



Adolescent hope in the context of nursing care: A scoping review

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ABSTRACT

Problem: Hope is a multidimensional concept with a multidisciplinary approach in different areas of health intervention. From the perspective of the discipline of nursing, the concept of hope in the adolescent has been defined. However, its characterization is not consensually established but is necessary for nurses to be able to plan interventions aimed at its promotion. This scoping review aims at mapping the existing knowledge about adolescent's hope in the context of nursing care and contributing to the improvement of nursing interventions.

Eligibility criteria: The review was conducted using Joanna Briggs Institute methodology, and was conducted in Pubmed, Cinahl, Scielo, Ebscohost, Open Grey, Mednar, Worldwidescience, and Science Direct. Inclusion criteria included quantitative, qualitative, or mixed studies as well as systematic reviews and opinion articles, published in Portuguese or English, without publication date limitation, with "adolescents" as the population, "hope" as a concept, and "nursing" as context. Overall studies quality was quite high. The extraction of relevant information from each selected article was summarized in a table that is publicly available at Open Science Framework.

Sample: A total of 1259 articles were identified by title and 1220 were excluded by abstract. 25 empirical articles met the inclusion criteria.

Results: The concept of hope in this population was associated with other concepts such as resilience or well-being. Nursing interventions increase hope with positive outcomes in healthy or with chronic/complex diseases adolescents.

Conclusion: Hope is an essential component of nursing care for healthy, with chronic or complex disease adolescents with increased interest in the scientific community.

Implications: This review recommends orientations for the nursing process with a central focus in address human responses, nursing interventions, and the results of those interventions.

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Introduction

The concept of hope is not yet well established in the population of adolescents. The World Health Organization defines adolescence as a period that occurs between childhood and adulthood. More specifically, it refers to individuals between the ages of 10 and 19 years old as a phase of human growth and development that constitutes the last period of childhood development. In the scientific literature, this stage of development is also assigned to the term teen, youth, and/or young people.

Pamela Hinds (Hinds, 1984) highlighted early nursing publications on this topic conceptually defined adolescent hope as a necessity, time positioning, an illusion, a psychic promise to live as well as a core

sense of availability of outside help. These definitions are not precise or consensual and, additionally derived from studies carried out with the adult population.

Adolescence is the phase of the life cycle where there is the presence of a unique growth and development process that occurs at the physical (hormonal changes related to physiological maturation process), psychological, cognitive, and social levels. This phase is responsible for the development of identity, self-concept, autonomy, independence, and integration into the social environment (Baptista et al., 2020).

Given the specific characteristics of adolescents, Pamela Hinds (Hinds, 1984), through grounded theory, developed a more adapted concept of hope that has been reformulated since then.

Hope is not a neutral concept since it is responsible for countless emotions created in individuals (Hinds & Gattuso, 1991). Bally (2012) states that it can be a mere emotional response to a variety of human experiences. It can also represent an entity that is difficult to understand, complex, and abstract, with the ability to anchor life.

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Adolescent hope is defined as the degree to which the adolescent has a comforting and life-sustaining belief, based on reality, that there is a possible and positive future for themselves and others (Hinds, 1988). It is considered an internal quality that rises during the process of interaction with others, and is consequently influenced, positively or negatively, by external factors, such as attitudes and behaviors, namely, of different family members, friends, nurses, and other health professionals (Hinds, 2004; Hinds et al., 1999).

The adolescent as part of his cognitive development, he can think and reflect on abstract and complex phenomena, of which the perception of hope (McNelly & Blanchard, 2009). Adolescent hope is a concept that has very specific characteristics essential to its understanding. Hope occurs in different degrees or levels, which is reflected in intensity. That is, it's not possible merely attribute hope's presence or absence. Hope has a dynamic nature and is also a belief. It is sensitive to situational changes and based on reality. Additionally, it has a future-oriented focus that is materialized in hope objects (Hinds, 2004; Hinds et al., 1999; Hinds & Gattuso, 1991). As emphasized by Hinds et al. (1999), hope is a belief based on reality, so it becomes conceptually different from wishing. A wish distances itself from the timeline, without a strong bond with reality, contrary to hope objects that are based on reality, so it becomes feasible immediately or in a short period of time.

Thus, adolescent's hope has four dimensions or hierarchical levels that evolve from lower to higher. The first level concerns the forced effort, which corresponds to the level at which the adolescent tries, forcibly, in an artificial way, to have a more positive vision of the future. The second level, entitled personal possibilities, takes us to the level where the teenager believes that there may be a second chance for him or herself. Regarding the third level, called expectation of a better tomorrow, the teenager already has a thought, although not specific yet, of a positive future orientation. Concerning the last level, which leads us to the anticipation of a personal future, the teenager already identifies, autonomously in a natural way, the existence of future personal possibilities and perspectives (Hinds, 2004).

On the other hand, adolescence constitutes a risk factor for the development of the human response "Hopelessness", recommended by NANDA-I, if it is associated with chronic and/or complex illness; neoplasia and/or terminal illness (Herdman et al., 2021). Hopelessness is defined as the feeling that one will not experience positive emotions or any improvement in the general state. Examples of defining characteristics include presence of avoidant behavior; verbalization of diminished hope; demonstration of feelings of an uncertain future or negative future expectation; and inability to project future life (Herdman et al., 2021).

Faced with chronic or complex diseases, hope plays a protective role in adolescents, that directly affects their sense of well-being, preventing despair and facilitating acceptance, tolerance, and adherence to treatments (Hinds et al., 1999).

Previous literature reviews on adolescent's hope have been performed. Esteves et al. (2013), in an integrative review, that aimed to synthesize published research on adolescent hope, identified antecedents (age and gender), coincident (social support, self-esteem, optimism, future time perspective, self-efficacy, religiousness, stress, hopelessness, depression and anxiety) and, consequent concepts of hope (life satisfaction, health practices, well-being, purpose, academic achievement, internalizing behaviors, externalizing behaviors, substance use, positive affect and negative affect).

In the same year the predictors of hope were identified through meta-analysis. Yarcheski and Mahon (2016) concluded that 11 predictors had relation to hope and, of those 5 had large mean effect size namely: positive affect; life satisfaction; optimism; self-esteem; and social support. Later the same authors (Mahon & Yarcheski, 2017) used also the same type of literature review (meta-analysis) to addressed parent and friend social support and adolescent hope. They concluded that, regarding adolescent population, social support from friends had a stronger mean effect size than social support from parents.

Bearing in mind that hope is characterized by the presence of degrees or levels and, as it has a dynamic nature, as mentioned above, it can fluctuate over time. Also, adolescents are considered a population at risk for the development of the phenomenon of hopelessness, it is essential to understand nursing knowledge production about hope in adolescents.

For this scoping review we defined the following main review question "What is the nursing knowledge produced about hope in adolescents in the context of nursing care?". Subsequently, three secondary review questions emerged: "What are the human responses of adolescents related to hope in the context of nursing care?", "What are the nursing interventions that promote hope in adolescents?" and "What are the results associated with nursing interventions that promote hope in adolescents?"

Material and methods

This scoping review followed the Joanna Briggs Institute methodology (Joanna Briggs Institute, 2015) as described below.

Protocol and registration

Preferred Reporting Items for Scoping Reviews (PRISMA-ScR) was followed for research protocol (Tricco et al., 2018). Registration was done with the Open Science Framework on 12 November 2021 (<https://osf.io/g87d6/>).

Eligibility criteria

In the inclusion criteria regarding the population, only the age group was considered, regardless of gender or stages of development. Published literature that comprised adolescents as population (10–19 years).

Regarding the concept, all studies were considered in which the hope as concept and nursing care as context. Concerning adolescent's hope Hinds (1988) definition was followed. Lastly, considering nursing care, it is defined as a process (initial assessment, nursing diagnosis and intervention, assessment of results) using the interaction established between nurses and the adolescents through verbal and non-verbal communication. It implies exchange and interpretation of information, sharing values, needs, and desires by both nurses and adolescents (Fawcett, 1984). Quantitative, qualitative, theoretical, or mixed studies were included, published in Portuguese or English language, without any time limitation. Manuscripts were excluded if studies included other health professionals and nursing role was not clear and when population didn't include, at least partially, the age limit considered (10 and 19 years). Editorials, opinion articles, protocols, methodological studies (for example instruments validation / construction), literature reviews, blog articles, and advertising were excluded.

Regarding disposition for increased hope diagnosis, it is defined as the pattern of desires and expectations of energy mobilization to achieve positive results or try to avoid a potentially threatening or negative situation for the individual's life, which may be the target of reinforcement. Examples of defining characteristics of this diagnosis are: verbalization of the desire to increase ability to establish achievable goals or goals; expression of the desire to increase coherence between expectations and goals; increase inner strength or improve the perception of life meaning (Herdman et al., 2021).

Information sources

Research strategy was carried out in three distinct stages (Tricco et al., 2018). First, a preliminary search of existing reviews related to the topic was carried out, as well as possible systematic reviews, through a search in Prospero and the Open Science Framework. The only result found in Prospero is in line with a thematic synthesis of

qualitative studies related to the experience of hope but aimed at families of children and adolescents with chronic illness and not directly at the experience of hope in adolescents. Regarding the Open Science Framework, nothing specifically related to the theme was found, which justifies this scoping review. A search was performed in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) and Cumulative Index to Nursing and Allied Health Literature (CINAHL). The aim was to identify the keywords to be included in research equation through the analysis of title and summary main words.

In the second stage after this analysis, the descriptors and boolean operators were selected, as well as the MeSh descriptors to form the research equation consistent with the search in the selected scientific databases. Research was conducted in electronic platform EBSCOhost in the following database: Cumulative Index to Nursing and Allied Health Literature (CINAHL) [complete], MEDLINE [complete], Nursing & Allied Health Collection [comprehensive]; Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register; Library, Information Science & Technology Abstracts (LISTA) and MediciLatina. Additionally, PubMed, SciELO and ScienceDirect were also searched. OpenAIRE, MedNar Search and [WorldWideScience.org](https://www.worldwide-science.org/) – The Global Science Gateway were used for grey literature.

In stage three the bibliographical references of articles selected in stage two were grouped and examined to maximize the search results and find additional relevant literature for this review.

Search

Search equation was adapted to platform and database characteristics. It included the keywords combined with boolean operators and, when possible, an asterisk operator (*). This operator was used, so that the database could identify variants of the original word. The following combined terms were used: Adolescen* OR Teen* OR Youth* OR “Young people” OR “Adolescent”; Hope OR hopes OR hopefulness; “Nursing*” OR “Nursing Care*” OR “Care, Nursing*” OR “Nursing Diagnosis*” OR “Diagnosis, Nursing*” OR Diagnoses, Nursing* OR Nursing Diagnoses* OR Nurs* OR “Nursing Intervention*” OR “Nursing Outcomes*”. Research was performed in December 2021 and January 2022 and updated in July 2022 by all the authors, working individually. Inclusion criteria and fields available in databases were considered.

Selection of sources of evidence

Articles were selected according to title, abstract and indexed terms. When it was not clear if the article tailored this review, the abstract was additionally read. Inclusion / exclusion criteria were applied, and duplicates were removed. Reviewers individually screened publications and to increase consistency doubts were solved through discussion with all reviewers until consensus was reached. After conducting the search, all identified articles were entered into the Mendeley bibliographic reference management software and duplicates were removed.

Data charting process and items

Researchers decided which variables would be extracted to the data-charting table. Articles included for full text reading were analyzed in detail, bearing in mind inclusion criteria. Each author individually extracted the data. Then all authors compared extracted data and resolved divergences. Final extraction chart was discussed until consensus by all researchers.

All articles were fully read and data concerning authors & publication date, objective, study design, population, concept, context, and outcomes were extracted.

Critical appraisal of individual sources of evidence

To describe article quality Hawker et al. (2002) assessment tool was used. Regarding the domains of analysis, this instrument looks at the “abstract and title: Did they provide a clear description of the study?”; “Was there a good background and clear statement of the aims of the research?”; “Is the method appropriate and clearly explained?”; “Was the sampling strategy appropriate to address the aims?”; “Was the description of the data analysis sufficiently rigorous?”; “Have ethical issues and bias have been addressed?”; “Is there a clear statement of the findings?”. Other domains have related to transferability or generalizability and implications and usefulness of the studies.

This instrument uses a four-grade scale (1 = very poor; 2 = poor; 3 = fair; 4 = good) for quality appraisal based on the subsequent items: 1-abstract and title; 2-introduction and aims; 3-method and data; 4-sampling; 5-data analysis; 6-ethics and bias; 7-results; 8-transferability or generalizability; and 9-implications and usefulness.

Opposing views considering quality assessment were reviewed until agreement.

Synthesis of results

A table that comprised all relevant information obtained from each article allowed results synthesis. Data was summarized to map the existing knowledge about adolescent hope in nursing care. Evidence was gathered concerning reference, study objective, methods (design, data collection instrument, population), concept, context, and main results.

Results

A total of 1259 articles were identified by title and 1220 were excluded by abstract. Reasons for exclusion included articles that were outside this scoping review aim, articles that didn't include adolescents as subjects, when age range didn't include the age established in this review and articles that didn't identify nursing care. Disagreement between reviewers were resolved through discussion until consensus. Fig. 1 presented below summarizes graphically the process of study selection.

Characteristics of sources of evidence

This review allowed the identification of a set of articles that address adolescent's hope ($n = 25$). It was possible to identify articles that address human responses, nursing interventions and the results of those interventions. Interestingly only 2 articles reported hope-based interventions (Hinds, 2000; Hinds et al., 1987). From our sample 17 articles address specifically the concept of hope alone or associated with other concepts such as resilience or well-being. In the remaining 8 articles hope is not the main concept but appears as a related concept.

Critical appraisal within sources of evidence

Overall studies quality was quite high. Methods, ethics, and bias, as well as transferability, were the studies main limitations and critical appraisal ranged from 16 to 36 as shown in Table 1.

Results of individual sources of evidence

The extraction of relevant information from each selected article was summarized in a table that is publicly available at Open Science Framework (<https://osf.io/g87d6/>). To address research questions additional tables were built to facilitate results. Regarding human responses of adolescents related to hope the diagnosis readiness for enhanced hope, defined as “a pattern of expectations and desires for mobilizing energy to achieve positive outcomes, or avoid a potentially threatening or negative situation, which can be strengthened” (Herdman et al., 2021,

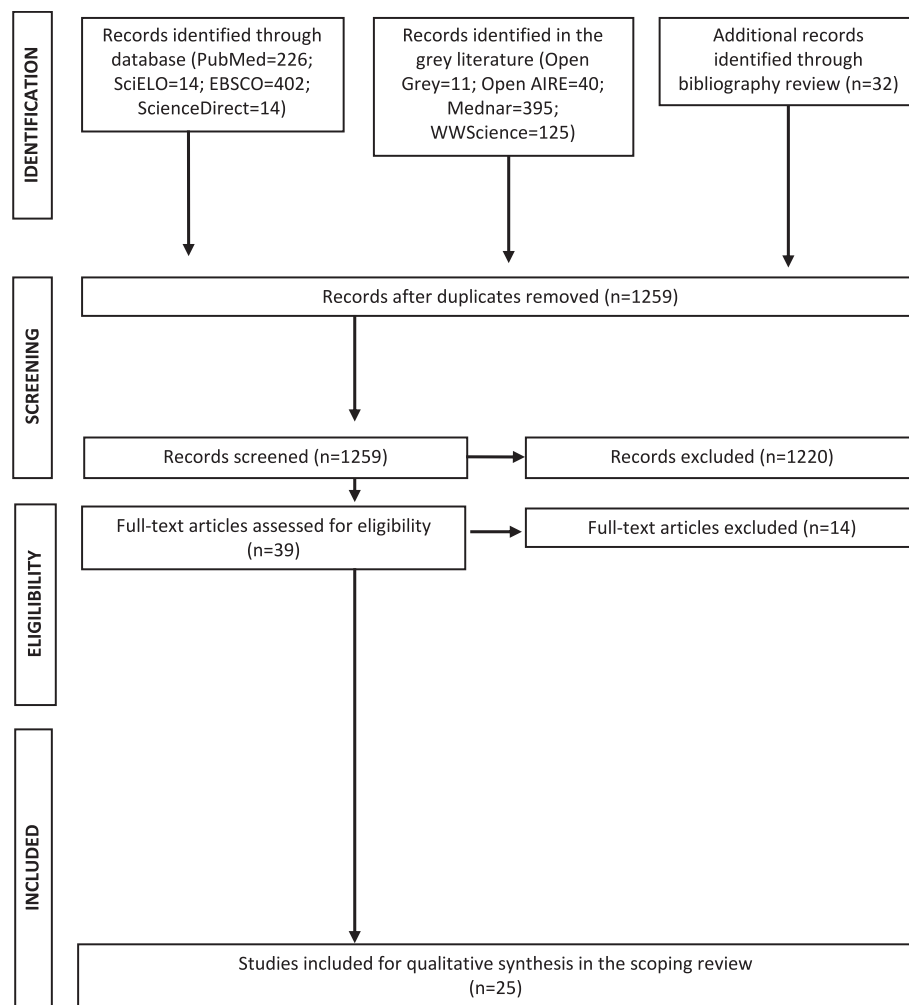


Fig. 1. PRISMA flow chart of study selection (Tricco et al., 2018).

Table 1
Article's critical appraisal.

Article	Abstract and title	Introduction and aims	Method and data	Sampling	Data analysis	Ethics and bias	Results	Transfer ability or generalizability	Implications and usefulness	TOTAL
Herth, 1998	4	4	4	4	4	4	4	4	4	36
Ritchie, 2001	4	4	4	4	4	4	4	4	4	36
Scoloveno, 2015	4	4	4	4	4	4	4	4	4	36
Wu et al., 2009	4	4	4	4	4	4	4	4	4	36
Canty-Mitchell, 2001a, 2001b	4	4	4	4	4	4	4	3	4	35
Hendricks-Ferguson, 2006	4	4	4	4	4	4	4	3	4	35
Stoddard et al., 2011	4	4	4	4	4	3	4	4	4	35
Gameiro & Lopes, 2015	4	4	4	4	4	3	4	4	3	34
Hinds, 2000	3	4	4	4	4	3	4	4	4	34
Juvakka & Kylmä, 2009	3	4	3	4	4	4	4	4	4	34
Alvarenga et al., 2021	4	4	4	3	4	4	4	3	3	33
Hinds, 1984	4	4	3	4	3	4	4	3	4	33
Kim et al., 2019	4	4	3	4	3	4	4	4	3	33
Hendricks-Ferguson, 2008	4	4	4	4	3	4	3	3	3	32
Hinds et al., 1999	4	4	4	4	4	2	4	3	3	32
Souza et al., 2015	4	4	3	3	3	3	4	3	4	31
Anttila et al., 2015	3	3	3	3	4	4	4	3	3	30
Hendricks-Ferguson, 1997	3	3	4	3	3	2	4	4	4	30
Hinds, 2004	1	4	3	4	3	4	4	4	3	30
Hinds et al., 1987	1	3	4	4	3	3	4	4	4	30
Stoddard & Garcia, 2011	4	3	3	4	3	2	4	3	3	29
Shalanski & Ewashen, 2019	3	3	3	2	3	2	4	3	3	26
Berg & Mascaro, 2020	3	3	2	1	2	2	4	3	3	23
Ribeiro & Rodrigues, 2005	3	3	3	2	2	2	2	2	2	21
Hinds & Gattuso, 1991	1	2	1	1	1	2	2	3	3	16

Table 2
Evidence regarding human responses in adolescent.

Defining characteristics of the diagnosis	Studies
Expresses desire to enhance ability to set achievable goals	Hendricks-Ferguson, 1997; Hinds et al., 1999; Mahon & Yarcheski, 2017
Expresses desire to enhance belief in possibilities	
Expresses desire to enhance congruency of expectation with goal	Hendricks-Ferguson, 1997; Hinds, 2004
Expresses desire to enhance deep inner strength	Hinds, 2004
Expresses desire to enhance involvement with self-care	Hinds, 1988; Canty-Mitchell, 2001a, 2001b
Expresses desire to enhance problem-solving to meet goal	Berg & Mascaro, 2020
Expresses desire to enhance sense of meaning in life	Hendricks-Ferguson, 2006; Souza et al., 2015; Griggs & Walker, 2016
Expresses desire to enhance spirituality	

p. 343) is represented on Table 2. There are 12 defining characteristics for this diagnosis however only 8 characteristics were found in this literature review specific to adolescent population.

Regarding nursing interventions that facilitate and/or promote hope and interventions and/or behaviors that inhibit hope results are summarized in Table 3.

As to outcomes associated with hope nursing interventions findings are summarized in Table 4.

Synthesis of results

A total of 25 studies published between 1984 and 2021 were selected to be included in this review. Studies were mainly performed in

Table 3
Evidence nursing interventions that promote and inhibit adolescent hope.

Hope facilitating interventions	Studies
Demonstrate availability, attention, and interest towards the adolescent	Hinds et al., 1987
Listen carefully to adolescent stories and understand their life experience and challenges	
Resorting to authentic presence, in a welcoming environment, emphasizing its potential over its limitations	Herth, 1998
Assist and encourage the adolescent in the identification and/or reorientation of objects of hope	
Help the adolescent to identify small achievements and remember what he has already achieved	Hinds et al., 1987; Herth, 1998
Use honest and truthful explanations	
Participate in cognitive distraction activities with the teenager, such as using music therapy, reading motivational books or guided imagery	
Share knowledge about teenagers with similar life experiences	
Address issues of interest to adolescents that are not exclusively addressed to their disease condition	Hinds et al., 1987
Demonstrate care skills	
Encouraging the adolescent to maintain a positive focus on the future	
Hope promoting interventions	Studies
Humor	Hinds et al., 1987; Herth, 1998; Hinds, 2000
Interventions / behaviors that inhibit hope	Studies
Devaluation of adolescent's perceptions of their health / illness situation	Hinds et al., 1987
Focusing on exercising only technical functions and limiting nursing interaction with adolescent	
Frequent use of comments demonstrating concern merely about their physical condition or adolescent's illness worsening	

Table 4
Evidence outcomes associated with hope nursing interventions.

Outcomes	Studies
Self-care	Canty-Mitchell, 2001a, 2001b Hinds et al., 1987; Esteves et al., 2013; Scoloveno, 2015; Griggs & Walker, 2016 Esteves et al., 2013
Adoption of health promoting lifestyles	
Academic success	
Decreased probability of using addictive substances	
Life satisfaction	Stoddard et al., 2011
Decreased probability of involvement in situations of violence	
Quality of life	Griggs & Walker, 2016; Kim et al., 2019
Resilience	
Well-being	Esteves et al., 2013; Scoloveno, 2015
Meaning of life	Esteves et al., 2013; Griggs & Walker, 2016
Coping	Canty-Mitchell, 2001a, 2001b; Griggs & Walker, 2016
Decreased levels of depression	Hinds et al., 1987
Decreased levels of symptomatic distress	Hinds et al., 1999
Self esteem	Griggs & Walker, 2016

USA (Berg & Mascaro, 2020; Canty-Mitchell, 2001a, 2001b; Hendricks-Ferguson, 1997; Hendricks-Ferguson, 2006, 2008; Herth, 1998; Hinds, 1984; Hinds, 2000, 2004; Hinds et al., 1987; Hinds et al., 1999; Hinds & Gattuso, 1991; Ritchie, 2001; Scoloveno, 2015; Stoddard et al., 2011; Stoddard & Garcia, 2011). However, studies from other countries were also found such as Brazil (Alvarenga et al., 2021; Lo et al., 2022; Souza et al., 2015), Canada (Shalanski & Ewashen, 2019), Finland (Anttila et al., 2015; Juvakka & Kylmä, 2009), Korea (Kim et al., 2019), Portugal (Gameiro & Lopes, 2015) and Taiwan (Wu et al., 2009). From our sample ($n = 25$) most studies used qualitative methodologies ($n = 11$), followed by quantitative ($n = 9$). Also, 3 studies were of theoretical type (Berg & Mascaro, 2020; Hendricks-Ferguson, 1997; Hinds & Gattuso, 1991) and in 2 articles a mixed methods approach is described (Hinds, 2000, 2004). Sample sized ranged between 5 and 311 and in 2 studies sample size was not reported.

Discussion

In the population, hope is considered a human response to a health / sickness process (Hendricks-Ferguson, 1997). That is essential to adolescent population since they need to have strong hope about your their future (Alvarenga et al., 2021). Adolescent's hope is influenced by numerous factors, which may be intrinsic or extrinsic in its nature; it is a human response when adolescent confronts to your disease and to adapt of them.

Age is identified as an intrinsic factors with controversial results (Hinds, 2000; Ritchie, 2001). Thus, to clarify the influence of this variable, Hendricks-Ferguson (2006), in a quantitative study, concluded that age influences adolescent hope levels, with younger adolescents having lower hope scores. This result could be justified by adolescent developmental characteristics. At an early stage of adolescence there is a conscious and constant need for adolescents to feel equal to their peers, as well as a high susceptibility to embarrassment and difference. Despite these findings, there are differences between samples of healthy adolescents and adolescents with chronic and/or complex disease, so further studies are suggested to clarify the influence of this variable in different conditions (Esteves et al., 2013).

Gender also seems to influence the adolescent's hope however, it is a variable that has also ambiguous results. Although there are studies that refute the influence of gender on adolescent hope (Ritchie, 2001), other studies defend the presence of this relationship, referring that girl have higher levels of hope than boys (Hendricks-Ferguson, 2006; Hinds, 2004; Hinds et al., 1999). The need for further research is highlighted

in literature (Esteves et al., 2013; Griggs & Walker, 2016; Yarcheski & Mahon, 2016).

Adolescents hope has also been associated with spirituality (Souza et al., 2015) and spiritual well-being (Hendricks-Ferguson, 2008; Ritchie, 2001). A slight decrease in hope levels was noted two to three years after a complex disease diagnosis which is also the period where spiritual well-being levels are decreased (Hendricks-Ferguson, 2008). Another concept that has been linked to hope is resilience. Scoloveno (2015) concluded that resilience is a strong predictor of hope due to its direct as positive effect.

Positive or negative external factors can also influence adolescent hope. Attitudes and/or behaviors of family, friends, nurses and other health professionals are crucial since social interaction with others is an essential condition for adolescent hope (Hinds, 2004; Hinds et al., 1987; Hinds et al., 1999). In fact, social support leads to higher hope levels (Esteves et al., 2013; Juvakka & Kylmä, 2009; Kim et al., 2019). Specifically in adolescent population social support from friends seem to be more relevant than parent support (Mahon & Yarcheski, 2017). Nursing professionals due to the nature of care provided and prolonged contact are identified as relevant hope facilitators (Hinds, 2004; Hinds et al., 1999).

After sample analysis and results synthesis, it was possible to identify two human responses related to adolescent's hope. Aligned with nursing diagnoses (Herdman & Kamitsuru, 2021) adolescent hope can be found in *readiness for enhanced hope* (Code 00185) and in *hopelessness* (Code 00124) nursing diagnosis. In this review the diagnosis *readiness for enhanced hope* appears more often than *hopelessness* diagnosis. This is probably because most article seek to understand the concept of hope, related factors, and outcomes from a hope-promotion intervention.

Regarding nursing interventions that promote hope in adolescents, the articles related to specific conditions such as oncology disease (Berg & Mascaro, 2020; Hinds, 2000; Hinds et al., 1987) and homeless adolescents (Herth, 1998). Hinds et al. (1987) identified nursing interventions that can facilitate, inhibit or promote adolescents hope. Herth (1998) found similar results and reinforces the need for acceptance and understanding. Humor was the only intervention identified that had a direct impact in hope levels increasing them (Herth, 1998; Hinds, 2000, 2004; Hinds et al., 1987).

The adoption of health-promoting lifestyles was one of the results identified in this review (Esteves et al., 2013; Griggs & Walker, 2016; Hinds et al., 1987; Scoloveno, 2015). Scoloveno (2015) concluded that although hope has a direct and positive effect on the adoption of health-promoting lifestyles, this relationship has a weak magnitude. Additionally hope is responsible for influencing the adolescent's ability and knowledge, as well as increasing motivation and energy, noting that high hope scores are related to high levels of involvement in self-care practices (Canty-Mitchell, 2001a, 2001b). Also, academic success (Esteves et al., 2013). Hope-interventions in adolescents with chronic conditions can help them to direct efforts to improve their quality of life, even in the face of adverse and unexpected situations (Griggs & Walker, 2016; Kim et al., 2019). A strong relation between hope and well-being was also reported (Scoloveno, 2015). However regarding the meaning of life, although hope influences the adolescent capacity to attribute meaning to events there is a moderate to weak relationship (Esteves et al., 2013).

We found no divergence in the different articles included in this review. These results ultimately provided a complementary understanding of the concept of hope in adolescents, thus serving to guide future research and its applicability in nursing practice.

With a conceptual understanding, nurses can use nursing diagnoses associated with hope and/or hopelessness in this population more accurately. It is essential to emphasize that, and it is necessary to conduct studies to assess the effectiveness of interventions that promote hope in adolescents in nursing care.

Conclusions

The results of this scoping review made it possible to map and understand existing nursing knowledge related to adolescent hope. Although most studies refer to adolescents with oncological disease, hope in adolescents with chronic disease were identified, as well as studies related to hope in adolescents in a school context, which allows for an understanding of the phenomenon in different contexts.

Thus, it was possible to systematize the idea that adolescent hope is considered a human characteristic, a quality, and an internal force, which enables adolescents to mobilize towards achieving goals and/or objectives, with special importance in their lives.

Being influenced by attitudes and/or behaviors of external people and given that nurses have a proximity and a prolonged time of contact with adolescents, they can influence their hope, noting that the behaviors/interventions performed by nurses can facilitate, promote, or inhibit the adolescent's self-support efforts. Nurses, in clinical practice, must adopt a facilitating/promoting hope-promoting behavior, aimed at increasing and maintaining hope scores, and considering, to this end, all factors of an intrinsic and extrinsic nature to the adolescent, with the order to achieve the positive results adjacent to an intervention in hope. Although this type of knowledge has been mapped, there is some ambiguity in the knowledge, so more research is suggested to clarify some relationships, namely about the understanding of the phenomenon in the different stages of adolescence, as well as its real impact that nursing interventions can have in the face of adolescent hope scores.

As limitations to the present review, the authors highlight the fact that the review only included studies in two languages, as well as the fact that most of the studies were developed in the United States of America.

The fact that most of the population refers to adolescents with oncological disease may also constitute a limitation to this review, so that future studies that include healthy adolescents may be an asset for understanding the phenomenon in a healthier perspective.

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CRedit authorship contribution statement

Ana Paramos: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Visualization, Writing – original draft, Writing – review & editing.
Cláudia Ferreira: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Visualization, Writing – original draft, Writing – review & editing.
Fernanda Loureiro: Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing.
Zaida Charepe: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Visualization, Writing – original draft, Writing – review & editing, Supervision, Validation.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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