaning in life enhances well-being, emphasizes positive health behaviours and aids in resisting illnesses. In the 20<sup>th</sup> century, well-being was studied under the discipline of eupathics which focused on identifying ‘well-being of the normal,’ that developed into the social studies of happiness in the 1930s (Vitterso, 2016).

#### *Well-being in other disciplines*

Initially, social studies mostly explored the concept within negative features such as violence and war until Antonovsky’s (1979) Salutogenesis. Within this belief, looking at how people stayed healthy or how some people in their suffering coped effectively appeared more critical than focusing on diseases and pathogenesis. This theory relied on a ‘sense of coherence’ and ‘generalized resistance resources’ as ways of defining well-

being. In other terms, the theory explained that a person with a strong sense of coherence will be able to use resources and cope with the environment as well as stressors properly hence enjoy well-being. Sen (1985) on the other hand defined well-being stressing on functionality, capabilities and flourishing. For him, well-being had to do with the capabilities of a person ‘to do’ or ‘to be’ something. His interpretation was important because of its relevance in economics, which also led to the Human Development Index that was considered an improvement on the Gross Domestic Product as a tool to measure population well-being. In order to have economic development, overall improvement in human well-being and capabilities was necessary (De Chavez *et al.*, 2005; Salvador-Carulla *et al.*, 2014).

The consideration of social and economic theories remains important because of their association with individual well-being (Chrisinger *et al.*, 2019; De Chavez *et al.*, 2005). Physical and psychological health-impeding conditions, such as poor nutrition and depression, were found to be more common among the less advantaged groups. Poverty affecting the health and well-being of the adolescent has been associated with worse health outcomes (Huurre *et al.*, 2003). Therefore, it was also important to understand how economists perceived well-being. In the 1930s, Kuznets proposed evaluating a nation’s well-being in a comprehensive way and not only by looking at incomes alone (as cited in Salvador-Carulla *et al.*, 2014). This gave rise in the 1970s to a measurement method of societal well-being that was later utilized in the assessment of Quality of Life (QoL) in health economics. Later, Cobb *et al.* (1995) developed the Genuine Progress Indicator to assess people’s QoL, economic, social and environmental well-being. At the same time, the European Commission also recommended that better measurement methods of economic and societal well-being were needed which led to the shifting of the emphasis on people’s well-being at the individual level (Salvador-Carulla *et al.*, 2014).

Hence, the concept was studied in psychology to better understand it in terms of the individual well-being. Diener (1984) believed that people felt well based on personal experiences and feelings. Thus, he proposed the subjective well-being model, which included positive affect (feeling content), negative affect, global judgments and life satisfaction as domains (as cited in Diener *et al.*, 1999). However, many critiqued this model for not being holistic (De Chavez *et al.*, 2005; Mills, 2017). Ryff (1989) developed the psychological

well-being model and argued that well-being can be met through personal growth and achievement. A more holistic approach was that of Ryan and Deci (2000) known as the self-determination theory. It followed the eudaimonic philosophy and focused on self-determined behaviour and the sociocultural conditions that promote behaviours. It considered the presence of a set of psychological needs namely autonomy, relatedness and competence which were essential for fulfilment and well-being. This theory also recognized the significance of cultural and developmental variations and encouraged their consideration in supporting and fulfilling different needs (Ryan & Deci, 2001). Seligman (2011) concentrated on positive psychology and proposed a model, which consisted of positive emotions, engagement in life, positive relationships, finding meaning in life and a sense of accomplishment known as the PERMA model (De Chavez *et al.*, 2005; Mills, 2017; Ponterotto *et al.*, 2007). In the field of psychology, several well-being models emerged but did not agree on a unified meaning (De Chavez *et al.*, 2005; Mills, 2017).

#### *Well-being in Health Studies*

In the health literature, well-being was most frequently termed as health which was defined as the absence of a disease. It was only in the 1930s that the distinction of health being more than the absence of disease was made. In 1948, the WHO included a definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease' (WHO Constitution, p.1). Since then, well-being became incorporated in medical terminology but was officially adopted in 1978 at the Alma Ata declaration. The Alma Ata Declaration took place in the previously known Kazak Soviet Republic, where 134 member countries of the WHO participated and agreed that governments needed to act responsibly in providing health as well as social care for their people, which in turn led to the development of the primary healthcare system (Rifkin, 2018). The concept of well-being appeared in 1955 in PubMed by a French author in a paper on mental health. In medicine, the concept of well-being remained closely associated with quality of life (QoL) and used in quality of life assessments.

Dunn (1959), a physician and a biostatistician, described the planetary well-being and acknowledged the importance of 'high-level wellness' and looked beyond pathology. Moreover, he referred to well-being as vitality and described it in terms of the interconnectedness of body, mind and spirit (Hey *et al.*, 2006; Prescott *et al.*, 2019). This was followed by Hettler's

(1984) Wellness model which became widely used with its six dimensions of well-being: physical, emotional, spiritual, social, occupational and intellectual domains. His model gave rise to several assessment tools that measured a broad range of health-related matters such as physical activity, nutrition and safety (as cited in Brown & Applegate, 2012).

#### *Well-being in Nursing*

Nursing as a patient-centred discipline, tried to understand and theorize the concept of well-being (Prescott *et al.*, 2019). The International Classification for Nursing Practice defined comfort as a 'sensation of physical ease and bodily well-being' (Pinto *et al.*, 2017). The North American Nursing Diagnosis Association (NANDA) is the organization that defines standardized nursing diagnoses worldwide and described wellness as the 'quality or state of being healthy' (Iannicelli *et al.*, 2019; Pinto *et al.*, 2016). Many nursing theorists like Orem and Watson included well-being as a concept in their theories because the term comprises an important aspect of patient assessment. However, none of the nursing theorists were able to define it in a way to make it a standard definition in the field (Kiefer, 2008; Pinto *et al.*, 2017). Overall, the concept of well-being even in nursing remained frail. Moreover, the literature on adolescents is gaining popularity acknowledging the importance of health interventions starting at this age. Thus, understanding the concept of wellbeing specifically for the adolescent group will help nurses and other healthcare providers plan for health interventions accordingly.

#### **The defining attributes**

According to Walker and Avant (2019), the defining attributes of a concept are the unique characteristics that differentiate it from other related concepts. Four key attributes were identified for the concept of adolescent well-being: (1) autonomy that is the adolescent's capacity to learn and become autonomous; (2) connectedness which represents having positive and supportive human relations that guides the adolescent towards positive behaviour; (3) competency that helps the adolescent adapt positively with the environment, and make the appropriate decisions about one's physical, social, spiritual, and psychological domains of life; and (4) optimism that helps the adolescent stay hopeful and hold a positive perspective despite uncertainties (Ahanonu & Jooste, 2016; Brown *et al.*, 2012; Diener *et al.*, 1999; Patton *et al.*, 2016; Prescott *et al.*, 2019; Rew

*et al.*, 2004; Ryan & Deci, 2001; Seligman, 2011; Zsuzsa et al., 2016). Adolescents have the freedom to make decisions, and autonomy is the essential factor that impacts willingness to make healthy choices. However, connectedness can facilitate the adolescent to make appropriate autonomous choices based on adequate guidance. Connectedness implies being understood, guided and cared for by others that have the knowledge and skills, this may lead to competency in dealing with the environment more effectively. Further, optimism influences well-being through positive expectations despite impediments (Diener *et al.*, 1999; Seligman, 2011). Adolescent well-being is thus defined as a complex, holistic and multi-dimensional state that requires autonomy, connectedness, optimism and competency in making decisions about one's physical, social, spiritual and psychological domains of life.

### Model case

A model case according to Walker and Avant (2019) is an illustration of a situation whereby all the defining attributes of the concept are present. We developed a scenario to describe adolescent well-being with all its defining attributes in order to enhance understanding of the concept.

Dani is a 14-year-old boy, living with his parents. Dani's parents love him and provide a safe and a secure environment that enhances his development. Both Dani's parents have established a closely connected relationship with Dani. They are capable of providing guidance when he asks, which helps him make appropriate autonomous choices. Dani gets diagnosed with Diabetes type I, but he stays optimistic and believes that he can learn and become competent in managing his disease. The guidance and the support Dani gets from his parents and community members help him maintain a healthy body-mind-spirit status and enhance his chances of developing into a self-fulfilling resilient being.

### Contrary case

A contrary case is described to reveal additional interpretations by describing what the concept is not (Walker & Avant, 2019). In this case, the opposite extreme of adolescent well-being is described.

Nicolas is a 14-year-old boy who lives with his parents. Nicholas's parents do not communicate with each other often and when they do, they end up in a quarrel. Consequently, Nicolas refrains from

communicating with his parents fearing they will all end-up in a fight instead, he prefers to spend most of his time alone. In order to escape mingling with people, Nicholas misses going to school frequently. Nicolas gets diagnosed with type I Diabetes and becomes more frustrated and isolated.

### Antecedents and consequences

Antecedents are factors or events that must occur prior to the occurrence of adolescent well-being (Walker & Avant, 2019). Adolescent well-being can only occur when a constellation of factors are present. Primarily, there has to be a healthy physical, mental, social and spiritual state; however, these are not enough to ensure well-being (Ahanonu & Jooste, 2016; Zsuzsa et al., 2016). The importance of providing a nurturing and a safe environment was highly stressed in the literature, where leisure activities and educational needs are met as well as economic growth opportunities and available resulting in adolescent development and self-fulfilment (Ahanonu & Jooste, 2016; Patton *et al.*, 2016). The following antecedents of adolescent well-being were identified from this concept analysis falling under two umbrellas, internal and external factors (Pinto *et al.*, 2017; Pollard & Lee, 2003; Ryan & Deci, 2001; Salvador-Carulla *et al.*, 2014; Seligman, 2010). The internal factors of adolescent well-being include the physical (such as availability of a balanced healthy diet and ability to perform physical activity), psychological (such as self-esteem and self-acceptance), behavioural (such as lifestyle and risks) and spiritual domains (such as transcendence and mindfulness) (Brown et al., 2012; Hettler, 1984; Pinto *et al.*, 2017). External factors of adolescent well-being include environmental (such as a clean house, sanitation, no pollution, safe roads), economic (such as having resources, material and money), education (such as access to formal education and learning), leisure (such as the ability and time to have free fun time), safety (such as free from dangers in the house and violence in and out of the house) and social factors (such as positive, meaningful relationships with others, including family, peers, school and the larger community) (Laski, 2015; Ross *et al.*, 2020).

Consequences are what results after adolescent well-being has occurred (Walker & Avant, 2019). As a result of adolescent well-being, adolescents will enjoy a balance between mind, body, and spirit and develop into accomplished, self-fulfilled adults who have high resilience and are capable of making autonomous choices that keep them away from risk-taking

behaviours (Laski, 2015; Ross *et al.*, 2020; Ryan & Deci, 2001). Potential consequences of adolescent well-being may include a more stable and better quality of life, finding hope and meaning in life, and moving toward a healthier and more satisfactory future. The ultimate consequence of adolescent well-being may be eudaimonia, the subjective experience of seeking the true meaning of life while having the opportunity for self-development and striving for high level accomplishment. For the adolescent to reach eudaimonia, provision of guidance and support from families, peers, healthcare providers and the community is necessary. In order to assist the adolescent in making autonomous decisions and adopt healthy behaviours, adults and community members can work on enhancing the competency of the adolescent in dealing with life challenges and help the individual have high resilience (Laski, 2015; Ross *et al.*, 2020; Ryan & Deci, 2001; Ryff, 1989; Seligman, 2010). On the contrary, the absence of physical health, psychological disturbances, social problems, lack spiritual peace, unsafe environment, lack of education and leisure opportunities, and lack of autonomy, connectedness, optimism and competence lead to the absence of well-being in the adolescent and potentially negative consequences on quality of life and future adult life (Laski, 2015; Ross *et al.*, 2020).

### Empirical referents

Empirical referents show evidence of the concept and how it can be measured or observed. They often refer to how the defining attributes can be measured (Walker & Avant, 2019). The literature suggests that a comprehensive understanding of adolescent well-being requires both a subjective assessment through the statements of individual perceptions and an objective assessment through reliable and valid tools (Ahanonu & Jooste, 2016; McGillivray, 2007). Many self-report measures of adolescent well-being are found in the literature, with various theoretical backgrounds and conceptual meanings. For example, the EPOCH (Engagement, Perseverance, Optimism, Connectedness and Happiness) measure of adolescent well-being is based on the PERMA model of positive emotion, engagement, relationships, meaning and accomplishment (Seligman, 2011). Many self-report measures of adolescent well-being place a greater focus on the mental aspect of well-being. For example, the Child and Adolescent Well-being Scale (CAWS) was derived from the Depression Self-Rating Scale for Children

and assesses depression symptoms and well-being in children and adolescents (Birlerson, 1980). The instrument by Ryan and Deci (2000) measures autonomy, relatedness and competence among adolescents. The Gothenburg Well-Being Scale in late adolescence focuses on resilience and body image (Hitz *et al.*, 2018). More comprehensive and multidimensional measures of adolescent well-being also exist. For example, the National Adolescent Assessment Cards (NAACs) assess domains of health and well-being, education and learning, protection, transition to work, and participation and engagement (Banati & Diers, 2016). However, based on the findings of this review not all the tools incorporated all the defining attributes and antecedents that we discussed. Many tools gave more importance to some domains over others. For adolescents specifically, both quantitative as well as qualitative studies revealed that the social aspect was crucial for well-being (Ahanonu & Jooste, 2016; Daley *et al.*, 2017; Moreira *et al.*, 2018; Patton *et al.*, 2016; Randell *et al.*, 2016).

### IMPLICATIONS FOR NURSING EDUCATION, PRACTICE, AND RESEARCH

Understanding the concept of adolescent well-being presents implications to nursing education. It is only appropriate to integrate this concept in nursing education as well as in the education of other fields who will graduate and work with the adolescents, so that students understand that adolescents may be undergoing critical changes and challenges. Nursing students also need to recognize that many of the diseases of adult age are due to unhealthy behaviours initiated during adolescence. Thus, promoting health for the adolescent has to begin as early as possible. Nurses working in schools or primary health care centres are best positioned to promote health and well-being for adolescents and need to understand the concept of well-being in order to provide care effectively. Nurses are encouraged to develop their connectedness with the adolescents as a critical element of the social domain in order to reach out to the adolescent and enhance the success of health promotion and intervention activities. Nevertheless, studies found that adolescents regarded their parents and peers as indispensable. Thus, nurses need to incorporate parents and peers while providing health care to the adolescent. In fact, a study reported that interventions for youth sexual health development were more effective when the family, peers, and locals were involved (Crocker *et al.*, 2019).

Although a single definition of well-being is missing in the literature, most have agreed that the concept is multifaceted and complex. Hence, a multidisciplinary approach is recommended for studies on well-being. Thus far, most studies on well-being have been conducted in Western countries. Therefore, exploring the concept in the non-Western countries may provide a different cultural perspective of adolescent well-being. Doing so may aid in identifying different programs that are culturally sensitive and better capture the different facets of the concept. Finally, while trying to understand adolescent well-being within the eudaimonic perspective, it is worth exploring what encourages the adolescent to aim for virtuous activities and what measures are needed to ensure they refrain from health-risk behaviours and adopt sustainable healthy lifestyle choices.

To our knowledge, this was the first concept analysis on adolescent well-being. However, there were some limitations that could have restricted our findings, especially those related to the stringent inclusion criteria. We had selected articles that were in the English language and available as full texts through our library portal, knowing that it is a very inclusive one. Moreover, we excluded studies that used different terms as equivalent to well-being, such as health and quality of life, to keep the focus on the concept of adolescent well-being. The data found in the reviewed studies were not specifically appraised because the mere purpose of this paper was to understand the meaning of the concept of adolescent well-being.

## CONCLUSION

In sum, this study confirmed that adolescent well-being is complex and multi-faceted. It upholds the notion that neither the absence of disease nor the presence of pleasure is enough, rather a eudaimonic approach is necessary. For the adolescent, relationships and the social context were highly important. Hence, parents, peers, and the larger community need to be integrated in well-being programmes targeting adolescents. In addition, a multidisciplinary approach to understanding the concept of adolescent well-being is recommended to allow for more in-depth understanding of the concept.

## RELEVANCE FOR CLINICAL PRACTICE

This paper reinforces the need to integrate multiple dimensions to promote adolescent well-being.

Particularly, the social factor was shown to be of high importance. Therefore, nurses and other healthcare providers are encouraged to establish positive relations and build their connectedness with the adolescent to be effective in their interventions. Through fostering autonomy, connectedness, competency and optimism, nurses can encourage adolescents towards a better eudaimonic state of well-being, decreasing their chances of risk-taking behaviours and increasing resilience.

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