



Fostering Hope in the Patient With Cancer

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When a patient is diagnosed with cancer, feelings such as fear, anxiety, and hopelessness can negatively affect a person's frame of mind. Hope can help a patient decrease anxiety and increase quality of life. Nurses should assess hope, provide interventions, be empathetic, listen, and treat patients with dignity to help improve hope and quality of life. This article features how hope can have a positive impact and provides specific information about how nurses can promote and foster hope in patients with cancer.

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Cancer can invoke fear and devastation, as well as cause physical and emotional changes to the person diagnosed with cancer (Mattioli, Repinski, & Chappy, 2008). Hope can be defined as a feeling of desire that something can be had or will happen (Cambridge Dictionaries Online, 2013). In nursing, hope is defined as a power that helps a person adapt to a situation, such as during suffering. Hope is an aspiration that an individual looks for in the future and an effective coping strategy in individuals diagnosed with cancer (Chi, 2007). Hope also provides individuals with a reason for living, maintaining high self-esteem, and helping to discover a meaning to their cancer diagnosis (Mattioli et al., 2008). Studies have suggested that people who have hope are more likely to develop meaningful coping strategies during cancer treatment, improving quality of life (QOL) (McLean, 2011).

The Cancer Diagnosis

A cancer diagnosis is scary for patients and their families. Patients may become

hopeless when faced with a cancer diagnosis, its treatment and side effects, and the possibility of dying. Hopelessness can lead to detachment, depression, and even giving up (Sachs, Kolva, Pessin, Rosenfeld, & Breitbart, 2013). A new diagnosis of cancer puts patients at risk for unstable mood, anxiety, depression, and anger (Landmark, Böhler, Loberg, & Wahl, 2008). Hopelessness can be a symptom of depression, and without hope, psychological symptoms may present and mental well-being may decline (Herth, 1995; Sachs et al., 2013).

Patients reported that when they experienced pain or other poorly controlled side effects, they felt a sense of hopelessness and depression (Sachs et al., 2013). However, when pain is controlled, patients reported feeling a better sense of hope. Even when patients were referred to hospice for pain control, feelings of hopelessness improved and an increased sense of hope was reported (Sachs et al., 2013). Increased fatigue also has a negative impact on a patient's level of hope. Patients who reported persistent fatigue

that interfered with their daily life also reported lower levels of hope (Shun, Hsiao, & Lai, 2011).

Hope can help patients cope with a cancer diagnosis. Hope in patients with cancer provides an increased sense of well-being, a positive outlook on a cancer diagnosis, and a reason for living (Saleh & Brockopp, 2001). Hope can allow a person to adapt during a period in their life when they may be suffering (Kavradim, Özer, & Bozcuk, 2013). Hopelessness has been associated with an eagerness for accelerated death and a lower QOL (Sachs et al., 2013). However, hope can provide patients with a positive sense of physical and mental well-being (Herth, 2000).

Assessment of Hope

The Herth Hope Index (HHI) assesses the levels of hope in patients. Although the HHI is not the only scale created to assess hope, it has been widely used in the literature and is designed for patients who are critically ill. The HHI consists of 12 questions and uses a four-point Likert-type scale. Scores range from 12–48, with higher scores indicating higher levels of hope (Herth, 2000; Rustøen, Cooper, & Miaskowski, 2011). Using the HHI, nurses can evaluate patients at various points in their cancer journeys. The HHI is an easy, consistent assessment tool used all over the world, and it has been translated into five languages (Herth, 2000).

QOL also may be assessed with patients' hope levels. QOL and hope have been linked together and are shown to be part of an important coping strategy (Rustøen, Wiklund, Hanestad, & Moum, 1998). Many tools exist that assess a patient's QOL, including the Quality of Life Index and the Cancer Rehabilitation