

The Role of Hope in Patients With Cancer

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Purpose/Objectives: To synthesize the literature, develop generalizations, and identify issues that should be evaluated in the future in regard to hope and patients with cancer.

Data Sources: MEDLINE®, CINAHL®, and PsycINFO databases.

Data Synthesis: Twenty-six research articles published from 1982–2005 met the criteria for review. Four major themes emerged: (a) exploring the level of hope in patients with cancer, (b) discovering how patients cope with a cancer diagnosis, (c) identifying strategies that patients with cancer commonly use to maintain hope, and (d) identifying nursing interventions used to assist patients with cancer in maintaining and fostering hope.

Conclusions: The concept of hope should be developed systematically to extend knowledge and build a logical program of research based on previous studies.

Implications for Nursing: Nurses need to develop new interventions to foster patients' hope and new instruments that can be used to measure outcomes.

Key Points . . .

- ▶ Formulating a distinctly constructive nursing care guide is vital to maintaining hope and achieving short-term goals in patients with cancer.
- ▶ Nursing interventions to enable hope need not be delivered in a formal setting; interventions can occur in patient rooms, during home visits, or at clinic appointments.
- ▶ Developing stage-specific realistic hope and enabling interventions are necessary and essential for the practice of nursing.

From the nursing point of view, hope has been described as an important coping strategy for individuals experiencing difficult situations. It provides adaptive power and allows personal adjustment during suffering (Ebright & Lyon, 2002; Herth, 1987, 1989; Herth & Cutcliffe, 2002a; Lee, 2001). Positive attitudes and thoughts, despite difficult situations, are important methods for nurturing hope (Saleh & Brockopp, 2001). Overall, hope is probably the single most important element in the lives of patients and family members struggling with a diagnosis of cancer (Hickey, 1986); therefore, enabling and maintaining a sense of hope in patients with cancer are essential for assisting them in battling illness.

To understand the role of hope in patients with cancer, a primary nursing research literature review was conducted. The purpose of this article is to synthesize conclusions from the literature, develop generalizations, and identify issues that need to be examined and perhaps reevaluated.

Scope of the Review

A comprehensive literature review was conducted using the MEDLINE®, CINAHL®, and PsycINFO online databases. Key words used when searching the databases were coping, spiritual, meaning, hope, distress factor, future orientation, empowerment, transcendent, living, and hope intervention. All key words were linked with cancers and patients with

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For centuries, cancer has been considered a deadly disease. Because of significant progress in medical knowledge and technology, early-stage cancer can be cured in many cases. Nevertheless, most patients feel devastated and frustrated when their cancer is first diagnosed, and many still must fight a very difficult battle against the disease (Lin & Bauer-Wu, 2003). Because of fear about an uncertain future, patients often begin looking to additional sources for support in handling the stress of their disease. Hope is considered an effective coping strategy for patients with cancer, providing adaptive power to help them get through the difficult situation and achieve desired goals (Ebright & Lyon, 2002; Herth, 1987, 1989). Hope often is considered an important factor in patients' personal adjustments during times of loss, uncertainty, and suffering (Herth & Cutcliffe, 2002a; Lee, 2001). However, the concept of hope has been challenging to research because of its ambiguous nature, its blend of intangibility and reality, and various individual interpretations of its meaning.

Hope generally is a desire that an individual anticipates for the future (Clarke & Kissane, 2002; Van Dongen, 1998). From a psychological perspective, hope's desires may be a lifelong pursuit. Hope reflects an individual's perceptions about his or her ability to conceptualize goals, develop strategies to reach goals, and sustain the motivation to use the strategies (Snyder, Lopez, Shorey, Rand, & Feldman, 2003). Hope typically is directed to the future and can be used in different ways. Hope also can be considered to be personal will power. In addition, if individuals have enough hope, they might change a detrimental situation or illness (Van Dongen).

cancer. The time frame for the literature search ranged from 1982–2005.

The literature review focused on primary nursing research reports of hope and patients with cancer. Some retrieved articles were excluded from the literature review because (a) the study participants were healthcare professionals, family members, or family caregivers rather than patients with cancer; (b) the study focused on the relationships between the hope concept and an illness other than cancer; or (c) the study focused on the development of an instrument to measure hope, an intervention program, or cancer medication testing. The selection criteria therefore were limited to articles that reported on nursing research if its main variables were associated with hope in terms of meaning, perception, or strategies and outcomes or whose research design used qualitative or quantitative methodologies with adolescents, adults, or older patients with cancer in the hospital, clinic, or home setting.

Results

Hope is a profound feature of human life and allows the living to keep on living and the dying to die more easily and with dignity. Nurses have great influence on patients' and families' concepts of hope because of their professional roles (Hickey, 1986). Nurses often are expected to provide emotional support to patients who have life-threatening illnesses, but the number of articles, empirical investigations, or clear guidelines on the clinical significance of hope in nursing was limited (Young-Brockopp, 1982). However, nurses began to ask what critically ill patients needed. An important study in 1982 identified patients' five major needs: hope, honesty, information, emotional expression, and discussion of issues related to death and dying (Young-Brockopp).

Since that time, hope has been seen as an important need of patients with cancer. From the mid-1980s to the early 1990s, researchers began to elaborate, explore, describe, enable, assess, and measure the concept of hope in patients with cancer (Dufault & Martocchio, 1985; Hickey, 1986; Miller & Powers, 1988; Nowotny, 1989; O'Connor, Wicker, & Germino, 1990). Twenty-six research articles from that period were closely related to the concept of hope in patients with cancer. Four major themes emerged from the research articles: (a) exploring the level of hope in patients with cancer, (b) discovering how patients cope with a cancer diagnosis, (c) identifying strategies that patients with cancer commonly use to maintain hope, and (d) identifying nursing interventions used to assist patients with cancer in maintaining and fostering hope (see Table 1). The topics matched Herth and Cutcliffe's (2002b) four hope concept areas of assessment, structure, enhancement, and potential outcomes on which to focus further exploration.

Exploring the Level of Hope in Patients With Cancer

Eight research articles addressed the level of hope in patients with cancer. Brockopp, Hayko, Davenport, and Winscott (1989) studied 56 adult patients with cancer to explore the relationships between levels of perceived personal control and the need for hope and information. The researchers found a significant correlation between perceived levels of control and hope; however, they suggested that programs for providing individualized control needs should be assessed cautiously and plans for developing hope interpreted carefully.

McGill and Paul (1993) explored levels of hope by studying the relationships and differences in hope as well as functional status in older adults with and without cancer. All 174 patients ($n = 86$ with cancer and $n = 88$ without cancer) were 65 years or older. The researchers found that declining physical health was a threat to hope and that lower socioeconomic conditions also might threaten hope. However, age, gender, and the cancer diagnosis were not related to the level of hope among the subjects.

Ballard, Green, McCaa, and Logsdon (1997) compared levels of hope in 20 patients with newly diagnosed cancer and 18 patients with recurrent cancer. The participants had a mean age of 56 years. The patients in the two groups did not differ regarding their levels of hope. Married individuals had more hope, indicating that social support might be an important factor in enabling hope.

Moadel et al. (1999) studied 248 patients with cancer who were 18 years or older. Forty-one percent of the participants wanted help in finding hope, which was the second-highest score in their needs assessment. The highest score was the need to overcome fears (51%). The study offered insights into the nature, prevalence, and sociodemographic correlates of spiritual and existential needs, but it did not provide a complete context and system for measuring and interpreting the needs.

In a study of 131 patients with recently diagnosed cancer, Rustoen and Wiklund (2000) found that most were hopeful or moderately hopeful. The most positive contributing variable to hope was whether the patient lived alone. Younger patients in particular experienced less hope when they lived alone. Age, education level, and type of cancer also were significantly associated with maintaining hope. No intervention was suggested to maintain hope.

Lee (2001) noted that fatigue and hope were significantly associated in 122 Korean women with breast cancer. However, the relationship between fatigue and hope was barely addressed. The main finding was that fatigue has a negative influence on psychosocial adjustment, suggesting that clinicians should carefully assess fatigue prior to treatment.

Lin et al. (2003) explored the relationships among disclosure of diagnosis, hope, and the length of time since diagnosis in 124 Taiwanese patients with cancer. The patients' level of hope decreased as the time between the cancer diagnosis and disclosure increased. When treatment becomes lengthy and possibly ineffective, patients may lose hope.

Chen (2003) studied 226 patients with a variety of different cancers and concluded that the disease stage did not influence levels of hope. No difference was found between levels of hope for patients with pain and for those without pain. The researcher indicated that cognition had a role in promoting psychological well-being.

Discovering How Patients Cope With a Cancer Diagnosis

Six research articles addressed how patients cope with a cancer diagnosis. Herth (1989) investigated the relationship between hope and coping among 120 adult patients undergoing chemotherapy in hospital, outpatient, and home settings. A significant relationship existed between the level of hope and the level of coping among participants in all three settings. Religious convictions and family support were significant factors in hope and coping regardless of setting.

Mickley and Soeken (1993) compared religiousness and hope among 25 Hispanic American and 25 Anglo American

Table 1. Summary of Literature Reviewed

| Study | Purpose | Population | Research Design | Instrument or Method Used | Research Findings |
|---|---|---|---|--|---|
| Theme: Exploring the Level of Hope in Patients With Cancer | | | | | |
| Brockopp et al., 1989 | To examine the relationship between levels of perceived personal control and the need for hope and information | 56 adult patients with cancer who were 20 years or older | Quantitative study | Needs Assessment Inventory and Spheres of Control Scales | Significant correlations were found between perceived personal control and hope; the strategies used by patients to maintain control can be an important component in planning care. |
| McGill & Paul, 1993 | To explore the relationships and differences in hope and functional status in older adults with and without cancer | 174 older adults with (n = 86) and without (n = 88) cancer | Quantitative study | Philadelphia Geriatric Center's Multilevel Assessment Instrument and the Miller Hope Scale | Declining physical health is a threat to hope, and lower socioeconomic status might be a threat to hope; however, age, gender, and diagnosis of cancer were not related to the level of hope. |
| Ballard et al., 1997 | To compare levels of hope in patients with newly diagnosed or recurrent cancer | 38 adults with newly diagnosed (< 6 months) cancer (n = 20) or recurrent (< 6 months) cancer (n = 18) | Descriptive study | Herth Hope Scale; subjects also answered the question, "What gives you the most hope at the present time?" | Patients with newly diagnosed cancer and recurrent cancer did not differ in their levels of hope. |
| Moadel et al., 1999 | To identify the nature, prevalence, and correlates of spiritual or existential needs, such as the meaning of life and death and hope, among patients with cancer | 248 ethnically diverse, urban patients with cancer | Quantitative study | A self-report needs assessment survey of 34 items with four categories of needs: supportive, spiritual, educational, and practical | A third of the patients reported unmet spiritual or existential needs. Patients reported wanting help in overcoming fears, finding hope, talking about peace of mind, finding meaning in life and death, and identifying spiritual resources. |
| Rustoen & Wiklund, 2000 | To describe the level of hope in patients with recent cancer diagnoses | 131 Norwegian adult patients who were diagnosed in the previous year and had a life expectancy of one to two years | Quantitative study | Nowotny Hope Scale, a 29-item scale using four-point Likert format | Eighty-seven percent of the sample felt hopeful or moderately hopeful, and none reported hopelessness. |
| Lee, 2001 | To discover the relationship of fatigue and hope to psychosocial adjustment | 122 Korean women with breast cancer who received postsurgical chemotherapy or radiation | Cross-sectional study | Psychosocial Adjustment to Breast Cancer Factor, Herth Hope Index, and the Piper Fatigue Scale | The management of fatigue has not been a primary focus in oncology clinics. Fatigue has a negative influence on psychosocial adjustment. Hope was a significant factor affecting adjustment. |
| Lin et al., 2003 | To examine the relationship between cancer diagnosis disclosure and levels of hope | 124 Taiwanese patients with cancer | Cross-sectional and descriptive correlational study | Herth Hope Index, a 12-item adapted version in Mandarin Chinese | Seventy-nine percent of the patients who had been told about their diagnosis tended to experience higher levels of hope. |
| Chen, 2003 | To examine the effect of disease status on hope, to compare levels of hope between patients with cancer who have pain and those who do not, and to determine which dimensions of pain are related to hope | 226 Taiwanese patients with cancer who were 18 years or older, were aware of their diagnoses, and did not have brain metastasis | Quantitative study | Herth Hope Scale, Pain Assessment Form, Perceived Meaning of Cancer Pain Inventory, and the Karnofsky Performance Scale | Patients' disease stage did not affect their level of hope; no difference in the level of hope was found between patients with pain and those without pain. |

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Table 1. Summary of Literature Reviewed (Continued)

| Study | Purpose | Population | Research Design | Instrument or Method Used | Research Findings |
|---|--|---|--|--|--|
| Theme: Discovering How Patients Cope With a Cancer Diagnosis | | | | | |
| Herth, 1989 | To investigate the relationship between hope and coping in patients with cancer | 120 adult patients undergoing chemotherapy in a hospital, outpatient, or home setting | Descriptive study | Herth Hope Scale and the Jalowiec Coping Scale | The relationship between level of hope and level of coping was significant among subjects in all three settings; strength of religious convictions and performance of family role responsibilities were significantly related to hope and coping regardless of setting. |
| Mickley & Soeken, 1993 | To compare religiousness and hope among Hispanic and Anglo American women with breast cancer | 25 Hispanic and 25 Anglo American women with breast cancer who were 21 years or older | Quantitative | Feagin Intrinsic/Extrinsic Scale and the Nowotny Hope Scale | Intrinsic religiousness in Hispanic women was important in terms of religious well-being, or the relationship with God, but extrinsic religiousness did not differentially relate to existential well-being or hope; in Anglo Americans, intrinsic religiousness was a stronger predictor of hope and religious and existential components of spiritual well-being than extrinsic religiousness. |
| Fehring et al., 1997 | To determine the relationships among well-being, religiosity, hope, depression, and other mood states in older adults coping with cancer | 100 older adults with cancer with a mean age of 73 | Descriptive correlational and descriptive comparison study | Intrinsic/Extrinsic Religiosity Scale, Spiritual Well-Being Index, Miller Hope Scale, Geriatric Depression Scale, Profile of Mood States, and Symptom Distress Scale | Intrinsic religiosity, spiritual well-being, hope, and other positive mood states were positively correlated; intrinsic religiosity and spiritual well-being were associated with hope and positive mood states in older people coping with cancer. |
| Benzein et al., 2001 | To illuminate meaning of the lived experience of hope in patients with cancer | 11 patients receiving palliative care at home | Qualitative study | Narrative interviews (phenomenologic-hermeneutic method) | Findings revealed tension between hope for getting cured and reconciliation with life and death. Hope is a dynamic experience, important to a meaningful life and dignified death for patients suffering from incurable cancer. |
| Stanton et al., 2002 | To test coping strategies and hope to predict adjustment following diagnosis through the first year | 70 women with stage I–II breast cancer | Longitudinal study | Hope Scale and COPE, a 60-item inventory tapping 15 coping strategies | Coping strategies interacted significantly with hope to predict adjustment over time. Coping through active acceptance predicted more positive adjustments, and coping through conversion to religious beliefs was more effective to less hopeful women. |
| Felder, 2004 | To explore hope and coping in patients with various cancer diagnoses | 183 patients with gastrointestinal or genitourinary, breast, head and neck, or hematologic malignancies | Descriptive correlational study with four groups | Herth Hope Scale and the Jalowiec Coping Scale | The level of hope was high in patients who knew their advanced stage of disease and coped well with their cancer; patients who were able to identify effective coping styles had a higher level of hope and vice versa. |

Theme: Identifying Strategies That Patients Commonly Use to Maintain Hope

| | | | | | |
|----------------------|--|---|---|--|--|
| Hinds & Martin, 1988 | To explore the process of achieving hopefulness in adolescents with cancer | 58 adolescent patients aged 12–18 years | Qualitative study using grounded theory | Interview, observation, and review of health records | Nine mental strategies were mentioned, including thinking “it could always be worse,” I’ve “made it this far,” “God will take care of me,” and “others have hope for me.” The remaining helpful strategies were looking forward to normalcy, cognitive clutter, doing something, looking back, and knowledge of survivors. |
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Table 1. Summary of Literature Reviewed (Continued)

| Study | Purpose | Population | Research Design | Instrument or Method Used | Research Findings |
|-------------------------|---|---|--|---|---|
| Ersek, 1992 | To explore the process of maintaining hope in adults with leukemia undergoing bone marrow transplantation | 10 men and 10 women aged 20–58 years | Qualitative study, exploratory-descriptive design with grounded theory methodology | Participants were interviewed three times in their private inpatient rooms or in a small interview room in the outpatient department. | Several coping strategies used by the patients were mentioned, including seeing the disease as a challenge, avoiding thinking about the negative, limiting emotional response, maintaining control, fighting the illness, minimizing uncertainty, living day to day, and maximizing personal strength. |
| Raleigh, 1992 | To identify and distinguish sources of hope for patients with cancer and patients with other chronic illness | 45 patients with cancer and 45 patients with other chronic illnesses | Descriptive study | Semistructured interview and Sources of Support Interview Schedule, a 23-item interview guide developed by the investigator | Common sources for supportive hopefulness were family, friends, and religious beliefs; strategies that patients used to raise hopes were keeping busy, praying or seeking religion, thinking about other things, talking to others, reading, and expressing emotions. The author did not clearly identify a difference in hope level between the two groups. |
| Post-White et al., 1996 | To explore patients' meaning of hope and strategies used to sustain hope while facing cancer | 23 adults with cancer receiving active or supportive treatment or palliative care | Descriptive, using triangulated qualitative and quantitative techniques | Semistructured interview tool, Herth Hope Scale, Spirituality Index, Antonovsky's Sense of Coherence Scale, and Quality-of-Life Tool | Five recurring themes of hope were identified: finding meaning, affirming relationships, using inner resources, living in the present, and anticipating survival; most participants believed that spiritual beliefs and relationships were important to their hope, although the components were not consistently measured in hope scales. |
| Saleh & Brockopp, 2001 | To discover strategies used by patients with cancer to sustain and foster hope | Nine adult patients with cancer hospitalized for bone marrow transplant | Phenomenologic-hermeneutic approach | One-time semistructured interview using open-ended questions | Six strategies were used to foster hope: feeling connected with God, affirming relationships, staying positive, anticipating survival, living in the present, and fostering ongoing accomplishments. |
| Buckley & Herth, 2004 | To investigate the meaning of hope and identify strategies that terminally ill patients used to maintain and foster hope during the final stage of life | 16 adult patients with cancer receiving palliative care | Cross-sectional and longitudinal study | Background data form, Herth Hope Index, and a semistructured interview | Seven hope-fostering categories were found: love of family and friends, spirituality or having faith, setting goals and maintaining independence, positive relationships with professionals, humor, personal characteristics, and uplifting memories. Three hope-hindering categories were abandonment and isolation, uncontrollable pain and discomfort, and devaluation of personhood. |
| Duggleby & Wright, 2004 | To describe perceptions of hope-fostering strategies of older adults with cancer receiving palliative home care | 10 patients with cancer receiving palliative care at home | Qualitative thematic research design | Face-to-face audiotaped interviews conducted in participants' homes | Participants described hope for not suffering more, living life to the fullest in the little time left, a peaceful death, life after death, and hope for better life in the future for their families. Themes of fostering hope were leaving a legacy, achieving short-term goals, turning the mind off, having supportive family and friends, using symbols of hope, having positive thoughts, getting honest information, and controlling symptoms. |

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Table 1. Summary of Literature Reviewed (Continued)

| Study | Purpose | Population | Research Design | Instrument or Method Used | Research Findings |
|---|--|--|---|---|---|
| Theme: Identifying Nursing Interventions Used to Assist Patients With Cancer in Maintaining and Fostering Hope | | | | | |
| Yancey et al., 1994 | To determine whether attending a camp for adults with cancer had an effect on campers' hope, perception of social support, use of coping strategies, and mood states | 32 patients with cancer who were first-time campers; predominately middle-aged, married women within one year of diagnosis | Pre- and post-test; no control group | Herth Hope Scale, Interpersonal Support Evaluation List, Coping Response Scale of the Health and Daily Living Form, and linear analog self-assessment scale | No significant differences existed in hope, perceived social support, or coping strategies prior to and after camp attendance; campers were significantly less angry and less energetic after attending camp. |
| Koopmeiners et al., 1997 | To explore whether healthcare professionals influence the level of hope in patients with cancer and, if so, how | 32 adults with cancer receiving active or supportive treatment or palliative care | Descriptive qualitative design | 20-item semistructured interview tool | Nurses can increase patients' hope by being present, taking the time to talk, and being helpful. Nurses must provide information and answer questions in a compassionate, honest, and respectful manner. Caring behaviors such as making thoughtful gestures, showing genuineness, and being friendly also increase patient hope. |
| Rustoen et al., 1998 | To evaluate the effect of a nursing intervention on hope and quality of life in patients with cancer | 96 Norwegian adults with newly diagnosed cancer | Randomly assigned experimental design with three groups | Nowotny Hope Scale, Ferrans and Powers Quality-of-Life Index, and the Cancer Rehabilitation and Evaluation Systems, Short Form | Level of hope significantly increased for members of the hope intervention group just after intervention but not after six months. Despite patients' positive evaluations of the intervention, no effect was reported on quality of life. |
| Herth, 2000 | To determine whether a nursing intervention would positively influence levels of hope and quality of life in patients with cancer | 115 people with first recurrence of cancer | Quasi-experimental study | Herth Hope Index and the Cancer Rehabilitation and Evaluation Systems, Short Form | Patients in the hope intervention program had significantly higher mean scores on hope than participants in informational and control groups after the intervention; quality of life was significantly higher in the hope intervention group than in the other two groups. Hope was assumed to be an important coping strategy for enhancing quality of life. |
| Herth, 2001 | To describe the development and evaluation of the Hope Intervention Program (HIP), designed to enhance hope, based on Hope Process Framework | 38 adults with first recurrence of cancer | Descriptive and evaluative | Questionnaire completed at the end of the last HIP session and at three, six, and nine months | HIP has the potential to positively influence hope, and it supports the strategic vital role that nurses play in implementing research-based strategies designed to engender hope in their patients and prevent hopelessness. |

women with breast cancer. Intrinsic religiousness (e.g., a relationship with God) in Hispanic women was very significant in terms of religious well-being. Among the Anglo American women, intrinsic religiousness was a stronger predictor of hope. Therefore, religion and belief may affect the spiritual and psychological health of female patients.

Fehring, Miller, and Shaw (1997) evaluated the differences in spiritual well-being, religiosity, hope, depression, and other mood states in 100 older adults with cancer. Intrinsic religiosity and spiritual well-being were associated with hope and positive mood states and aided older adults in coping with cancer more effectively.

Benzein, Norberg, and Saveman (2001) explored the meaning of the lived experience of hope in 11 patients with cancer

receiving palliative care at home. They found that hope was a dynamic experience that was important to having a meaningful life and a dignified death. Patients discussed their hope of living as normally as possible and talked about their philosophy for reconciling life and death.

Stanton, Danoff-Burg, and Huggins (2002) studied hope and coping strategies as predictors of adjustment among 70 women in their first year after a breast cancer diagnosis. Coping through active acceptance predicted more positive adjustments. Coping through conversion to religious beliefs was more effective to less hopeful women.

Felder (2004) studied hope and coping among 183 patients with cancer. Patients who knew their advanced stage of disease and coped effectively with cancer had high levels

of hope. Patients who were able to identify effective coping styles had a higher level of hope and vice versa.

Strategies Commonly Used to Maintain Hope

Seven applicable research articles addressed the strategies patients used to maintain hope. Hinds and Martin (1988) explored the process of achieving hopefulness in adolescents with cancer. Fifty-eight patients aged 12–18 years were interviewed and observed. Among the nine mental strategies mentioned in the study, four sequential concepts emerged: thinking “it could always be worse,” “[I’ve] made it this far,” “God will take care of me,” and “others have hope for me.” The remaining helpful strategies were looking forward to normalcy, cognitive clutter, doing something, looking back, and knowledge of survivors.

Ersek (1992) explored the process of maintaining hope in adults undergoing bone marrow transplantation for leukemia. The researcher interviewed 10 men and 10 women aged 20–58 years. The patients used several coping strategies, such as seeing the disease as a challenge, avoiding thinking about the negative, limiting emotional responses, maintaining control, fighting the illness, minimizing uncertainty, living day to day, and maximizing personal strength.

Raleigh (1992) postulated that hope was an important strategy for patients coping with chronic illness. The study examined whether sources of hope differed between 45 patients with cancer and 45 patients with other chronic illnesses. The most generally reported sources for supportive hopefulness were family, friends, and religious beliefs. The strategies that patients used to raise their hopes were keeping busy, praying or seeking religion, thinking about other things, talking to others, reading, and expressing emotions.

Post-White et al. (1996) explored 23 patients’ meaning of hope and the strategies used to sustain hope while facing cancer. Five recurring themes of hope were identified: finding meaning, affirming relationships, using inner resources, living in the present, and anticipating survival. The majority of participants believed that spiritual beliefs and relationships with family members were significant to their hope.

Saleh and Brockopp’s (2001) study found six strategies used by nine patients to sustain and foster hope during preparation for bone marrow transplantation. The strategies were feeling connected with God, affirming relationships, staying positive, anticipating survival, living in the present, and fostering ongoing accomplishments.

Buckley and Herth (2004) investigated the meaning of hope and identified strategies that patients used to maintain and foster hope during the final stage of life. Sixteen terminally ill patients indicated that hope remained present regardless of the nearness to death. The seven hope-fostering categories were love of family and friends, spirituality or having faith, setting goals and maintaining independence, positive relationships with professional caregivers, humor, personal characteristics, and uplifting memories. In addition, three hope-hindering categories—abandonment and isolation, uncontrollable pain and discomfort, and devaluation of personhood—also were identified.

Duggleby and Wright (2004) interviewed 10 older adults to reveal hope-fostering strategies. The participants described hope for not suffering more, living life to the fullest in the little time left, a peaceful death, belief in life after death, and the desire for a better life in the future for their families. Hope-fostering themes such as leaving a legacy, achieving

short-term goals, “turning your mind off,” supportive family and friends, symbols of hope, positive thoughts, honest information, and symptom control were articulated.

Assisting Patients to Maintain and Foster Hope

Five research articles addressed interventions to help patients maintain hope. Yancey, Greger, and Coburn (1994) investigated whether attendance at a camp for adults with cancer affected campers’ hope, perception of social support, use of coping strategies, and mood states. Thirty-two patients participated in the study. The researchers found no significant differences in hope, perceived social support, or coping strategies prior to and after camp attendance, but campers were significantly less angry and less energetic after attending camp. The researchers suggested that cancer camp may improve the quality of life for adults with cancer but indicated that more study was needed. The study did not mention any details regarding the intervention program used at the camp.

Koopmeiners et al. (1997) explored whether healthcare professionals influenced the level of hope in 32 patients with cancer and, if so, how. They found that healthcare professionals influenced hope in positive and negative ways. Hope was supported by being present, giving information, and demonstrating caring behaviors. Nurses could raise patients’ hope by taking the time to talk, being helpful, and providing information and answering questions in a sympathetic, positive, truthful, and respectful manner. Caring behaviors such as making considerate gestures, showing warmth, and being friendly also improved hope levels for patients. Negative influences on hope primarily concerned the method with which healthcare professionals gave information.

Rustoen, Wiklund, Hanestad, and Moum (1998) administered an experimentally designed hope intervention to 96 adult patients, most of whom were women with breast cancer. The researchers found that the intervention increased the level of hope but had no effect on quality of life. In addition, the increase in level of hope did not last six months.

Herth (2000) conducted a quasi-experimental study seeking to determine whether a specific nursing intervention designed to increase hope levels would positively influence hope and quality of life in 115 patients with recurrent cancer. The participants were randomly assigned to one of three groups: treatment (hope intervention), attention control (informational intervention), or control (usual treatment). The findings indicated that participants in the hope program had significantly higher mean scores on hope than the participants in the informational and control groups at two weeks and three, six, and nine months after the intervention. Quality of life was significantly higher for the hope intervention group than for the other two groups at all time points. Hope was assumed to be an important coping strategy for enhancing quality of life.

Herth (2001) described the development and evaluation of an eight-session hope intervention program administered to 38 adults with recurrent cancer. The intervention, based on the Hope Process Framework, positively affected the participants’ rebuilding and maintenance of hope.

Summary of Research Findings

The literature review revealed several significant findings regarding levels of hope in patients with cancer. The level of

hope apparently is not related to cancer stage, and most of the patients who participated in the research studies wanted help finding or increasing hope, regardless of their disease stage. Patients' perception of their level of control was significantly correlated with their level of hope. However, declining physical well-being, low socioeconomic status, physical or psychological fatigue, increasing disease disclosure, and prolonged treatment are potential threats to hope. Interestingly, pain level was not correlated with level of hope.

Level of hope was significantly related to the level of coping. Patients with a high level of hope coped with the disease more effectively through active acceptance, normal living, and reconciling with life and death. Religion was a strong predictor of effective coping and positive adjustments to illness.

Patients identified many strategies to foster and maintain hope during their illness. The most common strategies used were religion and prayer, living in the present or living day to day, relationships and talking with others, situation control and symptom control, positive thinking, and uplifting memories. Other strategies mentioned included maximizing personal strength, minimizing uncertainty, looking forward to normalcy, limiting emotional responses, fostering ongoing accomplishment, and anticipating survival.

Articles describing interventions used to assist patients in maintaining and fostering hope indicated that caring behaviors by nurses, such as showing warmth and genuineness, being friendly and polite, and using thoughtful gestures, could significantly increase patients' hope. Nurses can help patients to foster, maintain, and rebuild hope through caring behaviors and with specific interventions. The most important finding was that nursing intervention programs demonstrated positive effects on hope, inspiring strength to foster, maintain, and rebuild hope in patients for a certain period after implementation.

The findings form an essential base of knowledge for further exploration of hope in life-threatening disease. The nursing community has accepted and identified hope as a practical, meaningful, and useful coping mechanism during times of difficulty, loss, distress, and uncertainty (Brant, 1998; Herth, 2001; Owen, 1989; Rustoen, 1995). The nursing community considers hope to be a significant factor in managing and dealing with the disease process (Herth, 1989; Rustoen) and enhancing quality of life (Felder, 2004; Post-White et al., 1996). Future nursing research on patient hope should focus on developing a well-defined nursing intervention program to promote hope (Herth, 2001; Koopmeiners et al., 1997).

Gaps in Nursing Research

Despite accumulating literature, several gaps exist in nursing's understanding of patients' hope. As previously described, research exploring levels of hope in patients with cancer found that the level of hope is related to physical and psychological factors. However, none of the studies identified in the review built on previous work or added to existing knowledge. Researchers do not know whether hope varies by cancer type or stage. Do patients with early-stage disease have higher levels of hope? Does the level of hope vary depending on culture or socioeconomic status? Does antidepressant medication increase the level of hope? Systematically and

logically exploring the concepts will build knowledge, and research methodologies should be similar for most types of cancers, simplifying the process.

The literature reviewed clearly shows that patients who have a higher level of hope cope with illness more effectively. Future research should explore whether hope and hope levels can be defined in some way other than as a correlative of general coping mechanisms. Hope may be redefined, for example, as a unity of human experiences lived from different perspectives (Wang, 2000). Hope could be defined as a personal meaningful choice that individuals make in significant life situations (Tomey & Alligood, 1998). Nurse researchers may try to close the gap by searching for other methods or developing different tools to assess hope in different dimensions of personal meaning. The framework of hope can be developed systemically and logically by applying different nursing theories to broaden the concept and testing the effectiveness of theories with diverse sample groups and healthcare settings.

The research cited describes many strategies used by patients to maintain hope. The reports challenge the nursing profession to develop methods to encourage patients to construct appropriate strategies to enable and maintain hope. One approach might be to examine the strategies used by patients in different settings, such as postsurgery, critical care units, palliative care units, or home care, to examine how individual needs and meanings of hope vary. For example, systematically identified strategies always used by patients in an intensive care unit (ICU) of a cancer hospital could be applied to patients with low levels of hope in an ICU to test whether the strategies enable those patients to hope. The strategies that are used in the ICU may be less suitable in palliative care; therefore, palliative care nurses have to identify strategies for their patients in their own units and test their usefulness. The same approach could be expanded to children with cancer. For example, what are age-appropriate strategies that children can use to cope with their disease? Pediatric nurses have to identify the strategies in qualitative research and then test the strategies for effectiveness. Researchers may need to develop research tools for children with cancer to assess their hope before identifying the strategies because few tools have been developed for use with children (Herth & Cutcliffe, 2002b).

Although several of the reviewed studies showed that nursing interventions had a positive influence on levels of hope in patients with cancer, research on the relationship between hope interventions and outcomes still is limited (Herth & Cutcliffe, 2002b). What is the outcome, physical or psychological, that the concept of hope is influencing? How do nurses effectively improve the level of hope in their patients and their settings? When is the appropriate time for nurses to intervene to encourage hope in patients? What kind of nursing intervention, in terms of short- or long-term goals, is more appropriate to their patient groups? Many gaps in the knowledge need to be filled. The approach to closing the gaps must be developed systematically to test nursing interventions that are suitable for different stages of illness, settings, populations, and culture groups. Nursing interventions to enable hope do not need to be held in formal classrooms; they can be conducted in patients' rooms, during home visits, or at clinic appointments. Formulating a distinctly constructive nursing care guide and pattern for

daily nursing practice is essential to maintain hope as part of daily living and to achieve short-term goals. A clear outline and delineation of the nursing steps to encourage hope for different settings and different groups are needed, followed by systematic evaluation of outcomes by making comparisons between patients with the hope intervention and those without the hope intervention. Concrete technologies, such as laboratory work or blood testing, may measure objective biophysical-based results of hope interventions in the future.

Conclusion

The concept of hope has been defined in the nursing literature and has been demonstrated and documented to improve patients' quality of life. Nevertheless, the concept of hope in illness and its meaning in different groups, settings, and cul-

tures should be explored. The concept should be developed by a systematic method to extend and accumulate knowledge, as well as to build a logical and rational sequence of investigations based on previous research studies. Nursing research faces the challenge of exploring and developing new interventions that foster and maintain patients' hope, as well as developing new instruments that can be used to evaluate and measure potential outcomes. Development of stage-specific and realistic hope-enabling interventions is necessary and essential for practice in nursing. Most of all, "A science of hope is necessary to ensure a credible practice of hope so as to maximize our ability to use hope ethically and constructively" (Herth & Cutcliffe, 2002b, p. 1404).

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