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Factors promoting and inhibiting hope for families in the context of mental health: a scoping review

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ABSTRACT

Objective: to map scientific evidence on the factors that promote and inhibit hope for families experiencing psychological distress. **Methods:** a scoping review, based on the JBI framework and Dufault and Martocchio's Multidimensional Model of Hope. For the quality and transparency of results, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews guide was used. Articles were selected from databases and portals such as LILACS, MEDLINE, BDEnf, PsycInfo, Web of Science (Wos), and Coordination for the Improvement of Higher Education Personnel (CAPES) Journals and Thesis Database Portal. **Results:** of the 204 works recovered in the search, 71 were selected. Factors promoting hope included assertive care and treatment strategies, knowledge of the family member's clinical condition, improvement in family members' health status, positive, future-oriented thoughts, spirituality, family support, and social support. Factors inhibiting hope included a negative prognosis for family members' clinical condition, misinformation about the disease and family members' clinical picture, and negative feelings. **Conclusion:** there are factors that inhibit hope and that can contribute to families' mental distress. On the other hand, there are factors that promote hope and can guide strategies for families to reframe their adversity.

Descriptors: Hope; Family; Psychiatry; Mental Health; Psychological Distress.

INTRODUCTION

The literature on family members living with relatives experiencing mental distress has focused on the negative aspects of the family and feelings of hopelessness[1,2]. However, hope empowers the family to face uncertain situations in life[3]. The family unit can be a powerful resource for coping with adversity, and its resilience is not associated with family configuration and structure, but with its collective capacity to respond to experienced stress through its cohesion, organizational pattern, and communication[4].

In this regard, the search by the family unit for coping strategies to maintain hope in the treatment and recovery of a family member suffering from mental disorders, whether or not derived from the use of psychoactive substances, is highlighted[5]. This family nucleus is embedded in different cultural, environmental, and sociopolitical dimensions[6], which highlights the need for further investigation into the factors that promote and inhibit hope to support families in developing assertive strategies.

Hope is considered a valuable resource due to its therapeutic power in promoting mental health and aiding the recovery of individuals experiencing psychological

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distress and their families[7,8]. The concept of hope is understood as a dynamic and multidimensional life force involving a confident expectation of achieving meaningful goals[9], with a view to the future, providing empowerment, as well as relating to external support, care, and spirituality[10]. It is an essential resource for a positive outlook on and for human life.

An integrative review, which covered the period from 2006 to 2014[7], indicates that hope promotes mental well-being and resilience in families, as it prevents family exhaustion and situations of psychological distress. Furthermore, hope shows a positive correlation with the positive determinants of mental health, as well as with the factors that influence its manifestation and the impact of its effects in the area[7].

With the growing number of studies in recent years and the time gap since the completion of the aforementioned integrative review[7], updating the scientific evidence on this topic is necessary, especially regarding the factors that inhibit and promote hope in families experiencing challenges and adversities in the context of mental health and psychiatry.

Given the above, hope is considered an important resource for the family in reframing adversity. By identifying both the factors that inhibit and those that promote this reframing, it is hoped that healthcare professionals will be able to understand the family's experience during this process and develop specific and effective interventions[3]. Therefore, this study aimed to map scientific evidence on the factors that promote and inhibit hope for families experiencing psychological distress.

METHODS

This is a scoping review, conducted according to the method recommended by JBI, which allows for exploring the literature, mapping, and summarizing scientific evidence, clarifying the main concepts of a given investigative field, as well as identifying and analyzing knowledge gaps[11].

This type of review was chosen because of its ability to, in addition to elucidating the dimension of hope, identify characteristics of the specific concept of hope through the factors that inhibit and/or promote it.

The research protocol was registered on the Open Science Framework platform (https://doi.org/10.17605/OSF.IO/K9CWJ).

The review question was developed based on the Population (P), Concept (C), and Context (C) strategy[11], where P = families, C = hope, and C = mental health and psychiatry, generating the following review question: "What is the scientific evidence on the factors that promote and inhibit hope for families in the context of mental health and psychiatry?".

Studies published in the last five years (between January 2016 and March 2023), available in full, in Portuguese, English, and Spanish, online and free of charge, in the following databases and portals were included: Latin American and Caribbean Health Science Literature (LILACS); Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed); *Base de Dados de Enfermagem* (BDEnf); American Psychological Association PsycInfo; Coordination for the Improvement of Higher Education Personnel (CAPES) Journals and Thesis Database Portal; and Web of Science Portal (WoS). The included studies employed quantitative, qualitative, and mixed methodologies, encompassing primary studies, systematic reviews, meta-analyses, meta-syntheses, guidelines, theses, and dissertations that addressed the review question. Abstracts, proceedings, editorials, books, opinion studies, websites, and media reports were excluded.

The descriptors used were "Hope" AND "Family" AND "Mental Health" OR "Psychiatry", with Boolean operators AND and OR, in Portuguese, English, and Spanish.

The searches were conducted between November 2020 and March 2023, using EndNote software (EndNote 20 desktop version, 2020, Clarivate, United States of America) as a reference manager, due to its ability to optimize research and facilitate formatting when organizing references[12,13]. Article reading and selection based on titles and abstracts required a joint opinion from three reviewers, with the decisions made by consensus. In case of disagreement, the article was read in its entirety.

The search and selection process presentation followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)[14].

To extract data, an instrument was developed, following JBI recommendations, containing information about the database in which the study was indexed, the title of the material, the authors' names, the journal/reference title, the type of material, the year of publication, the country of origin, the place of publication, the objectives, the methodology, the main results, and the findings related to the research question. To complement the information, the variables "factors that promote and inhibit hope", "sources of hope", and "contexts of hope" were included.

The studies selected for full-text reading were randomly distributed among five independent reviewers, who mapped the data, and then three reviewers analyzed their eligibility. Materials that raised doubts about their inclusion were analyzed by a reviewer different from the initial three. In case of disagreement, a fifth reviewer analyzed them.

Descriptive analysis was carried out using basic data coding and classification[11] of factors that promote and inhibit hope, sources of hope and context of hope. The results were discussed and analyzed in an interactive process in light of Dufault and Martocchio's Multidimensional Model of Hope[9], which highlights that hope can be understood in two spheres: generalized hope, related to the benefits it promotes in the future in a broad way; and particularized hope, related to the particularized object of hope, i.e., a specific and relevant result for a person in the future.

This model describes the six dimensions that underpin the assumptions of hope in all phases of the life cycle.

The affective dimension of hope encompasses feelings and emotions that permeate both positivity and uncertainty[7-9]. The

cognitive dimension involves intellectual processes that enable a person/family member to identify the desired goal and/or intended outcome of hope, as well as to assess reality and identify factors that promote and inhibit hope[7-9]. The behavioral dimension consists of actions and motivations to achieve goals and/or expected results in the physical, spiritual, and social realms. The affiliative dimension, in turn, includes elements of social interaction, reciprocity, interdependence, bonding, intimacy, orientation towards others, and self-transcendence in relation to people, the Higher Self, and other living beings[7-9]. The temporal dimension considers the relevance of a person's/family member's past, present, and future experiences, projecting future hope. The contextual dimension involves the life situations that surround, influence, and constitute a person's/family member's conception of hope[7-9].

Sources of hope can be related to motivating and positive interpersonal interactions with family members, healthcare professionals, institutions, friends, and others, as well as to people's spiritual and religious beliefs, thoughts, feelings, and positive attitudes[9].

RESULTS

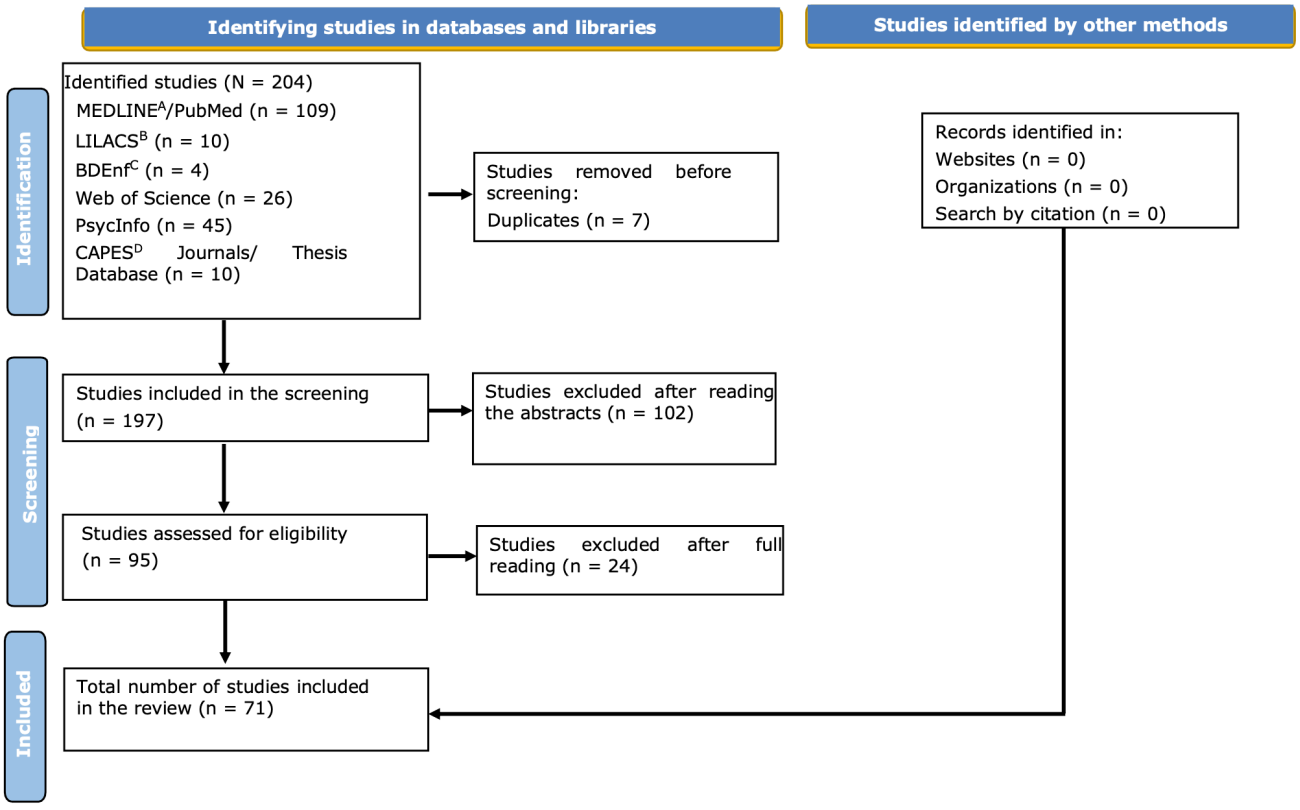
This review identified 204 potentially relevant studies, of which 109 were retrieved from the MEDLINE/PubMed database, 10 from LILACS, 4 from BDENF, 45 from PsycInfo, 26 from the Web of Science Portal, and 10 from the CAPES Journals and Thesis Database Portal. Seven duplicate studies and one hundred two studies which did not meet the inclusion criteria were removed. Thus, 95 studies remained, of which 24 were excluded, leaving 71 for analysis in the scoping review (Figure 1).

Of the 71 included studies, 6 were published in 2016, 8 in 2017, 20 in 2018, 11 in 2019, 18 in 2020, and four in both 2021 and 2022. Regarding country of origin, 16 studies were conducted in Brazil (22.6%), 11 in the United States (15.5%), 7 in Iran (9.9%), 6 in China (8.5%), 4 in Sweden (5.7%), 3 in Canada and Australia (4.2% each), 2 in Belgium, the United Kingdom, Portugal, and Switzerland (2.8% each), and 1 in Norway, Ethiopia, Israel, Austria, Poland, Denmark, Japan, Taiwan, New Zealand, Peru, Indonesia, England, and Singapore (1.4% each).

Regarding study type, 61 were original articles (86%), five were reviews (7%), three were dissertations (4.2%), one was a protocol (1.4%), and one was a theoretical reflection article (1.4%). In terms of study design, 51 studies used a qualitative approach (71.9%), 18 used a quantitative approach (25.3%), and 2 used mixed methods (2.8%).

The contexts of mental distress experienced by families involved the following: specific mental health and psychiatric situations (14 studies; 19.8%); cancer (13 studies; 18.3%); patient hospi-

Figure 1 - Flowchart of the selection process for studies that comprised the scoping review according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews[12], 2023



Note: elaborated based on the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews[12]; [A]MEDLINE/PubMed - Medical Literature Analysis and Retrieval System Online; [B]LILACS - Literatura Latino-Americana e do Caribe em Ciências da Saúde; [C]BDEnf - Base de Dados de Enfermagem; American Psychological Association PsycInfo; [D]CAPES - Coordenação de Aperfeiçoamento de Pessoal de Nível Superior.

talization, chronic diseases and neurological conditions with brain or spinal cord injury (7 studies each; 9.9% per aggravation); end-of-life or life-threatening situations (5 studies; 7%); bereavement, genetic conditions and people with disabilities (3 studies each; 4.2% per situation); kidney disease (2 studies; 2.8%); and older adults who act as caregivers, family members of workers who are victims of car accidents, caregivers of older adults with a prognosis of frailty and injuries, mothers in poverty, allogeneic hematopoietic stem cell transplantation, female university students and immigrant adolescents (one study each; 1.4% per situation).

The categorization of the studies included in the review (Table 1) encompassed the identification of factors that promote and/or inhibit hope in individuals, as well as the objectives and results of each study.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

Continue...

Author, Year[Citation] Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Fringer et al., 2018[15] Switzerland BMC Palliat Care	a. Well-being and current health status. b. Misinformation and disease progression.	To conduct a qualitative meta-synthesis to explore the experiences patients and their families gain during transitions in palliative care circumstances.	The varying intensity of hope is influenced by the current state of health, well-being, or information levels of people in palliative care.
Möllerberg et al., 2019[16] Sweden MEDLINE Palliat Med	a. Family and work coherence.	To determine whether family sense of coherence was associated with hope, anxiety, and symptoms of depression, respectively, in persons with cancer in the palliative phase and their family members.	Healthcare providers should strive to identify families with a weak sense of family coherence, due to its associations with hope, anxiety, and symptoms of depression.
Rocha, 2017[17] Brazil Repositório da Universidade Federal Fluminense	a. Spirituality and acceptance in the face of difficulties.	To understand the spiritual experiences and needs of the primary family caregiver of a patient in palliative oncology care.	The spiritual dimension is one of the primary sources of promoting well-being.
Fu et al., 2018[18] China Qual Health Res	a. Treatment, recovery, psychological well-being, and social support. b. Fear of death.	To explore the content and process of change in the perception of hope that caregivers have during the different stages of treatment for patients with lymphoma.	Family caregivers' understanding of past experiences and new information about the illness forms the basis of a sense of hope.
Hamilton et al., 2017[19] United States of America J Canc Educ	a. Social support, spirituality, and knowledge about the disease. b. Negative comments.	To explore the perspectives of fears and fatalistic attitudes towards cancer among family members of African American patients and those strategies used to overcome those fears.	There are challenges posed by cultural beliefs surrounding behaviors during illness situations.
Kellas et al., 2017[20] Switzerland Behav Sci (Basel)	a. Social support. b. Communication of false hope.	To explore the potentially light and dark sides of hope as it is communicated in families in the context of cancer.	They provide an initial snapshot of the communication that characterizes hope in the journeys of family members of end-of-life cancer patients.
Matthews et al., 2019[21] New Zealand Psychooncology	a. Good communication, treatment, family support, and spirituality. b. Fear of abandonment by professionals.	To explore the subjective experiences of patients and their family members when receiving bad news about cancer, with a focus on what was important to them during this process, and making future recommendations.	Patients and families prefer a quiet and private environment to receive bad news and have time for professionals to share this information.
Morais et al., 2019[22] Brazil Rev Enferm Atenção Saúde	a. Healing the illness and positive thinking. b. Uncertainties.	To know the experience of the family on surviving cancer.	In the absence of uncertainty, hope is present, as it is the component that keeps the family strong and persevering.
Rumpold et al., 2016[23] Austria Psychooncology	a. Anxiety and depression.	To assess the course of psychiatric morbidity and potentially associated caregiver characteristics over time, to identify the impact of the patients' death on family caregivers, and to explore predictors for psychiatric morbidity over time, in a sample of caregivers of advanced cancer patients.	Family caregivers who experienced anxiety or depression during the follow-up period showed low levels of hope.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

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Author, Year[Citation] Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Cormio et al., 2019[24] Iran Front Psychol	a. Personal strength.	To explore post-traumatic growth (PTG) in caregivers of cancer patients and to investigate correlations between PTG, psychological status, and Quality of Life (QoL) of caregivers and those of patients, taking into account also clinical and socio-demographic aspects.	Hope is related to post-traumatic growth, as it enables orientation towards new possibilities and personal strength.
Wang et al., 2020[25] China Eur J Cancer Care	a. Family Participatory Dignity Therapy (FPDT).	To develop a communication prompt based on dignity therapy to facilitate effective conversations between patients with haematologic neoplasms and their family caregivers, and to improve the programme and preliminarily explore the benefits and challenges of family participatory dignity therapy FPDT)	FPDT is a method that improves communication between patients and their family caregivers, increasing the level of hope and spiritual well-being.
Santos et al., 2018[26] Portugal J Fam Psychol	a. Positive expectations and family support.	To explore the impact of pediatric cancer and its treatment on family rituals.	Hope, in this study, refers to looking to the future in search of positive expectations that the family will be able to perform the same family rituals in the future.
Nafratilova et al., 2018[27] Indonesia Indian J Palliat Care	a. Spirituality.	To explore in-depth parents' experiences in caring for children with cancer under palliative care conditions.	The mechanisms for maintaining hope mentioned were believing in God, praying to God, thanking God, and preparing for the eventual death of their children.
Brown, 2018[28] Australia Clin Child Psychol Psychiatry	a. Treatment and knowledge of professionals. b. Lack of communication and judgment.	To explore parents' experiences of their child's treatment in one intensive adolescent mental health service, Redbank House, located in Sydney, Australia.	Communication about the children's treatment, the treatment itself, and the professionals' knowledge are factors capable of promoting hope.
Francisquini et al., 2020[29] Brasil Rev Bras Enferm	a. High level of education and young age. b. Low level of education, advanced age, and knowledge about family members' medical history.	To analyze, in family caregivers of people with schizophrenia, the relationship between well-being, quality of life, and hope.	There was a correlation between education and age with hope. The more years of schooling the caregivers had, the higher the level of hope, and the older they were, the lower the level of hope.
Guan et al., 2020[30] China J Psychiatr Ment Health Nurs	b. Misinformation about family members' medical conditions.	To determine the severity of internalized stigma and its correlates among family caregivers of patients diagnosed with schizophrenia in Changsha, Hunan, China	Psychosocial factors, including hope and passive coping, are associated with the stigma of internalization.
Casaburi, 2016[31] Brazil Banco de teses e dissertações. Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto	a. Future, social reintegration, and treatment.	To understand the experience of caring of a familiar in Fisrt Episode Psychosis (Portuguese acronym – Primeiro Episódio Psicótico – PEP) and highlight the motivations to remain in care.	Parents report that improvement in the psychotic condition is even more important than a cure. Family members cling to hope when they think about the future.
Hernandez et al., 2019[32] Brazil Community Ment Health J	a. Knowledge, treatment, and spirituality.	To examine the meaning of hope, how it relates to illness perception and treatment, and how it is maintained and strengthened.	Latinos with schizophrenia and their family caregivers conceptualized hope as a multidimensional construct and a vital resource.
Rowaert et al., 2018[33] Belgium Int J Law Psychiatry	a. Knowledge of the family member's clinical condition, positive actions by professionals, and family members' well-being.	To investigate how family members experience the mental illness, the internment measure, and the (forensic) psychiatric treatment of their relative.	Many family members maintain the hope that their family members may, in the future, lead a happy life in the community.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

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Author, Year[Citation] Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Rowaert et al., 2018[34] Belgium J Forens Psychiatry Psychol	a. Family support.	To investigate the impact of two pilot Family Support Group (FSG) for family members of Persons with a Mental Illness who Offended (PMIO) in relation to quality of life, burden, coping, strategies, and resilience.	The therapeutic factor arising from the encounters consisted of the hope of perceiving progress in other families.
Sherman; Hooker, 2018[35] United States of America Int J Psychiatry Med	a. Social support. b. Hospitalization.	To describe the impact of parental mental illness on children and to outline ways for family medicine physicians to assess and intervene.	Regardless of specific family resources and situations, caregivers should instill hope in children dealing with parental mental disorders. Families often experience hopelessness and despair.
Teh et al., 2019[36] Singapore Int J SocPsychiatry	a. Improvement in family members' health status.	To explore the perceptions of caregivers of young adults with mental health conditions on issues of paid employment and their views and expectations of employment support services in Singapore.	Maintaining hope for the future is an important source of motivation and coping for informal caregivers of people with severe mental illness, as well as the family support network.
Yang; Ye; Sun, 2020[37] China Int J Nurs Pract	a. Assertive care.	To describe the experiences of family caregivers who interact with people with dementia (PwD), and extraordinary skills are needed for family caregivers to manage the deteriorating cognitive function and consequent functional decline of PwD	Caregivers hoped that their family member could become happier through their care. They sought to derive meaning from choosing positive attitudes toward inevitable distress.
Zerbetto et al., 2018[38] Brazil Cad Bras Ter Ocup	a. Optimism, spirituality, and family support.	To describe the restrictive and facilitating beliefs about drug addiction, from the perspective of parents living with the problem.	Hope is intensified when the family expresses optimism and confidence.
O'Brien; Gray; Woolfall, 2020[39] United Kingdom Seizure	a. Treatment and well-being.	To explore children's and parents' perspectives on the journey prior to and following surgical treatment, with a focus on the emotional experiences of children and their parents throughout the surgery journey.	Families reported that surgery was seen as the only hope for a better life.
Jones et al., 2016[40] Australia Disability and Rehabilitation	a. Spirituality.	To identify studies which have investigated the role of spirituality in facilitating adjustment after Spinal Cord Injury (SCI) for: (1) the individual with SCI; (2) the family members; (3) and the family system (i.e. the whole of family inclusive of the person with SCI). The fourth objective of the scoping review was to identify which of these studies identified from objectives 1–3 considered the relationship between spirituality and resilience.	Despite these common goals, parents made a variety of decisions regarding the level of care for their child, and a minority chose "complete intervention as for any other child".
Jones et al., 2018[41] Australia Rehabil Psychol	a. Spirituality and social support.	To consider how spirituality (encompassing meaning, hope, and purpose) may facilitate family resilience after SCI over time.	Spirituality plays an important role, obtained through different sources. Meaningful connection with other people has been identified as a source of spirituality.
Kuta et al., 2020[42] Canada BMJ Open	a. Knowledge of the family member's clinical condition and good professionals. b. Pain and loneliness.	To provide an in-depth qualitative description of families' experiences with craniosynostosis.	Craniosynostosis diagnosis has a negative impact on families, but understanding the experience is seen as a source of hope for future families.
Schutz et al., 2017[43] United States of America J Palliat Med	a. Positive prognosis, faith and beliefs of families, and support from healthcare professionals. b. Negative prognosis.	To describe palliative and supportive care needs of patients and family members in the neuro-ICU from the perspectives of families, nurses, and physicians.	The physician has the ability to facilitate or inhibit hope. Hope is recognized as a facilitating action by the family, being used as a coping mechanism.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

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Author, Year[Citation] Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Sundin et al., 2018[44] Sweden Scand J Caring Sci	a. Intrafamily support, beliefs, acceptance of distress and their past, sense of security, presence of social networks, and having plans for the future. b. Difficulties in intrafamily communication.	To illuminate what persons with stroke and their family members talk about in family health conversations, with focus on the future, and how nurses leading these conversations apprehended the families' future shown in closing letters based on these conversations.	Intrafamily support is essential for the hope and well-being of families.
Visvanathan et al., 2020[45] United Kingdom BMC Med Inform Decis Mak	a. Information.	To address gaps in research on treatment decision-making by family members of patients admitted with major strokes; and to explore how family members made decisions regarding treatments given in the early period after a stroke that may increase the likelihood of the patient surviving longer, but with significant disability.	Physicians should consider how to balance communication of hope with that of realism. The hope of family members can be encouraged or maintained in the perception of survival or recovery of the family member, even with a poor prognosis.
Alfheim et al., 2019[46] Norway Intensive Crit Care Nurs	a. Post-Traumatic Stress (PTS) symptoms.	To describe the prevalence and trajectory of PTS symptoms in family caregivers (FCs) during the first year after a patient's admission to the Intensive Care Unit (ICU) and to identify the associations between FCs' background characteristics, hope, and PTS symptoms.	There is a relationship between hope and PTS. When family members had reduced PTS symptoms, it was understood that their level of hope was high.
Marçola et al., 2020[47] Brazil Rev paul pediatr	a. Knowledge of the family member's clinical condition.	To describe the reports of parents of newborns (NB) with congenital malformations hospitalized in a Neonatal Intensive Care Unit (NICU) who received bad news, in order to identify the issues related to the perception of bad news given adequately or inadequately.	Family members feel satisfied when there is sensitivity and care during the conversation between them and the professionals, even if it is honest and clear, as long as it encourages the family's hope.
Rahimi; Oskouie; Ebadi, 2017[48] Iran Electronic Physician	a. Positive, future-oriented thoughts.	To design and validate a questionnaire of hope for family members of patients hospitalized in intensive care units.	Hope among family members of patients in the ICU showed characteristics of positive expectations and future-based goals.
Oliveira et al., 2020[49] Brazil Rev bras promoç saúde	a. Optimism and spirituality.	To describe the experience and feelings experienced by the family member of the critical patient in contact isolation.	Religion is considered a family support, in which hopes are rebuilt.
Roveshty et al., 2020[50] Iran Iran J Neonatol IJN	a. Spirituality and confidence.	To investigate the effects of spiritual care on self-transcendence and hope in mothers with premature neonates hospitalized in the Neonatal Intensive Care Units (NICUs) at Shahid Beheshti Hospital, Maraqeh, Iran.	Spirituality and spiritual care can provide hope and appreciation for life.
Santana et al., 2017[51] Brazil Cienc Cuid Saúde	a. Spirituality.	To describe the biopsychosocial aspects of cancer illness for family members of hospitalized patients.	The belief in something greater, capable of providing the necessary support to cope with the difficulties and fears present in the course of the disease, strengthens the family, maintaining hope.
Ågren et al., 2019[52] Sweden Intensive Crit Care Nurs	a. Care, family support, and healthcare team.	To investigate outcomes of a pilot randomized control trial (RCT), nurse-led Health Promoting Conversations intervention.	Traditional care with follow-up visits was important in increasing the hope of families.
Rosa, 2016[53] Brazil Banco de teses e dissertações da Escola de Enfermagem de Ribeirão Preto	a. Spirituality, religiosity, and family functioning. b. Painful and invasive treatments.	To assess family functioning and spirituality relative to quality of life among people with chronical life-threatening diseases (CLTD) and their family, and identify possible links between these variables and quality of life and mental health.	Spirituality is recognized as an inspirational factor in the way of life, encouraging healthy practices even with a chronic condition.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

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Author, Year[Citation] Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Biru et al., 2019[54] Ethiopia Compr Child Adolesc Nurs	a. Positive treatment and well-being.	To illuminate caregivers lived experiences of caring for a child in Ethiopia, 2 years after the child was enrolled in antiretroviral therapy.	Medicalization, positive ongoing treatment, and seeing healthy children fueled the hope of caregivers. Seeing unhealthy children and internalized stigma limited the hope of family members.
Ebrahimi et al., 2017[55] Iran Mult Scler Int	a. Spirituality, treatment, and social support. b. Negative prognosis.	To explore and describe family caregivers' understanding, experiences, and coping strategies when caring for persons with multiple sclerosis.	Faith in God was used during difficult times, being extremely important for emotional survival.
Leite et al., 2019[56] Brazil J Adv Nurs	a. Family support. b. Negative feelings.	To synthesize qualitative studies on the experience of hope in families of children and adolescents living with chronic illness.	Shifting the focus to a familiar dimension of hope has the potential to inform future nursing practices to support the experiences of families living with chronic illnesses in the pediatric context.
Garza et al., 2018[57] United States of America Diabetes Technol Ther	a. Assertive care and treatment strategies.	To examine the expectations persons with diabetes (PWD) and their loved ones have for how automated insulin delivery systems may impact family functioning and individual members' psychosocial adjustment.	Participants hope that an automated insulin delivery system will improve glycemic control, daily life, and family relationships.
Bally et al., 2017[58] Canada J Pediatr Nurs	a. Restoring family relationships. b. Negative assessment of health status.	To identify relevant qualitative research and synthesize the findings, using the explanatory, interpretive insights from all included studies to facilitate the continued development of holistic pediatric family nursing care.	Rebuilding family relationships and spending time with those who had positive and affirmative attitudes boosted parental hope.
Smith et al., 2018[59] United States of America J Spec Pediatr Nurs	a. Knowledge, family support, and positivity.	To identify the resourcefulness used by expert caregivers, including health care professionals, community members, and parents, when providing care to families; to highlight potential ideas in which parental hope can be kept possible.	The main themes supporting parental hope were "connection with others", "meaningful information", "manifest positivity", and "celebrating milestones."
Boss et al., 2020[60] United States of America J Pediatr	a. Treatment.	To understand what considerations drive family decisions for and against pediatric home ventilation.	Families whose children were in the early stages of the illness were hopeful for recovery, while parents whose children had been ill for longer viewed home ventilation as inhibiting hope.
Lin; Huang, 2020[61] Thailand Int J Qual Stud Health Well-being	a. Spirituality. b. Bad news and worsening of children's conditions.	To explore parental experiences in terms of spiritual practices when they face end-of-life decisions for adolescents with brain stem dysfunction on life support.	Family members avoided discussing future care plans, such as discontinuing treatment or not being resuscitated, as this would threaten their hope for the child's recovery.
Einav; Margalit, 2020[62] Israel Int. J. Environ. Res. Public Health	a. Family cohesion and understanding of clinical condition. b. Loneliness.	To identify factors that may increase hope in bereaved parents.	Higher levels of loneliness were associated with lower levels of coherence and family cohesion. These correlations emphasized the importance of a sense of coherence as a factor in personal resilience that predicts hope.
Walsh, 2020[63] United States of America Fam Process	a. Positive thoughts and recognition of pain.	To address the family impact of multiple losses due to COVID-19.	The recognition of pain, distress, and difficulties is a force that can bring together mutual support and collective efforts for recovery.
Zhang; Jia, 2020[64] China Omega (Westport)	a. Family and social support.	To explore the effect of different bonds (support from family members and friends) and bereavement rituals on the mental health of parents who have lost their only child.	The support of family, family members, and friends fostered hope in parents, as they supported adaptation and coping to continue life.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

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Author, Year[Citation] Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Clark et al. 2020[65] United States of America Qual Health Res	a. Regulation of expectations and positive, future-oriented thoughts.	To develop a theory of family sense-making after a child's Down syndrome diagnosis. To describe the meaning-making process of parents and grandparents during the first three years, from the moment professionals reveal the diagnosis to the subsequent period of partnership with professionals, family members, and others to build a future for their child and their family.	The restoration of hope included, for both parents and grandparents, a regulation of expectations, through more information about the syndrome itself and about real families who go through it.
Janvier et al., 2016[66] Canada Am J Med Genet C Semin Med Genet	a. Improvement of family member's health and child's well-being. b. Pain and medical complexity.	To examine parental goals and hopes after a diagnosis of trisomy 13 or 18. Factors associated with survival among families who experienced a live birth were also investigated.	Parents have common hopes when they receive a trisomy 13 or 18 diagnosis: they hope to find their child alive, take them home, start a family, and provide them with a good life.
Schwan 2019[67] United States of America Int. J. Neonatal Screen	a. Spirituality and seeking information about the disease.	To explore family perspectives on California's adrenoleukodystrophy (ALD) newborn screening (NBS) program to identify areas of concern and to offer health care providers (HCPs) recommendations that go beyond treating only the medical expressions of this condition.	The study recommends that parents of children with ADL remain focused on staying hopeful and valuing the time they have with their children.
Gardiner et al., 2019[68] England Health Qual Life Outcomes	a. Family support.	To examine the psychometric properties of the 6 scales included within the Family Resilience Assessment Scale (FRAS) among families who care for a child with autism spectrum disorder (ASD) to determine whether the structural properties of the scales hold.	The scale structure may look a little different for families facing more socioeconomic challenges.
Illum et al., 2018[69] Denmark Clin Med Insights Pediatr	a. Improvement in family members' clinical condition.	To hear the hopes and concerns the parents expressed and the importance they personally attached to these issues; to extent to which the parents' assessment of the severity of their children's disability was aligned with their individual hopes and concerns for the future of their children would become clearer and more understandable; to compare these unique sets of qualitative information the best possible way by converting to quantitative data sets for alignment.	Parents are able to express their concerns and hopes for the future and are able to realistically assess their own children's disability.
Kimura; Yamazaki, 2019[70] Japan J Intellect Disabil	a. Community support.	To explore the differences in the general characteristics, hope, social capital, and mental health between mothers of a single child with intellectual disabilities (single-child group) and those of children with and without intellectual disabilities (multiple-children group); to explore the differences in the main predictors of mental health between the two groups; to explore the obstacles to having another child after the birth of a child with intellectual disabilities.	Being single, caring for a child with an intellectual disability and behavioral problems can make it more difficult to have other children, which are inhibiting factors for hope.
Ebadi et al., 2018[71] Iran Int Q Community Health Educ	a. Current state of health, well-being, and level of information b. Misinformation.	To explain the personal life of family caregivers of hemodialysis patients.	People receiving palliative care and their families wish to maintain normalcy in daily life, but they face new life situations due to transitions.
Melgar et al., 2018[72] Peru Salud Uninorte	a. Positive, future-oriented thoughts.	To describe and analyze the resonances of care that the living renal donor family establishes with the recipient family member in the donation process.	A donor family member hopes to preserve and improve the life of a sick family member, strengthened by the synergy of the resonances of love and solidarity.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

Continue...

Author, Year(Citation) Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Souza et al., 2017[73] Brazil Texto contexto - Enferm	a. Caregivers are also an older adults and spirituality.	To analyze the relationship between hope and spirituality of elderly who are caregivers.	Older caregivers are a factor associated with promoting hope. The religious/ spiritual dimension is very present and relevant with advancing age.
Oliveira et al., 2018[74] Brazil R Pesq Cuid Fundam	a. Positive prognosis and spirituality.	To identify the repercussions of a motorcycle accident on both the worker's life and his relatives.	Despite the clinical condition, family members have hope regarding the prognosis. For participants, religion and hope are fundamental sources of inspiration for solving problems.
Maxwell, 2020[75] United States of America Int J Nurs Stud	a. Spirituality and thoughts of strength.	To examine older adults' and family caregivers' receptivity to prognostic information about frailty, injury, and one-year outcomes; and to determine additional information needs based on prognostic information provided.	In general, the interviewees were receptive to prognostic information, although a small sample suggested a gentler approach to communication.
Matos et al., 2018[76] Brazil Ciências & Cognição	a. Resilience, optimistic outlook, and family support.	To understand the familiar resilience perception of mothers living in poverty situation.	Protective intrafamilial factors were observed, such as the presence of spirituality, valuing education, an optimistic outlook, a family support network, and strengthened communication processes.
Bergkvist, 2018[77] Sweden Eur J Cancer Care (Engl)	a. Family support, social support, and treatment.	To describe family members' life situation, and experiences of care from two different care settings—in the patient's home or in hospital during the acute post- transplantation phase.	The support of friends, neighbors, and coworkers was essential for all family members, considered an unexpected source of support.
Leite et al., 2021[78] Brazil Rev Latino-Am Enfermagem	a. Knowledge of family members' clinical condition and family support.	To understand the experience of individuals through the reports of experienced events and the co-constructed narratives that were stories and statements constructed from dialogues between the participants.	Hope depends on a number of factors, such as support, information, the search for normalcy, thoughts, and comparisons.
Somavilla, 2021[79] Brazil Cienc Cuid Saude	a. Care strategies.	To know the perception of the family regarding the transoperative period of cardiac surgery.	The perioperative period of cardiac surgery is perceived as generating emotional instability, permeated by anxiety concomitant with the hope of a new life provided by the surgery.
Seyedfatemi et al., 2021[80] Iran Arch Psychiatr Nurs	a. Knowledge of the family member's clinical condition.	To investigate the effect of virtual social network-based psychoeducation on the hope of the family caregivers of clients with severe mental disorder.	Psychoeducation promotes hope in caregivers of clients with severe mental disorders.
Bialek; Sadowski, 2021[81] Poland Anaesthesiol Intensive Ther	b. Negative prognosis of family members' clinical condition.	To determine the level of stress, anxiety, depression, as well as the sense of hope in family members of ICU patients	Most family members of patients reported stress, anxiety, depression, and low baseline hope. Preventive interventions centered on the family are needed to minimize psychological repercussions.
Zarei; Fooladvand, 2022[82] Iran BMC Women's Health	a. Family support.	To examine the mediating role of hope and resilience in the association between family functioning and life satisfaction of female university students in COVID-19 pandemics.	Hope and resilience represent a significant mediating effect in the association between family functioning and life satisfaction.
Cai; Wang, 2022[83] China Int. J. Environ. Res. Public Health	a. Family support.	To evaluate the mediating role of resilience between family support and hope, and to explore whether relapse experience plays a moderating role in this relationship.	Interventions targeting resilience may be an effective approach to improving hope among people with substance use disorders.

Table 1 - Characterization of the studies (n = 71) included in the review, 2023

Conclusion.

Author, Year(Citation) Country Journal	Factors that influence hope: (a) promoters; (b) inhibitors	Study objectives	Main results
Laranjeira et al., 2022[84] Portugal Int J Environ Res Public Health	b. Misinformation about family members' medical conditions.	To explore how hope is experienced by dyads of end-of-life patients and their family carers, and to identify factors that constrain or facilitate a dyad's shared perception of hope and how it is provided and received	Considering the multidimensional scope of hope, the main challenge for family dyads is to look beyond the illness itself.
Lorenzo-Blanco et al., 2022[85] United States of America Child Dev	a. Family support.	To examine how adolescent hope changed over time, and whether cultural stress and family functioning predicted emotional and behavioral health via adolescent hope intercept and slope	Increased hope is related to better emotional and behavioral health. Family functioning predicted better health outcomes through hope.

DISCUSSION

Factors that promote hope include assertive care and treatment strategies; knowledge of the family member's clinical condition; improvement in family members' health status; positive, future-oriented thoughts; spirituality; family support; and social support. Factors that inhibit hope include a negative prognosis for family members' clinical condition, misinformation about the disease and family members' clinical picture, and negative feelings within the family.

Regarding assertive care and treatment strategies, which are recognized by families, in their different contexts, as promoters of hope, there are the effectiveness of treatment[78], the carrying out of follow-up visits by healthcare professionals to families that have a family member in critical clinical condition[53], medication use by the family member[18,55], and good communication with the care team[28].

Interventions such as follow-up visits by the health team and health-promoting conversations tend to increase the level of hope in these families[52]. In the context of pharmacological therapy for a family member, families seek actions that promote symptom relief and improve clinical prognosis, as presented in a study on coping with cancer within the family[86]. Caregivers' hope is also maintained when the family member begins medication treatment, and the caregivers observe a positive response to the therapy, which is perceived by patients' clinical improvement[54]. These findings indicate how hope's behavioral dimension (actions involved in the hope process) can be influenced[9] by the treatments and care provided by the multidisciplinary team to achieve the expected results or motivate the hope of those who are waiting.

Knowledge about family members' clinical picture involves factors related to the information the family expects to receive about the disease[17], the construction of expectations more adjusted to the reality imposed by a given disease[33,56,65], the acceptance of the reality experienced by the family[17,44,65,77], and the openness to conversations about the clinical picture[47,78,80]. Knowledge about the disease is a factor that promotes hope, which involves clarifying doubts about the pathology[29], obtaining other information[15,18,27,36,45], and paying attention to healthcare professionals' advice[22].

The findings of this study support the published literature, highlighting that obtaining knowledge about the health status of a sick member provides family members with the experience of realistic hope, i.e., the expectation of something concrete[86], even if it is information about patients' poor prognosis, as it helps the family to prepare for the death of a family member in terminal cases[87]. Open, empathetic, and non-judgmental communication between the team and the family is a factor that fosters hope[88]. Healthcare professionals can help patients and families reflect on and make decisions about objects of hope and reality by sharing perspectives and factors that may influence hope[9]. They play a relevant role during psychoeducation and in providing information about patients' prognosis to the family[9]. However, this communication requires an empathetic, trusting, and careful attitude, as professionals are sources of hope for family members[9,88], and when they recognize the meanings attributed to hope, they are able to integrate it as a therapeutic resource in the practice of care[89,90].

Improving the health status of a family member involves the recovery of a sick family member[18,25,36,63,79], factors promoting quality of life[21,73], cure[16,21,46,65] and pain minimization[20]. Studies[91-94] highlight that, in various contexts, the presence of a favorable prognosis and the improvement of family members' clinical condition contribute to the family feeling more optimistic and hopeful. It can be inferred that, in hope's affective dimension[9], vehemently desiring a positive outcome, in this case, the improvement of the suffering family member, is part of the hope process. Belief and confidence in the well-being of family members are feelings that foster hope, providing strength for family members to develop coping strategies for adversity.

Positive, future-oriented thoughts involve: ideas of valuing the present time with the sick family member[57,77]; visualization of a promising future[26,32,33,46,48,56,65,79,84]; optimistic[38,45,49,55,56,76] and confident[38,50] feelings in the face of adversity; maintaining family members' well-being[33,71]; disseminating and obtaining positive messages[65] that encourage inner strength and positive emotions[48] upon realizing that the family member is safe[44,48].

Families experiencing mental health challenges feel hopeful about the future when they imagine their loved one's independence, both at work and in leisure activities[95]. Factors that foster

hope, such as good humor, gratitude, and optimism, permeate the context of palliative care[84]. It is noticeable that, even in contexts of great psychological distress, families recognize future circumstances that generate positive thoughts, feelings, and actions.

Positive feelings are objects and sources of hope, as the hopeful family seeks collective well-being[9], mobilizing hope's affiliative dimension, as optimism can be capable of inspiring interpersonal relationships[9].

Spirituality was also another aspect addressed in the studies, which was identified in the figure of God[27,32,55,75], in faith[19,22,43,48,50,55,67,78,84], in religious beliefs[22,26], and in spirituality in general[17,38,40,50,51,53,56,74,75]. Other factors promoting hope were related to the belief that some miracle would happen[19,22,51,61], to the belief in life after death[20,56], and to the blessing of a deity[61].

Actions of spirituality and belief in a Higher Being, such as God, can encourage family members to develop motivating forces to achieve and maintain the expected result, which relates to hope's cognitive and behavioral dimensions[9].

These data support a study[96] on women diagnosed with breast cancer who, through faith, maintained hope for their recovery. Patients in palliative care[84] reveal that the spiritual dimension motivates the hope of those around them and their families.

The cognitive and behavioral dimensions refer to the ability to discern internal resources capable of fostering hope and how to encourage them[9]. Spiritual beliefs are perceived and identified by families as an internal resource (cognitive dimension), and actions are developed (behavioral dimension) through religious rituals and practices. These actions within the religious sphere relate to the belief in a Higher Power to obtain positive strength, as the family persists in the struggle against adversity.

Another aspect that fosters hope is family and intrafamily support[19,21,33,38,45,52,58,59,64,68,75-77,82-85]. Intrafamily support was evidenced by meetings between family members[77], strategies used to achieve family coherence[16,54], time spent with family[66], and the performance of family rituals[26].

Family support plays a mediating role in promoting meaning in life and hope[95], and hope can be a shared or individual family experience, unique, dynamic, and fluctuating[78]. Factors such as family interactions, time, cultural context, and the nature of the illness can influence families' experience of hope[78]. Furthermore, hope is an important component of the caregiving skills that family members develop[97]. Hence, the motivation of hope within families can be considered a resource for family care planning.

These factors can permeate hope's behavioral and affiliative dimensions, since the process of hope involves direct actions towards achieving a goal, i.e., actions that motivate hope and social interactions, including actions that value quality time with family[9]. Regarding the behavioral dimension, the emergence of hope motivates individuals to perceive and act effectively towards achieving goals. Hope's affiliative dimension provides interactions between family members and/or other people to share experiences and feelings, to be heard, to be lovingly supported, encouraged to act, and to adopt more hopeful attitudes[9]. Family interaction and involvement are a powerful source of hope.

The last aspect promoting hope involved social support. The review demonstrated that factors such as interaction with neighbors and friends[32,35,77,84], interactions at work[77], interactions with families going through similar situations[72,77], with the health team[18,43,50,52], and social interactions in general[28,52,84] were identified and recognized by family members as promoting hope.

Sharing experiences with others and establishing networks of friendships can foster the acceptance of feelings, listening, and venting, aspects also evidenced in studies[98] on family strengths of drug addicts and in a study on patients in palliative care[84]. Connecting with friends, family, and healthcare professionals makes individuals feel supported, motivated, and valued[84]. The findings on the importance of healthcare team support corroborate a study[99] that indicates that family members of patients with chronic obstructive pulmonary disease recognize interaction with healthcare professionals as a source of support. This is because, by understanding patients' sensitivity, professionals make both family members and patients feel hopeful about continuing to live normally.

The affiliative dimension focuses on components of social interaction, which may involve friends, family, and healthcare professionals, who are often sources of support and, consequently, sources of hope[9]. Sharing positive experiences and perspectives can motivate other families to take action to achieve hope[9]. Family members express other objects of hope, such as the need to connect with other people, which can become a factor promoting hope, since these relationships encourage the maintenance of the ability to face adversity and allow them to freely express their beliefs and feelings[9].

Regarding factors inhibiting hope, the first identified was the negative prognosis of family members' clinical condition, i.e., family members' perception of a negative reality of experience, permeated by uncertainties[22,49], bad news[61,78], the family and patient remaining in the hospital[66,81], poor prognosis of clinical progression of the disease[15], use of invasive, painful and debilitating therapeutic resources[53], as well as relapses with the abuse of psychoactive substances[35].

These data suggest that everyday situations can either promote or inhibit hope, depending on how the family interprets adversity. Circumstances permeated by negative experiences and symbolic or concrete losses are opportunities to experience hope and to engage the contextual dimension of hope[9]. Healthcare professionals play a crucial role in promoting or inhibiting hope. When a professional has difficulty dealing with situations of death, they can inhibit the hope of those who are following patients' prognosis[100]. Professionals must have the ability to listen to and reflect on the family's distress, helping them to give new meaning to the object of hope and to cope with the uncertain future.

Another aspect concerns misinformation about the disease and family members' clinical condition. Several conditions contribute to misinformation, such as a lack of knowledge of the family member's clinical condition, treatment, and prognosis[15,58,84], in addition to poor intra-family communication[44], emergence of stigma[30,54], and moral

judgment by specialists[28]. These findings coincide with those found in a study[101] involving family members of children with autism spectrum disorder, which highlighted that diagnostic imprecision and the absence of family support caused a process of hopelessness in its members. Adverse and challenging situations can distance family members, generating conflicts, physical and emotional overload, moral judgments, and stigmas, affecting family organization and inhibiting hope. The family may stop seeking information about the illness, which can lead to restrictive beliefs, misinformation, and a lack of understanding about the situation and the disease[101].

To break with the factors that threaten hope, it is necessary to invest in the affiliative and cognitive dimensions, in order to, respectively, strengthen the interpersonal relationship between the health team and the family, as well as provide information so that the family is able to elaborate on its object of hope[9] and deal with negative feelings.

Finally, studies that addressed factors inhibiting hope, highlighting aspects of negative family feelings, pointed to expressions of anger[56] and sadness[56,84], as well as the family's difficulties and limitations in contributing to the improvement of a sick family member[49]. Family members may seek unrealistic and unattainable objects of hope, which can trigger feelings of frustration and distress[102]. Feelings of distress within the family, stemming from a lack of knowledge and preparedness to deal with the mental distress of one of their members, can generate despair due to the difficulty in accepting the current limitations of that family member, while simultaneously fostering hope in the belief that they will fully recover[102]. Thus, interventions in the cognitive dimension help family members to re-examine the objects of their hope, allowing them to assess their potential, resources, and limitations[9].

The limitations of this study lie in not considering the specificities of the various practice settings, such as Primary Health Care, hospital, or home care, where inhibiting and facilitating factors present particularities according to the context. Furthermore, other databases were not included, which may contribute to not retrieving all studies on the subject.

Despite these limitations, this scoping review contributes to clinical practice by highlighting the different contexts of psychological distress and emphasizing circumstances that positively or negatively impact families' hope. Such a review requires professionals to possess competencies and skills, particularly regarding the concept of hope and its dimensions, the recognition of its inhibiting and facilitating factors, and the development of strategies for families to (re) signify their adversity and achieve hope. Healthcare professionals, including nurses, can be considered a source of hope, as they are recognized by family members and contribute to promoting that hope.

CONCLUSION

The results pointed to scientific evidence regarding circumstances and factors that can both promote and inhibit hope in families, which involves a person's perception, assessment, and interpretation of the context they are experiencing. The factors that promote hope identified are related to assertive care and treatment strategies, knowledge of the family member's clinical condition, an improvement in family members' health status, positive, future-oriented thoughts, spirituality, and family, and social support. Conversely, factors that inhibit hope relate to a negative prognosis of family members' clinical condition, misinformation about the disease and family members' clinical condition, and negative feelings within the family.

The main areas of mental distress involved oncology, mental health, psychiatry, neurology, and chronic illnesses, which can trigger hopelessness due to their serious prognoses and lack of prospects for a cure. These mental healthcare contexts represent a primary field of intervention for healthcare professionals in promoting, encouraging, and maintaining hope.

Family support is a source of hope in the context of mental health. Therefore, there is a recognized need to invest in future research to validate interventions that promote hope in the process of caring for families in the context of mental health.

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MBFA: formal analysis; writing – original draft and writing - review & editing.

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Conflict of Interest

None.