

A Protocol Of Model Applied For Family Empowerment, Scoping Review

Yayuk Fatmawati*, Dwi Karina Ariadni, Sri Endriyani

¹Institut Teknologi Kesehatan Cendekia Utama Kudus, Central Java, Indonesia

²Faculty of Nursing Universitas Sumatera Utara, Medan, Indonesia

³Prodi Keperawatan, Department of Nursing, Poltekkes Kemenkes Palembang, Sumatera Selatan, Indonesia

*Corresponding Author: yayukf80@gmail.com

Abstract. Introduction: Family empowerment is a critical strategy in health and social care that emphasizes the capacity of families to make informed decisions, actively participate in caregiving, and improve their quality of life as well as their members. This scoping review aims to map the existing literature on models applied for family empowerment across three distinct settings: hospital, community, and community-hospital. Specifically, it seeks to identify the theoretical frameworks used, the key components of each model, and the reported outcomes on family capacity. Objective: To map and analyze the use of theoretical and conceptual models in family empowerment intervention across healthcare settings. Methods: This scoping review protocol was used according to Preferred Reporting Items for Scoping review (PRISMA-P) 2020. Data extraction and screening using EndNote software. A comprehensive literature search was conducted on May 11 – 12, 2025 no time limit. The data taken is related model/theory, family, and empowerment. Result: A comprehensive search of seven databases resulted in the identification of 595 articles. From Cochrane (163), ebsco (30), scopus (206), proquest (30), scienceDirect(51), web of science (115), and pubmed (0). From the abstract screening results, 71 articles were obtained that were eligible for full-text assessment. The review is expected to be completed and published by the end of 2025. Discussion: This study can be a valuable reference for future research endeavors, particularly those employing deductive methodologies. It offers guidance in selecting appropriate theories or models that can be applied to further studies.

Key word : [Family empowerment, Theory, Model]

INTRODUCTION

Family empowerment is a critical strategy in health and social care that emphasizes the capacity of families to make informed decisions, actively participate in caregiving, and improve the quality of life for their members. The increasing complexity of health needs, particularly in vulnerable populations, has brought attention to the importance of equipping families with adequate knowledge, resources, and autonomy. Empowerment is not merely a supportive concept-it is a necessary intervention that enables families to overcome stressors and navigate systems of care effectively (Barlow *et al.*, 2004)

Over the last few decades, various models of family empowerment have emerged across multiple care contexts, reflecting the diversity of family roles and challenges. Three particularly prominent settings where family empowerment plays a pivotal role are healthcare (especially chronic and palliative care), education (particularly for children with special needs), and community-based programs (focusing on disadvantaged or high-risk populations). Each setting presents unique stressors, cultural dynamics, and institutional frameworks, demanding tailored models of empowerment to ensure effectiveness and sustainability. (Shoghi *et al.*, 2019)

In the healthcare setting, family-centered models such as the Family-Centered Empowerment Model (FCEM) and the Family Systems Theory have been widely applied, particularly in managing chronic illnesses and end-of-life care. These models focus on building psychological readiness, improving communication with healthcare providers, and enhancing coping strategies within families (Mohammadi *et al.*, 2011; Khajeh *et al.*, 2022). In educational settings, particularly in special education, frameworks like the Family Empowerment Scale (FES) and collaborative Individualized Education Plan (IEP) meetings have been employed to ensure parental involvement, advocacy, and effective partnerships between families and educators (Singh *et al.*, 1995; Blue-Banning *et al.*, 2004).

Community-based empowerment models, on the other hand, often focus on structural barriers, such as poverty, social exclusion, and access to public services. These models adopt a more ecological approach, drawing from theories such as Bronfenbrenner's ecological systems theory or community mobilization strategies, where empowerment is seen as a tool for systemic change and increased social capital (Wallerstein, 2006; Zimmerman, 2000). Such interventions may involve peer support networks, participatory action research, or culturally adapted empowerment training to address the collective dimensions of family wellbeing.

Despite the growing number of studies addressing family empowerment, there remains a gap in synthesizing and comparing the various models used across different settings. Most literature tends to focus on a single context or population, limiting the potential for cross-contextual learning and integration. Understanding how empowerment models are conceptualized, adapted, and implemented in different environments is crucial for informing future practice, especially in culturally diverse and resource-limited settings.

This scoping review aims to map the existing literature on models applied for family empowerment across three distinct settings: hospital, community, and community-hospital. Specifically, it seeks to identify the theoretical frameworks used, the key components of each model, and the reported outcomes on family capacity. By offering a comparative perspective, this review contributes to the development of a more integrated understanding of family empowerment as a multidimensional, context-sensitive approach to improving health and social outcomes.

METHODS

Study design

This study employed an initial set of five phases: a) conceptualizing the research issue; b) identifying and accessing pertinent literature; c) choosing the appropriate study for analysis; d) organizing and recording the collected data; and e) synthesizing, summarizing, and presenting the obtained conclusion (Arksey & O'Malley, 2005).

A developed protocol including eligibility criteria, search strategies, criteria for study selection, and methods for extracting data was used according to the Preferred Reporting Items for scoping review (PRISMA-P) 2020 statement for this research. (Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, 2024) (Moraes *et al.*, 2024) The stages of the systematic scoping review are as follows:

1. Protocol and registration
No registration was carried out
2. Eligibility criteria
To be considered eligible for inclusion, studies were required to meet the following criteria:

Population

The target population comprised **families either nuclear or extended**, who have a special condition in health. No restrictions were placed on gender, socio-economic status, or cultural background. Studies involving health conditions outside this area were excluded.

Intervention

Eligible interventions were defined as **empowerment** implemented in a care location or community and an implementation model or theory.

Outcomes

The primary outcomes of interest were improvements in the **family's knowledge and skills related to caring for family members' illnesses**, as measured through validated instruments, researcher-developed questionnaires, or structured observations.

Study Design

There is no restriction on study design, qualitative, quantitative, or mixed methods. No restrictions were imposed regarding publication date. In instances of duplicate publications derived from the same dataset, the study with the **larger sample size or the most recent and comprehensive reporting** was selected for inclusion. Table 1 provides a comprehensive overview of the inclusion and exclusion criteria applied in this review, structured according to the PCC (Population, Concept, and Context) framework.

Table 1. Inclusion and exclusion criteria

PCC	Inclusion criteria	Exclusion criteria
Population	Studies involving family who have patient with special health condition (min 18 years old) participating in family empowerment programs	-
Concept	Programs focusing on family empowerment taking care patient at home (model or theory)	-
Context	English Single study	Hospital-based output

3. Information sources

The literature search was conducted across six major electronic databases: EBSCOhost, cochrain, PubMed, ScienceDirect, Scopus, and Web of Science. No restrictions were applied regarding language or publication date. The final search results were exported into EndNote, and duplicates were removed by the reviewer.

4. Search

To perform this systematic review, A comprehensive literature search was conducted on May 11 – 12, 2025, on previously published articles indexed in databases PubMed, Scopus, Web of Science, Ebsco, ScienceDirect, Cochrain, and ProQuest. Keyword subject headings provided by the database, and Boolean operators were utilized for the main concepts of “theory”, “model”, “family”, “empowerment”, and “nursing”. Searching for studies was carried out in the English language. Moreover, all reference lists of related articles were also examined in order to conclude the eligible studies, and also the recovered references were disregarded due to duplication. The titles, abstracts, as well as full texts were carefully read to remove unrelated studies with no eligibility criteria.

Table 2. Query searching the database

Publisher	Key Word	Amount
Pubmed	("Family"[Mesh]) AND ("Empowerment"[Mesh]) AND (("Models, Nursing"[Mesh]) OR ("Nursing Theory"[Mesh])) - Schema: all "Family"[MeSH Terms] AND "Empowerment"[MeSH Terms] AND ("models, nursing"[MeSH Terms] OR "Nursing Theory"[MeSH Terms])	0
Scopus	((TITLE-ABS-KEY (empowerment)) AND (TITLE-ABS-KEY (family))) AND (((TITLE-ABS-KEY (nursing)) AND (TITLE-ABS-KEY (theory))) OR ((TITLE-ABS-KEY (nursing)) AND (TITLE-ABS-KEY (model)))))	206
Woc	(AB=(family) AND AB=(empowerment)) AND (AB=(nursing) AND AB=(theory)) OR (AB=(model) AND(AB=(nursing)))	115
Ebsco	((AB family) AND (AB empowerment)) AND (((AB nursing) AND (AB theory)) OR (model) AND (AB model)))	30
Science direct	(((empowerment)) AND ((family))) AND ((((nursing)) AND ((theory))) OR (((nursing)) AND ((model)))))	51
Cohrain	(((empowerment)) AND ((family))) AND ((((nursing)) AND ((theory))) OR (((nursing)) AND ((model)))))	163
Proquest	(((empowerment)) AND ((family))) AND ((((nursing)) AND ((theory))) OR (((nursing)) AND ((model)))))	30
		595

5. Data extraction and analysis

The screening results are displayed in the prism flow diagram (Figure 1). The screening process is carried out using the PCC approach. a) population: the population that was included in the study was families (either extended or nuclear), and informal caregivers. b) content: The content used is empowerment, model, theory, and nursing. Other than that, excluded. c) context; context, in this case, is a single study, a systematic review, or a scoping review excluded.

The screening of all publications was conducted by two researchers using the EndNote platform (<https://endnote.com/>). after eliminating duplicate entries, one author thoroughly examined the article titles and abstract. The primary author subsequently assessed the suitability of the articles' full texts, considering the predetermined criteria for inclusion and exclusion. The screening procedure was enhanced by the involvement of another author, who contributed to ensuring the accuracy of the findings. In addition, any differences that arose during the process were effectively addressed through team discussions.

Following the screening procedure's completion, the incorporated research's pertinent attributes were extracted and presented in tabular form. The study characteristics included (1) the study and the location of the study, (2) the study design and target population, (3) study purposes, (4) the theory or model applied by the study, and (5) the tools used for the outcome measurement. Data extraction was carried out by the first author and then checked by 2nd author.

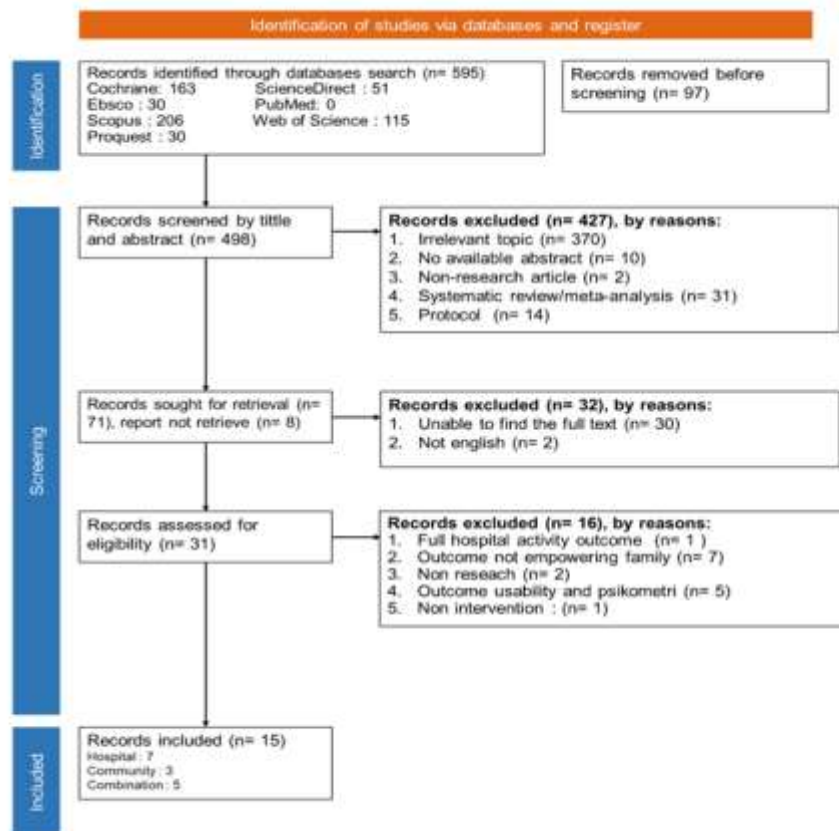


Figure 1. PRISMA Flow Diagram of Study Selection

6. Critical appraisal of individual sources of evidence

No quality appraisal was conducted.

RESULT

The initial search has been completed, and the results are being analyzed. A comprehensive search of seven databases resulted in the identification of 595 articles. From cochrain (163), ebsco (30), Scopus (206), Proquest (30), ScienceDirect (51), Web of Science (115), and PubMed (0). After duplication was removed, 498 were obtained. From the abstract screening results, 71 articles were obtained that were eligible for full-text assessment. The review is expected to be completed and published by the end of 2025.

DISCUSSION

This scoping review was conducted to synthesize evidence from previous studies on family empowerment. The review is expected to generate lessons learned that can inform the application of models or theories in family empowerment, including appropriate settings and content for these models.

This study can be a valuable reference for future research endeavors, particularly those employing deductive methodologies. It offers guidance in selecting appropriate theories or models that can be applied to further studies. However, the use of the model needs to be analyzed further to adapt to each culture because research cannot yet represent various countries in the world.

CONCLUSION

This scoping review protocol aims to comprehensively map the use of theoretical and conceptual models in family empowerment interventions across diverse healthcare and community settings. By identifying key components, applied frameworks, and measurable outcomes, this review seeks to inform the development of culturally sensitive and context-appropriate empowerment strategies for families. The findings are expected to provide valuable insights for researchers, practitioners, and policymakers in selecting and implementing suitable models that enhance family capacity and engagement in care. The completed review will also contribute to bridging knowledge gaps in the global application of family empowerment models and support future empirical studies in this field.

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