The Changing Hope Trajectory in Patients With Advanced-Stage Cancer: A Nursing Perspective

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As patients with advanced-stage cancer move from the initial diagnosis through treatment, remission, recurrence, and advanced-stage disease, the hope trajectory undergoes a dynamic transformation. By identifying the hope trajectory, nurses can help patients focus on obtainable hope objects while balancing the need to present a realistic prognosis. This, in turn, may help patients find meaning and purpose in advanced-stage cancer and facilitate realistic hope when faced with a life-threatening illness.

Hope trajectories and hope objects vary for every patient. M.J. is a 56-year-old Caucasian woman with a past medical history of right-side ductal carcinoma in situ. Initially, she had a lumpectomy followed by radiation therapy, resulting in a cancer-free period of four years. She returned to her work as a high school teacher with regular follow-up appointments and mammograms as prescribed. During this time, M.J.’s hope trajectory was hope for cure and to continue with her precancerous life.

In the fifth year after M.J.’s initial diagnosis, she had a screening mammogram that revealed a suspicious mass in her right breast. A breast biopsy confirmed it to be invasive breast cancer, which would be treated with surgery and chemotherapy. The hope object changed from cure and being cancer-free to the hope that the newly prescribed treatment will be successful. However, after 24 months, M.J. began to lose weight and experience new lower back pain. A bone scan revealed suspicion of a metastatic bone lesion, which was then confirmed by biopsy. As a new treatment regimen began, the hope trajectory changed once again. The patient hoped for a control of the disease that would result in continued longevity.

Despite receiving several different chemotherapy treatments in a 21-month period, M.J.’s metastatic disease continued to progress. As the symptoms worsened, she decided to discontinue active chemotherapy and begin palliative treatment. The hope trajectory again changed as the patient faced her progressive and terminal illness. Pain relief, the desire to find comfort with family and friends, and finding acceptance and meaning in her upcoming death became her final hope objects.

Hope Trajectory

Hope is a major factor in the lives of patients with cancer; however, hope is not constant and changes as the disease status changes (Daneault et al., 2010). The hope trajectory is the state of desiring an identified possible event or future outcome, which then becomes the hope object. The hope trajectory is the changing pattern the hope object takes as the cancer progresses. To qualify as a hope object, the desired object or outcome must be possible to obtain but not guaranteed to occur (Whitney, McCullough, Frugé, McGuire, & Volk, 2008). The path of the patient’s hope trajectory will dictate his or her ability to cope with the status of the disease.

Nurses should be aware of each individual patient’s changing hope trajectory and its meaning for that patient. A comprehensive psychosocial nursing assessment should identify the individual patient’s hope trajectory, as well as assess for realistic and unrealistic hope. This information then becomes the basis for nursing interventions that may help support the trajectory for realistic hope or, if unrealistic hope, help the patient reframe his or her hope trajectory.

Realistic and Unrealistic Hope

As the hope trajectory changes, the patient should continue to find something new to replace each lost hope object. For patients who can no longer maintain the expectation of cure, the hope object may change to a realistic hope, such as relief of pain and symptom management. Most patients appear able to make this change successfully using realistic hope (Nurgat et al., 2005). Realistic hope is the ability to focus the hope object on a reasonable and obtainable outcome, as was the case with M.J. However, some patients are not able to incorporate a revised hope object in a realistic hope trajectory. Instead, they hold to the maladaptive hope object, which can be viewed as unrealistic hope.
Realistic hope characterizes a patient’s acceptance regardless of his or her stage of cancer. The patient establishes new priorities and finds a renewed sense of hope and purpose that facilitates the transition to an alternative hope object. The emotional pain and grief during this period of adjustment can be overwhelming (Whitney et al., 2008). Therefore, nurses need to recognize the sense of loss and grief that accompanies any change in the hope trajectory and be prepared to support the patient while still presenting a realistic prognostic outcome.

Nurses’ Role in the Hope Trajectory

As part of a comprehensive, holistic approach to nursing care of the patient with advanced-stage cancer, the nursing assessment is the basis for all nursing interventions. Incorporating the concept of hope and its importance to the patient’s psychosocial well-being, a hope assessment can be based on the four P’s: picture, purpose, plan, and permission. Assessment questions should be based on obtaining information in all four areas (see Figure 1).

The nursing assessment also should include any fears that the patient with advanced-stage cancer expresses, as that provides an opportunity to reDiscover hope (Oliver, 2010). Also, the level of anxiety should be assessed as the patient’s level of anxiety is tied to the fear they experience.

Helping patients facilitate hope and alter their hope trajectory in a meaningful way is an important goal in providing nursing care to patients with advanced-stage cancer. Mate (2003) identified three factors, uncertainty, loss of control, and lack of information, that lead to stress and disease and can serve as a framework for nursing interventions to instill hope in patients with advanced-stage cancer. Nursing interventions that address these three factors help patients facilitate hope and alter their hope trajectory in a meaningful way.

For patients with advanced-stage cancer, the uncertainty of outcome and the associated fear of abandonment can produce an underlying anxiety; a paramount factor influencing the patients’ behavioral responses and coping abilities (Cooper, 2006). Because the level of anxiety is tied to the fear that patients experience, the specific fears may need to be identified. Patients need to be reassured by the healthcare team that they will not be abandoned to die alone or in pain; therefore, helping to relieve some of the uncertainty surrounding the death experience.

Loss of control is a common feeling expressed by patients with advanced-stage cancer. Helping patients feel mastery over a threat provides them with a sense of control (Cooper, 2006), and finding ways to help patients maintain some small sense of independence and control over their internal and external environment can instill hope and reduce anxiety. Helping patients develop short-term, achievable goals that may be temporary and modified as the hope trajectory changes also can facilitate a sense of control (Cooper, 2006).

To effectively provide for the needs of the patient with advanced-stage cancer, nurses must assess the informational needs of each patient to provide appropriate interventions. The patient’s educational background and level of comprehension must be considered when an educational teaching plan is devised. As the hope trajectory and course of the disease progress, the informational needs of the patient will change. When the patient’s level of anxiety is high, information has little effect; anxiety can even lessen the patient’s ability to comprehend the information being transmitted (Cooper, 2006).

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**FIGURE 1. Hope Trajectory Intervention and Assessment Questions**

- **“Tell me about you, and what you are experiencing now?”**
  
  **Picture:** Patients need to reflect on who they are and what they are experiencing.

- **“How can your healthcare team, including myself as your nurse, help you maintain control over what is important to you?”**
  
  **Plan:** Helping the patient find ways to maintain independence and control can instill hope.

- **“What purpose do you see for your life now, and what are you hoping for?”**
  
  **Purpose:** The ability to hope is based on having meaning and purpose in life, and one can find hope in the search for meaning.

- **“Supportive and palliative care has now been recommended by your physician. How do you feel about balancing the quality of your life with the length of your life in regard to your treatment?”**
  
  **Permission:** The healthcare team, including nurses, should let patients know that accepting a transition to supportive and palliative care is okay. However, this must be facilitated by the healthcare team with the goal of helping the patient find hope outside of cure and a longer life.
Therefore, for information to be best understood, reframing and empowering interventions should be used to reduce the patient’s level of anxiety (Cooper, 2006).

**Conclusion**

Sometimes, in the hope trajectory, patients lose the hope of cure and long-term survival. Therefore, they need to hope for pain relief, spiritual peace, quality of life, an altruistic commitment to help others, or a peaceful death, all of which are obtainable realistic hope objects. Nurses can play a significant role in helping patients achieve and maintain a realistic hope trajectory when faced with advancing cancer. By identifying the hope trajectory, nurses can help patients focus on realistic and obtainable hope objects. By doing so, nurses can help frame the hope trajectory based on a shared reality with the patient. All of which helps patients find meaning and purpose, as well as facilitates realistic hope when faced with a life-threatening illness.

**References**


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