

SYSTEMATIC REVIEW

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Hope in mental health and psychiatric nursing: a scoping review

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Abstract

Background In recent decades, efforts have been made to define and understand hope in health care, particularly in the prevention and treatment of mental illness. Given the contextual nature of hope, this article aimed to map the available scientific evidence on hope in mental health and psychiatric nursing.

Methods The Joanna Briggs Institute methodology was used for scoping reviews. The following inclusion criteria were used: studies with adults (≥ 18 years) with a mental illness, family members/carers or nurses who addressed the concept of hope in the context of mental health and psychiatric nursing. The search process was carried out between March and December 2023, and the CINAHL database was searched via EBSCOhost, MEDLINE via PubMed and via EBSCOhost, PsycArticles and Psychology and Behavioural Sciences Collection. The articles that met the inclusion criteria were analysed in full, and the data were recorded in a document adapted from the JBI extraction tool. The data were searched, analysed, and synthesized by 5 independent reviewers.

Results This review included 43 articles. Several themes were identified, including the meaning of hope, hope assessment instruments, hope-promoting interventions, objects of hope for both caregivers and people with mental illness, inhibiting factors and consequences of hope.

Conclusions Hope is fundamental in mental health and psychiatric nursing care. Hope has been mainly approached from the patient's perspective. Studies on hope of family carers and mental health nurses are still limited. Despite the recognition of the role of mental health nurses in maintaining and managing hope, additional evidence is needed on how to promote hope in specialized practice. These results open new perspectives for research and training for mental health professionals.

Keywords Hope, Mental health, Mental disorders, Psychiatric nursing

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Background

Mental illnesses are defined as a group of disorders that significantly impact a person's cognition and affective or behavioural regulation [1], impairing functioning and causing suffering. Mental disorders accounted for 125.3 million disability-adjusted life years (DALYs) in 2019, which represents an increase of 48.1% since 1990 [2]. Among these disorders, depressive and anxiety disorders remain among the leading causes of disease burden worldwide. Although it affects a smaller proportion of the world's population, schizophrenia has been identified as a leading cause of disability worldwide [2, 3]. It is a serious mental illness that alters thoughts, perceptions, affections and behaviors [4] and impacts severely on overall functioning and autonomy, significantly interfering with major life activities [3]. The persistently high prevalence of mental disorders is of particular concern because they also increase the risk of other negative health outcomes, such as suicide [2].

According to the WHO Mental Health Action Plan 2013–2030, hospital care should be replaced by community services to promote decentralization and deinstitutionalization [3]. This movement requires family members to play an increasingly significant role in caring for people with mental illness in their homes and communities [3]. Family caregivers of people with mental illness are known to experience financial strain, burdens in performing daily household tasks, communication difficulties, limited interpersonal relationships, social isolation, stigma, and discrimination [5–7]. The experience of caregiving affects both physical and mental health [5–12].

However, despite these challenges and setbacks that may cause psychological suffering, people also rely on unique resources. Hope enables them to regain the will to fight and survive and to focus their actions on the belief that a positive future outcome is possible [13]. One of the first references to hope in nursing was made by Vaillot, who considered hope to be essential to life, present in the bonds between individuals and influenced by the actions of others [14].

In the Human-to-Human Relationship Model, nursing is conceptualized as an interpersonal relationship with the aim of helping the individual or family to prevent and cope with the experience of illness and suffering and to promote hope [15]. Watson (1979) sees the promotion of hope as a specific activity of nurses [16]. Dufault and Martocchio (1985) proposed a conceptual framework for understanding hope, delineating a distinction between general hope and hope for specific outcomes [17]. They defined hope as a “multidimensional dynamic life force” [17, p.380] and provided an account of the elements that may be involved in the process of hope. Hope was defined in terms of its cognitive, behavioural, temporal, and affiliative dimensions [17]. In the field of psychiatry, Nunn

identified several factors that contribute to an individual's sense of hope [18]. Such factors include perceptions of future mastery, purpose in life, anticipated support from others, and self-esteem. The author proposed that the primary factor influencing hope is an individual's prospective outlook on the future [18]. Research studies have described hope as important for mental health and well-being [13]. Hope enables people to evaluate difficult situations and overcome their experience of suffering in the face of adverse health events [19, 20]. According to Antunes et al. [21], hope can be defined as “(...) a dynamic and multidimensional emotional state that evokes an expectation of a positive outcome and is procedurally oriented towards the present and the future” (p.17). Despite its contextual nature, hope is a process that involves living a fulfilling life with meaningful people and seeing constructive possibilities in life situations [21]. Hope is an essential psychosocial resource for people's psychological, spiritual and physical health, and is relevant for adapting to life's challenges [13, 19, 21, 22].

Responding to the needs of people in mental distress is at the heart of mental health nursing, whose person-centred care should be directed towards recovery, empowering people to take control of their own lives [23, 24]. According to the WHO, this process involves helping people find hope [3]. As nursing is inextricably linked to the act of helping, this has relevant implications for nursing practice and supports the ontological assumption that hope can be enhanced or promoted [22].

Promoting hope is one of the key actions of mental health and psychiatric nursing [22, 25]. People need hope to move forward and may need guidance from nurses, not only to identify hope but also to embrace it as a fundamental part of their recovery journey. However, despite its importance, there is still a significant degree of uncertainty about how hope can be incorporated and operationalized in clinical practice [19, 26].

An initial search of the JBI Database of Systematic Reviews and Implementation Reports, PROSPERO, MEDLINE, and CINAHL revealed no scoping reviews (published or in progress) specifically addressing this topic. Only two articles were identified: a theoretical article by Cutcliffe & Herth [22], which explored the nature of hope and analysed the theoretical and empirical work that existed at the time of publication in the field of mental health and psychiatric nursing; and a literature review by Schrank and colleagues [19] on the concept of hope and its use as a predictor variable in people with mental health problems.

Given the scattered evidence on hope in people with mental illness and their carers (including both family members and professional caregivers), the aim of this scoping review is to map the literature on hope in mental health and psychiatric nursing.

Methods

This scoping review followed the methodology proposed by the Joanna Briggs Institute (JBI) for scoping reviews [27]. This approach was selected considering the objective to map and synthesize the available evidence on hope within mental health and psychiatric nursing [28]. The following research questions were formulated:

- What is the importance of hope for mental health and psychiatric nursing?
- What are the instruments used to measure hope in the context of mental health and psychiatric nursing?
- What interventions have been identified to promote hope in mental health and psychiatric nursing?
- What are the factors that inhibit hope in mental health and psychiatric care?
- How does hope affect outcomes in mental health and psychiatric care?

This review was developed after a review protocol was drawn up and registered on the OSF Registries platform. The protocol (registration DOI <https://doi.org/10.17605/OSF.IO/XDMVZ>) can be consulted at <https://arc.hive.org/details/osf-registrations-xdmvz-v1>. We used the PRISMA guidelines for Scoping Reviews (PRISMA-ScR), which is added as appendix 3.

Inclusion and exclusion criteria

The following inclusion criteria were applied: studies involving individuals diagnosed with a mental illness (according to DSM 5 or ICD-10), aged 18 or older, who were receiving support from mental health and psychiatric care teams, as well as studies involving their families or caregivers. Eligible care settings included community services, inpatient care (e.g., home support teams, sociooccupational units - community-based services focused on psychosocial rehabilitation and the improvement of socio-occupational functioning), residential facilities, psychosocial rehabilitation structures, hospitals, and outpatient services (including outpatient clinics and day hospitals). All types of studies employing quantitative, qualitative, or mixed methods designs were considered.

The following exclusion criteria were applied: (i) philosophical and religious reflections on hope; (ii) opinion articles; (iii) hope conceptualized in abstract terms, not intended to be operationalized or measured; and (iv) book chapters, conference papers or other sources not fully available. Studies in English, Portuguese, or Spanish were included, with no time limit.

The selection of relevant articles was based primarily on the research questions, rather than on a critical appraisal process. The quality of the included articles was not systematically analysed, since a scoping review seeks

to determine the breadth of all available material [29, 30]. A detailed methodological critique of the studies could unduly limit the number of articles selected and, therefore, inappropriately exclude articles that would still provide valuable information [30].

Search strategy

An initial limited search was conducted in two databases: MEDLINE and CINAHL (via EBSCOhost). Based on this preliminary search, the descriptors were reviewed and validated using the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) platforms.

An exhaustive search strategy was then developed and applied across multiple electronic databases, including CINAHL (via EBSCOhost), MEDLINE (via PubMed and EBSCOhost), PsycArticles, and the Psychology and Behavioral Sciences Collection.

The search strategy included the following terms: Hope AND (“mental health” OR “mental disorder” OR “severe mental disorder” OR “mental illness” OR “mental disease”) AND (“psychiatric care” OR “psychiatry” OR “psychol” OR “psychiatric hospital” OR “psychiatric rehabilitation” OR “community mental health services”) NOT (“child” OR “adolescent*” OR “infant*” OR “young*” OR “newborn”). A detailed search strategy for each database is provided in Appendix 1.

All the citations were uploaded to the *Mendeley Reference Manager software, version 2.112.0*, and duplicates were removed. The results were subsequently transferred to *Rayyan literature review management software*. Five independent reviewers analysed the titles and abstracts. The full texts of all the studies that met the inclusion criteria were obtained.

A total of 1033 articles were identified (all in English). Of these, 413 were duplicates. Then, 620 articles were assessed as meeting the inclusion criteria. Of these, 409 articles were evaluated against the inclusion criteria by reading their titles and abstracts. After reading the full texts and assessing the review questions, 43 articles were deemed suitable for inclusion. The details of the search and selection process are presented in full in the Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for Scoping Review (PRISMA-ScR) flowchart (Fig. 1).

Data extraction

The following data were extracted from the articles by 5 independent authors using a pretested data extraction tool: study characteristics (year, country, methodology, study aim, study design, context, participants, outcomes), concept of hope (definition, theoretical basis, operationalization, measurements), activities/interventions to promote hope, outcomes, barriers to hope and

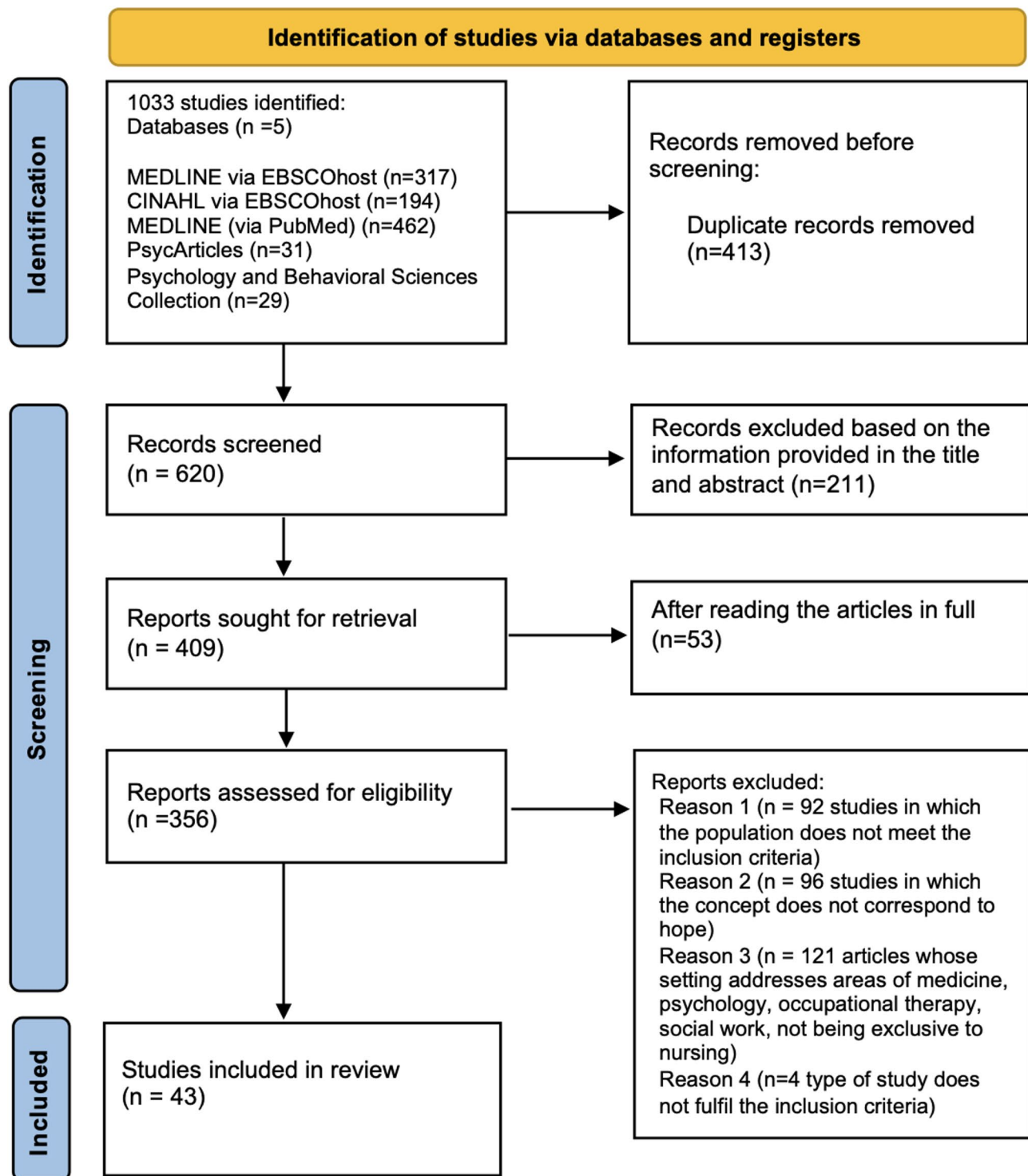


Fig. 1 Flowchart of the selection process

other information considered relevant in a practical table (Appendix 2).

Data analysis

The data were extracted using a *Microsoft Excel* spreadsheet. This tool was developed according to our review questions and previously tested on five articles. The 43 articles were exported to *NVivo computer software (version 14)* for classification, organization, and examination according to the research questions.

Results

Study characteristics

All the selected articles were published between 1996 and 2023, with 55% ($n=26$) published in the last ten years. The United Kingdom and Norway were the most represented countries ($n=13$), followed by the United States of America, Sweden, and Australia ($n=5$). There were also articles from other European countries ($n=5$), such as Denmark, the Netherlands, and Iceland, and from Asia ($n=7$), including Japan, China, South Korea, Thailand, Turkey, and Iran; two articles from Canada; and one from Brazil.

We identified 29 qualitative studies, 9 quantitative studies, and 5 mixed studies. Most of the studies ($n=21$) involved people with severe mental illness and were conducted in community settings ($n=23$). Eight studies with nurses were identified—11 with carers—and only 1 study integrated the perspectives of patients, caregivers, and nurses. Figure 2 presents a schematic summary of the results.

All 43 studies described the importance of hope for people with mental illness, family carers, and nurses in the context of mental health and psychiatric care. Several themes were identified, including (a) the meaning of hope, (b) instruments for assessing hope, (c) nursing interventions that promote hope, (d) activities to implement the intervention, (e) objects of hope for carers, (f) objects of hope for people with mental illness, (g) objects of hope from the perspective of Mental Health Nurses, (h) factors that inhibit hope, and (i) consequences of hope.

Meaning of hope

Although hope was conceptualized and defined differently in the results of this review, most studies referred to hope as the possibility of a better future [31–34]. It is defined as a fundamental psychosocial resource for the physical, spiritual and psychological well-being of people with mental illness and their carers [31, 35]. It is described as a sustaining force that allows people to seek ways to live better [36, 37], enabling them to live beyond severe mental illness [37, 38]. Hope is defined as a motivational force [36, 38] that lives in the present [31],

supports the search for new behaviors and lifestyles [39], and is a positive coping strategy [40–43] that is essential for the recovery [44], well-being and quality of life of people with mental illness and their carers [35, 39, 43, 45]. Hope plays an important role in the acceptance of mental illness, thereby reducing its impact on patients and families [37, 38].

It is experienced individually [38, 42] and is influenced by internal factors such as the ability to identify reasons for living in adversity, set meaningful goals and plan the means to achieve them in the future [35, 44, 45], positive outlooks [31, 43], spirituality and faith [31, 32, 46, 47]. Hope contributes to therapeutic effectiveness [44] and is associated with improved self-esteem and resilience, providing greater confidence, courage and perseverance [31, 40, 42, 48], enabling people to build healthy relationships, regain independence and lead meaningful lives [34].

Hope fluctuates, taking on different levels and characteristics over time, and can be difficult to maintain [42]. Hope cannot be imposed, but it can be influenced by external factors and is reciprocally facilitated by the presence and support of other people [31, 37, 49]. When patients lose hope, their relatives often help them to maintain it [50].

Hope-related concepts

Hope in mental health care is related to other similar and related concepts such as optimism [48] and therapeutic optimism [35], which, like hope, have been found to be a critical factor in creating expectations of a positive outcome [35, 48]. Hope is also associated with the concept of coping [40, 41, 43] as a positive strategy for coping with mental illness [36, 37, 42, 44]. More prominently in the review, hope is associated with the concept of recovery [24, 34, 40, 45, 51]. McCauley et al. [24] define recovery as the “birth of hope” (p.583). Specifically, hope is seen as an essential pillar of the recovery process [50], enabling the development of new meaning and purpose in life and empowering the person during the process of recovery from mental illness [50, 52].

Hope assessment instruments

The assessment instruments that have been shown to be relevant in diagnosing hope are the Herth Hope Scale [53], the Herth Hope Index - an adaptation of the HHS [45, 47, 54–56], the Hopefulness-Hopelessness (Hope) Scale [37], the Adult Dispositional Hope Scale [57], the Adult Hope Scale (AHS) [44] and the Nowotny Hope Scale [35]. These hope assessment instruments share some common features. Analysis of the items in the hope assessment instruments will guide nurses to obtain data that will help to characterise them. These include: the presence of short and/or long term goals, seeing different ways of solving problems in the face of adversity,

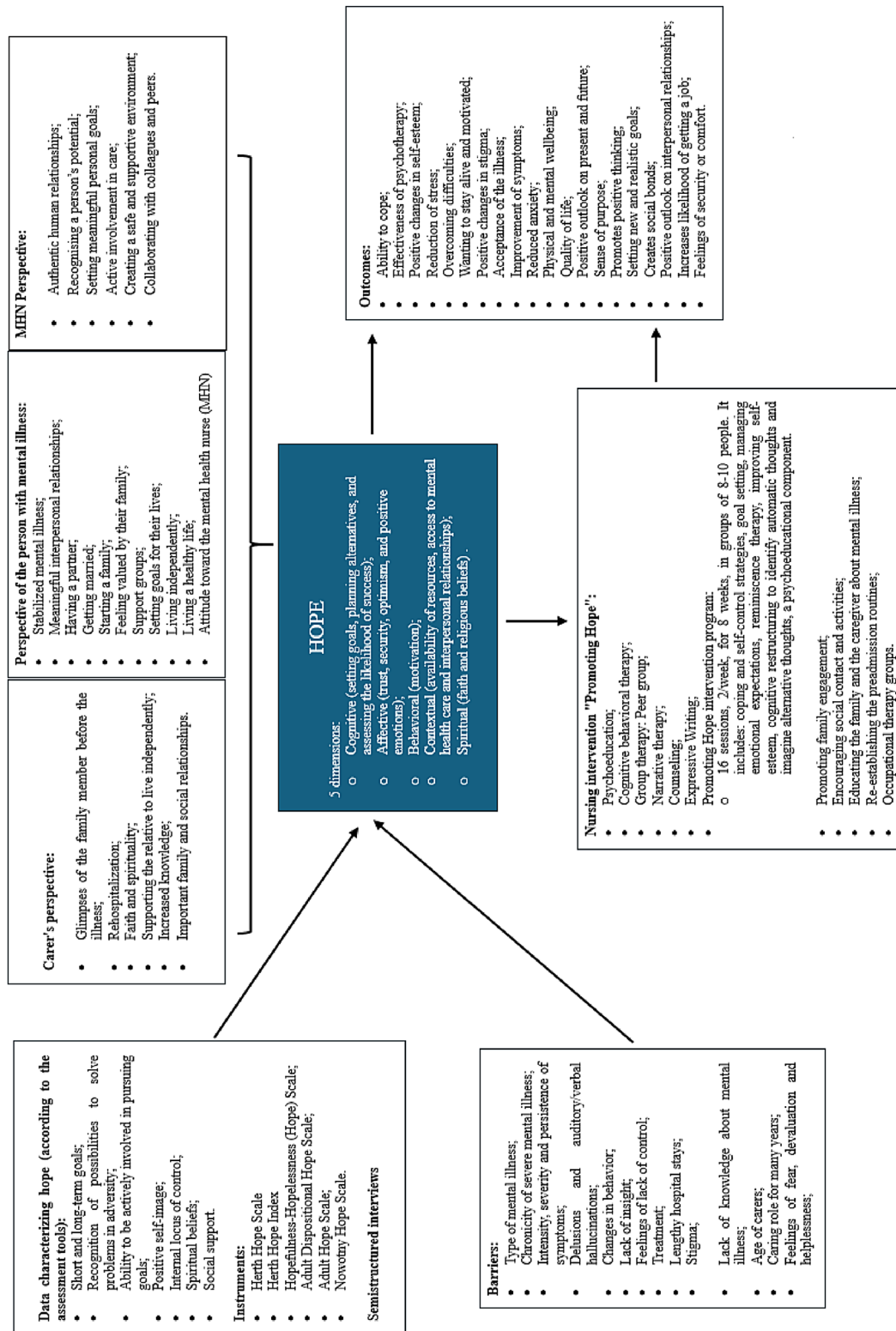


Fig. 2 Summary of the results

the person's ability to be actively involved in achieving the goals they have set for themselves, having a positive view of themselves, internal locus of control and spiritual beliefs, and social support with important relationships that make the person feel valuable and significant.

Nursing interventions to promote hope

The primary nursing intervention identified in this review is hope promotion, described in the literature using various expressions. These include: foster/fostering hope [37, 45, 53]; entering hope [38]; giving hope [32, 33, 38, 39, 48, 51, 55, 58]; developing and maintaining hope [39]; instilling hope [32, 52, 55, 59–61]; creating hope [50, 62]; inspiring hope [41, 49, 63]; igniting a spark of hope [46]; carrying hope [50]; uncovering hope [52] and supporting hope [37].

These variations reflect different conceptualizations and linguistic choices across studies in describing how hope is promoted through nursing interventions in mental health and psychiatric care.

Activities to implement the intervention – Hope promotion

The review found that caring for patients and families in a hopeful way takes place in the context of a therapeutic alliance [32]. By establishing a therapeutic relationship, nurses create a partnership [42, 49] with the person, commits time and availability [38, 52, 64], “shows unconditional acceptance, tolerance, understanding” [49, p.108], support decision making as a democratic process, negotiate the provision of care [49], and show respect for the person's abilities [38, 42]. Promoting hope occurs in subtle ways [49] and is implicit in care practices [49], recognises basic human value, acknowledges the person's intrinsic worth [63, 65], shows empathy [61, 63], validates the person's concerns through active listening without minimising their difficulties [38, 53, 63, 64]. The integration of spiritual elements into nursing care represents a promising avenue for further advancement in the field of hope. This requires the acknowledgement and consideration of patients' beliefs, the provision of spiritual assistance, and the facilitation of access to religious services [31, 32, 46, 47]. Promoting hope is done by communicating truthfully [48], being honest [37, 38, 48], encouraging, valuing [58] and comforting [38]. Talseth et al. [64] suggest that nurses should consider using a “calm tone of voice, relaxed body language and good eye contact” (p. 1037) when communicating hope to patients. It may also be beneficial to be warm and caring [38, 64], and showing sensitivity to increase patients' hope, even if the content of the communication is negative [61].

Promoting hope also comes from an integrative approach to the person, achieved by combining different techniques [31, 32, 46, 66] to respond to people's real needs. Through psychoeducation [34, 42, 59, 67],

knowledge about health conditions, strategies for dealing with signs and symptoms, and communication techniques have been found to be crucial in promoting hope for people and their support network [42, 44]. The effects of cognitive behavioural therapy in promoting hope have also been studied: exploring psychological distress and shared understanding of the person's life situation [41], helping them to see alternatives [38], broadening their perspectives [41], and analysing options for problem solving [59]. Discovering the client's philosophy of life, identifying what gives it meaning [37], enabling the person to develop pathways to well-being [37]. Nurses help clients to set realistic and achievable goals, ways of rebuilding support networks, developing motivation [37], strengthening a more active self, making the person more empowered and motivated to set meaningful goals in their recovery process [65]. In addition, group therapy: peer group [33, 36, 55], narrative therapy [54] and counselling [61] have also been identified as hope building strategies. This review also identified the need to identify specific interventions that have been developed with the intention of having a measurable effect on increasing levels of hope [55, 56]. Hope-building programmes have been developed specifically for this area, such as the Promoting Hope intervention programme for people with schizophrenia [55], which has been shown to increase levels of hope ($p=0.002$) and to be effective in reducing self-stigma ($p<0.001$) and improving quality of life ($p<0.005$).

It includes 16 sessions, twice a week, for eight weeks, in groups of 8–10 people [55]. The program consisted of the development of coping and self-control strategies, goal setting, support to deal and manage emotional expectations, reminiscence therapy to promote hope and increase self-esteem, cognitive restructuring to identify automatic thoughts and imagine alternative thoughts, a psychoeducational component - explaining the meaning and nature of hope (importance of hope, effect of hope on adaptation to illness, role of hope in the condition of schizophrenia), and a support component - exploring sources of hope (group members identifying their sources of hope and discussing their role) [55]. The program required active participation through homework assignments that encouraged expressive writing [55]. This is in line with Tang and colleagues (2023) work, who found that encouraging writing provided opportunities to analyse past events, experiences, thoughts, and feelings and guided people to explore the sources of hope in their lives and to imagine what they wanted and hoped to achieve in the future [56]. After the intervention, results showed significantly greater improvements in hope in the experimental group compared to the control group ($p<0.001$) [56].

To implement the strategies above, structured care plans adapted to the person's health needs are essential [34]. These plans aim to understand and re-establish the pre-admission routines that give meaning to people's lives, engage them in a wide range of meaningful activities, including daily living activities and occupational therapy groups, and provide access to their support network [33, 52].

Objects of hope from the carer's perspective

Carers' hope is projected into a future in which they hope to be able to accept the illness and the permanence of some cognitive and functional limitations in their family member [31]. Moments of improvement or remission were mentioned as providing hope, allowing a glimpse of what the family member was like before the illness, and providing hope for the possibility of a better future [36].

Carers hope to be able to be present and close to their relatives [31], to find ways to improve their lives and to support them in their choices to live as independently as possible [36]. They also hope to gain a better understanding of the situation and to be able to cope with it. Carers hope to grow in the face of adversity. They want to find balance in their lives [31], be able to be more than carers, and regain a sense of themselves as equally essential people [48]. They also hope to be able to maintain meaningful family and social relationships and actively engage in activities they enjoy [31].

Objects of hope from the perspective of the person with mental illness

People with mental illness hope to establish and maintain meaningful relationships with others, both in family and social contexts. They want to have a partner, get married, and start a family [68–70]. It is important to feel valued by their relatives, regardless of their illness [47, 71]. Some people hope to re-establish meaningful family relationships with their children [69] or other family members [70]. They also hope to have friends [40, 68, 69] and to build relationships of belonging and reciprocity with others [43, 70]. Meeting other people with mental illness [68], especially in groups (e.g., support groups or family groups), is also an object of hope [40, 43].

People with mental illness hope to be able to set goals for their lives [68, 69], to have opportunities, to be able to take advantage of them [68, 69] and to find meaning in their lives. Individuals hope to have the means to live as independently as possible [68, 69], to have a job [40, 68, 69], even if supported [71] and to have their own home in which they can live independently [69].

In addition to the hope that their mental illness will stabilize [72], they also want to live a healthy life [71], improve their diet and exercise [72], and reduce their substance use [70]. When admitted to psychiatric

services, patients often report the hope of being discharged [70] and see mental health nurses who are available and who make them feel worthy as a source of hope [38, 40].

Objects of hope from the perspective of mental health nurses

Mental health nurses identified various sources of hope in their professional practice that closely reflected the aspirations and motivations of service users. These included the restoration of health, the pursuit of personal goals, and the completion of meaningful projects [52]. Autonomy also emerged as a central theme, particularly regarding the person's capacity to make independent decisions and regain control over their life trajectory [52]. At a professional level, nurses expressed hope in relation to the recognition of their work and the fulfilment derived from witnessing the positive impact of their care. This professional validation reinforces nurses' sense of purpose and strengthens their commitment to person-centred mental health practice [35, 37].

Factors that inhibit hope

The hope of people with mental illness is inhibited by several factors related to the nature of mental illness [31], namely, its prolonged evolution [31] and the chronic nature of severe mental illness, with no expectation of being cured [57]. The intensity, severity, and persistence of symptoms [45], especially psychotic symptoms, such as delusions and auditory-verbal hallucinations [43]; behavioural changes [42, 67]; and feelings of lack of control [37], also seem to inhibit hope. A lack of criticism about the illness, the need for treatment, and extended hospital stays have also been identified as factors that inhibit hope [33]. In addition, stigma results from a heavy understanding of mental illnesses, such as schizophrenia [37, 51], which is associated with discrimination in different contexts of social life and difficulties finding and occupation or work activity [37].

In turn, carers' hope appears to be hampered by a lack of knowledge about mental illness [42], which affects their ability to understand the manifestations and behaviors resulting from the disease and to find ways to manage them daily. Factors such as advanced age, the burden of taking on the role of a carer for many years (often caring for children in adulthood/middle age) [54], and feelings of anxiety, devaluation, and helplessness [42] have also been identified as factors that inhibit hope.

Finally, the study by Kada and colleagues (2009) also suggested that less professional experience and lack of specialized training are factors that inhibit hope among professional caregivers of people with dementia [67]. In the context of mental health nursing, organisational and systemic factors were also identified as inhibitors of

hope, including reduced professional autonomy, administrative overload, and working in hostile or unsupportive environments [35, 50].

Consequences/outcomes of hope

The consequences identified in the literature include shifts toward a more stable life with new resources and opportunities [49], more effective coping strategies [36, 44, 53, 55], improved effectiveness of psychotherapeutic treatment [62], improved self-esteem [45, 55], improved stress management [35, 53, 55], and overcoming difficulties [36] by keeping people alive, moving [31] and motivated [42, 55, 60]. Hope reduces internalized stigma [55, 56], facilitates illness acceptance [39, 73], improves symptoms in people with mental illness [39, 40, 55], reduces anxiety [35], promotes physical and mental well-being [56] and thus improves health [40].

It improves the perceived quality of life [40, 44, 45] and positive attitudes toward the present and future [40, 56], creates a sense of purpose [42], promotes positive thoughts [55], sets goals for the future [55], and creates social bonds and positive views of interpersonal relationships [35]. Hope improves levels of social functioning [55], increases the likelihood of getting a job [40], enhances adjustment to treatment [44, 55], and provides a sense of security and comfort [37], confidence in the future [56], and the ability to cope with illness [37]. In addition to its impact on patients and carers, hope also has important implications for professionals. For mental health nurses, cultivating and sustaining hope reinforces their sense of purpose, contributes to professional fulfilment, and promotes resilience in the face of clinical and organisational challenges [35].

Discussion

The identification of the elusive and abstract qualities of hope, which are grounded in the uniqueness of the experience of those who hope, represents a significant conceptual challenge. This is evident in the present review, in which most identified studies on hope are of a qualitative nature. This emphasizes the necessity for a more profound comprehension of this intricate yet pivotal concept.

In the context of mental health nursing, hope is understood to have key dimensions and components that support the theory that hope is a personal and multidimensional construct. The studies in this review confirm that hope consists of five dimensions: cognitive (setting goals, planning alternatives, and assessing the likelihood of success) [37, 38, 43–45]; affective (trust, security, optimism, and positive emotions) [37, 38, 46, 56]; behavioural (motivation) [31, 37, 42, 55]; contextual (availability of resources, access to mental health care and interpersonal relationships) [31, 33, 36, 37, 48, 55, 71, 74]; and spiritual

(faith, religious beliefs and participation in religious rituals) [31, 43].

The process of recovery is idiosyncratic and reflects a challenging and intricate journey. The presence of hope enables individuals to regain aspects of their lives that had been lost because of mental health issues. This glimmer of hope is ignited in an individual diagnosed with a severe mental illness when their intrinsic survival instinct is triggered in response to the prospect of an existence dominated by the symptomatology caused by the disorder [46].

Considering recent developments in the field of mental health treatment, coupled with mounting economic pressures and a notable shift in political discourse towards community-based care models, family members are being increasingly called upon to assume a more prominent role in the care of individuals with mental illness [37, 38, 44, 47, 48, 73, 74]. There is an increasing expectation that family members will be in proximity and available to provide support [44, 49, 54]. The domestic environment has become an additional setting for treatment, with the responsibility for this transferable to family members [49, 54]. The findings of this study demonstrate that hope is subject to fluctuations and is inextricably linked to the experience of caring [31, 32, 36, 48]. Furthermore, the unpredictable course of the family member's mental illness exerts an influence [31, 36, 48, 73, 74]. For those engaged in the provision of care for others, the future is perceived as a combination of hope, uncertainty, and a quality that endures [46]. Nevertheless, hope has been identified as a crucial factor in addressing the numerous challenges and difficulties encountered, and in maintaining the motivation of family carers throughout the recovery process. The experience of providing care has instilled in these carers the capacity to maintain realistic expectations, which is an important aspect of their caregiving role. This illustrates that hope serves as a motivating force, enabling them to pursue strategies that enhance the quality of life for the family member affected by mental illness. This allows them to implement more effective care strategies. Hope is an indispensable component of the process of accepting the illness. It provides the family carer with the motivation and resilience to persevere and instils a sense of purpose [31, 36, 38, 73].

Hope is an indispensable construct for human existence [75]. In mental health nursing, hope is not merely a focus of care, but a core professional and ethical resource. It fosters strong therapeutic relationships, underpins empathy, and aligns with the foundational values of the profession. Studies indicate that nurses promote or restore hope by actively listening, setting collaborative goals, and building authentic connections with service users [35, 49]. Hope also reinforces nurses' professional identity, enhances job satisfaction, and builds resilience in the face

of clinical and organisational challenges [35]. Furthermore, research highlights the need for intentional nursing actions to preserve and reignite hope among people with severe mental illness and their carers. These findings suggest that professional support plays a critical role in sustaining and fostering hope [22]. Promoting hope is a fundamental aspect of mental health nursing and central to recovery-oriented care [52]. It involves a collaborative process between nurses, patients, and their families to define meaningful goals, mobilise personal and contextual resources, and empower individuals to take an active role in their recovery journey.

To make levels of hope measurable, we identified six assessment tools from quantitative studies to help nurses assess and characterize hope [35, 44, 45, 47, 53–57]. As hope is highly individualized, we identified semi-structured interviews from qualitative studies as a resource for understanding the experience of hope in different populations. The questions used were as follows [31, 43]: (1) *Describe a typical day in your life*; (2) *Describe a difficult day in your life*; (3) *Describe a special day in your life*; (4) *Describe your treatment experience*; and (5) *Where do you see yourself in the next 5 years?* (6) *What are your hopes and dreams for the future?* (7) *What do you hope for in the future?* (8) *What gives you hope?* (9) *What kinds of things change - increase or decrease - your hope?* (10) *What can others do to help you have hope?* Mental health nurses can characterize hope by identifying the goals and objects of hope, the resources, and the factors that inhibit and promote hope.

In this sense, there seems to be a consensus that mental health nurses, because of the specificity of their knowledge and constant interaction with this population, have a fundamental role to play in promoting people's resilience by encouraging the use of strategies that promote hope in the face of complex mental health challenges. The ability to hope and believe in a more positive future is reflected in the development of coping strategies, is linked to a positive sense of self and life, regardless of mental illness, and to a more active self. It increases motivation to set meaningful goals and create social ties and opens new possibilities and potential ways of coping and achieving positive outcomes.

Although the importance of promoting hope is mentioned in most studies, its operationalization remains a challenge. Programmes specifically designed to promote hope in people with mental illness are rare. We identified only two hope promotion programmes for this population: the Promoting Hope intervention programme by Öztürk & Özlem (2022) [55] and the Expressive Writing Programme by Tang and colleagues (2023) [56].

We also found that when the intended effect of care interventions was focused elsewhere, the interventions and activities included in programmes such as Active

Lifestyle Programme [72], Dignity Therapy [47] and the Mentoring Programme [61] had a positive effect on participants' hope. These results of some strategies justify their consideration and inclusion in hope promotion programmes.

Regarding family carers, we identified only two studies that included only psychoeducational intervention strategies [44, 54] with effects on hope. Although the studies reviewed show that hope is a resource for key family members, suggesting that it has positive consequences and alleviates the difficult experiences resulting from the state of mental illness, in practice, work with family members focuses mainly on informing and educating them about caring for the patient.

Caregiving focuses on human responses to actual or potential health problems. The studies included in this scoping review show that hope is a human response that can have a positive impact on mental health outcomes. However, additional evidence is needed on how to develop this specialized practice.

Conclusions

Hope encompasses several key elements that define it as a personal, multidimensional, dynamic, and empowering concept. It is central to life, influenced by external support and care experiences, and inherently oriented toward the future. In mental health and psychiatric care, hope is considered essential to well-being and it is a fundamental aspect of nurses' professional practice. The ability to hope and believe in a better future opens new possibilities and ways of coping, which can lead to positive outcomes. However, research on hope has primarily focused on patients, with limited attention given to carers and mental health nurses.

Despite the recognition of the role of mental health nurses in maintaining and managing hope, additional evidence is needed on how to develop this specialized practice effectively. As such, these findings open new perspectives for research and education for mental health professionals.

This review has the inherent limitations of a scoping review approach: the considerable amount of data generated, the lack of analysis of the relative weight of the evidence found, and the lack of systematic assessment of the quality of the articles included. This choice was based on the inclusive nature of this type of review, as we believe it was essential to provide a broad overview of the topic.

Most existing research on hope focuses on individuals with severe mental illness, while the perspectives of family carers and mental health nurses remain underexplored. It is essential to identify and reinforce the objects of hope for mental health nurses, not only as a preventive measure against emotional exhaustion and burnout, but also as a foundation for more compassionate, humanised

care. In this regard, nurses' hope may function as a vital internal resource that supports motivation, emotional regulation, and empathic engagement. Future research should therefore focus explicitly on the subjective experience of mental health nurses, particularly the processes through which they construct, sustain, and enact hope within complex care environments. Although not systematically addressed in the reviewed studies, some findings suggest that nurses are attentive to the theoretical and practical dimensions of hope, particularly in relation to the needs and challenges faced by individuals with mental illness and their caregivers. However, for nurses to effectively promote hope, it is essential that they perceive themselves as individuals who embody hope, which opens possibilities for future research.

The predominance of articles using qualitative methodology did not compromise the aim of this review. Nonetheless, the presentation of representative knowledge about hope may be limited for people with mental illness and their family carers.

Addressing the needs of people who are suffering should be at the heart of mental health care. Evidence points to the importance of hope, which should be incorporated into mental health care. Concerning the "Hope Promotion" intervention, we identified several designations that reinforce the need for standardization and the production of health indicators that demonstrate the contribution of nursing care to health.

This review recommends interventions to promote hope through establishing a therapeutic relationship, active listening, and communication strategies to help people cope with their psychological distress, increase self-determination and empowerment, facilitate decision-making, and allow people to find meaning in their life despite their illness. Additionally, nurses should design specific hope-promoting interventions to meet this population's needs. By embedding hope within the therapeutic encounter, mental health nurses are uniquely positioned to transform it from an abstract ideal into a tangible, co-constructed resource for recovery, resilience, and human flourishing.

Abbreviations

DALYs	Disability-adjusted life years
DSM 5	Diagnostic and statistical manual of mental disorders, fifth edition
ICD	10-International classification of diseases, 10th revision
JBI	Joanna Briggs eunstitute
MHN	Mental health nurse
OSF	Open science framework
WHO	World Health Organization

Supplementary Information

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Supplementary Material 1

Supplementary Material 2

Supplementary Material 3

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Study design: AB, IN; data collection: AB, IN, JM; data analysis: AB, IN, JM; study supervision: ZC, LS; manuscript writing: AB, IN, JM, ZC; critical revisions for important intellectual content: AB, IN, ZC, LS.

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Data availability

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Declarations

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