

A Critical Analysis of the Concept of Hope: The Nursing Perspective

Ominyi Jude Nweze (MSc.N, B NSc, R.N)¹, Agom David Agom (MSc.N, B NSc, R.N)², Joy David Agom (MSc.N, B NSc, R.N, R.M)³, Anyigor Chukwuma Nwankwo (MSc.N, Bsc, R.N)⁴

Department of Nursing Science, Ebonyi State University, Abakaliki-Nigeria

Abstract: *The concept of hope has long been considered an important aspect of being human and has been discussed extensively in various areas of literature. As a concept, hope is an abstract idea, it has an appeal that is intuitive across several disciplines such as social sciences and healthcare, psychiatry. However, many different interpretations and conceptions of hope exist within these disciplines. In order to clarify the concept of hope as perceived by patients with a terminal illness, and to develop hope as an evidence-based nursing concept, 15 research papers have been reviewed. This is to make contributions to new knowledge and insights about hope to the relatively new field of nursing with a view of improving the quality of life of patients. A few critical attributes of the concept have been identified, spirituality, goals, comfort, caring, interpersonal relationships, control, expectation, and life review. Patients' hopes and goals are scaled down and refocused in order to live in the present and enjoy the time they have left with loved ones. An improved understanding of hope in healthcare by the nurses and other healthcare professionals will enable proper understanding of individual's experience of recovery process and identify effective support mechanism. The purpose of this work is to examine the concept of hope within the healthcare context, with a particular focus on hospital nursing as presented in the literature. The concept of hope is evaluated based on the work of Morse et al., (2006) and the place of hope in some theoretical frameworks and nursing context was considered.*

Keywords: concept, nursing, expectation, comfort, caring, future, patients

1. Introduction

Walker and Avant (2005) described concept analysis as the exploration of the attributes or characteristics of a concept with the purpose of distinguishing between other concepts. A careful examination and description of a word is known as concept analysis (Walker and Avant, 2005). In addition, the establishment of concept maturity is necessary as measurement and manipulation of the concept cannot occur except if the attributes/defining characteristics, boundaries; preconditions and outcomes of the concept are understood (Morse et al., 2006). The concept of hope has long been considered an important aspect of being human and has been discussed extensively in various areas of literature (Morse et al., 2006). As a concept, hope has an abstract idea it has an appeal that is intuitive across several disciplines such as social sciences and healthcare, psychiatry (Clarke, 2003) and Education (Halpin, 2001). However, many different interpretations and conceptions of hope exist within these disciplines. Meanwhile, the literature presented here suggests that hope is appealing because of its focus on the various ways in which human beings survive in life, despite the many traumatic events that lead to the disruptions of life that occur.

Hope is of particular interest in healthcare because of the disruptive nature of illness/injury that entails considerable and rigorous healing resources for recovery to be achieved (Clarke, 2003). An improved understanding of hope in healthcare by the nurses and other healthcare professionals will enable proper understanding of individual's experience of recovery process and identify effective support mechanism (Herth, 2006). Furthermore, the purpose of this work is to examine the concept of hope within the healthcare context, with a particular focus on hospital nursing as presented in the literature. The concept of hope is evaluated based on the work of Morse et al., (2006) and the place of

hope in some theoretical frameworks and nursing context was considered. The concept of hope is analysed with a particular focus on Nursing.

2. Background

The concept of hope has been defined by several authors, in different studies within the nursing domain (Herth, 2006). Korner, (2007) highlighted hope as a precursor to health and well-being by buffering wordily stress, by serving effective coping strategy and by enabling self-transcendence. The study of the concept of hope had been conducted in various settings. For instance, Stoner and Keampfer (2005) highlighted hope in cancer patients in relation to recalled information about life expectancy and the relationship between level of hope and level of coping response as reported by Herth (2006) in her measurement of hope and coping response in 120 adults cancer patients using scales. From the perspective of Hall (2009), in his study on the terminally ill patients, having hope involves having a future in spite of the diagnosis and having a renewed zest for life as well as finding a reason to live. Finding a treatment in the professional or alternative care system that one believes will contribute to survival; this was usually not evident before the finding. Hind (2008) in his study on the healthy and the sick adolescents using a grounded theory methodology, a definition of hope was construed, indicating that hope is an expectation of a personal tomorrow. In the interview conducted by Mayers and Gadner (2002) on 50 geriatric patients in order to study their level of hopefulness, he concluded that in spite of the patients' confinement to leave the hospital, they were able to sustain strong optimistic feeling and feel hopeful.

Furthermore, how hope is conceptualised underpins our opinions and views about the appropriate strategies to use at varied stages in health and illness in order for hope to be

inspired. Our view about the idea of “false hope” is being influenced by the conceptualisation as well (Herth, 2006). Scotland, (2009) states that there is a definite end to be achieved because of the hoping process when hope is defined as an expectation greater than zero of achieving a goal. However, with this view of hope, individuals experiencing life threatening illnesses may have false hopes if the object of hope is not to recover or survive many years when this notion is different or not congruent with the physiologic indicators. Meanwhile, there is no peculiar particular object of hope that is defined when hope is defined as a complex state of having multiple dimensions and is referred to as generalised state (Herth, 2006). By this definition of hope, hope was permitted at all phases of life. Moore (2005) considered hope to be largely a positive concept that can make a difference to peoples’ lives. On the other hand, it is described by Kylmä and Julkunen, (2007) as experience, emotion or need.

In the health care literature, hope has always been situated within the context of illness, injury or severe events requiring adaptation on the part of individual. Hope is defined in various ways by various disciplines but in nursing tended to be future oriented and a dynamic physiological process had occurred or suggested, in relation to overcoming a health related issue or event for the individual to experience hope. From the various studies undertaken by Herth on hope among various groups of people such as the terminally ill people, (1990), older people (1999), family caregiver of terminally ill people (2003), cancer patients (2005) etc. She posited from her study of older people that hope was the inner power that facilitates the transcendence of the present circumstance and fosters a reality-based expectation of a brighter tomorrow for self and/or others (Herth, 1990). A study by Bays (2001) on the people living with stroke supported this definition. Morse and Penrod (2009) also used transcendence in their conceptual study in which enduring suffering was linked with hope. They presented hope within their model as the process through which an individual works to emerge from the life situation at hand towards a resultant state of transcendence, labelled the formulated self and becomes an individual with reevaluated priorities and new life expectation as well as new life perspectives. The assertions given by both definitions imply a psychological process is or has taken place that enable the circumstance and makes changes/adaptations to their personal beliefs that make them able to move forward. Although, Morse and Penrod, (2009) linked transcendence to changes in relation to self, it was not fully explored. Herth (1999) focused on psychological changes for hope to occur. For these definitions, hope was therefore an internal psychological process that individuals undertake or work towards, to create or invent new future perspectives.

Critical attributes of hope

Miller and Power (2008) presented a critical description of hope that has provided the framework for the Miller’s Hope scale and the cues for interventions to inspire hope. These dimensions were described to consist of mutuality and affiliation which depicts the interpersonal relations that are characterised by caring, feeling, belonging and sharing as

well as being needed (Miller and Power, 2008). Also, the sense of the possible which implies the avoidance of despairing effects of an attribute that is futile and a global impression that all about life is hopeless; avoidance of absolutizing, which means rigid, little or no criteria about an aspect of life; anticipation-looking forward to a good future and an expectation of a positive outcome, establishment and realization of goals; physiologic well-being and ability to cope; goal and meaning in life; freedom; surveillance for reality- cognitively searching for clues to confirm hope; feeling optimistic and mental activation (Miller and Powers, 2008)

However, the four critical attributes of hope that is commonly identified by the authors as stated by Haarse and colleagues (2002) were focus on the future as being timely oriented, energy which is action directed, active involvement in particularized or generalized dimensions, future redefinition and the feelings of uncertainty as well as uneasiness. Subsequently, in their concept analysis, they defined hope as “an energized mental state involving feelings of uncertainty or uneasiness which is characterised by a cognitive, action oriented expectation that a positive future, goal or result is possible, (Haarse *et al.*, 2002). Hinds (2008) views hope as a multidimensional concept that provides comfort while enduring life threats and challenges. However, hope saves individuals from the agony of despair, (Herth, 2006).

Model case

According to Walker and Avant, (2005) a model case include the entire critical attribute and can be seen as paradigmatic example. A model case constructed to illustrate the concept of hope. Mrs Ayo a 70 years old female who was recently diagnosed of Heart failure came to the clinic for a follow up visit. She complains of being short breath and only walks for 5 minutes. Her history includes poorly treated hypertension for 16 years, type 11 diabetes mellitus for 9 years, right leg amputation 6 months ago which is secondary to non- healing foot ulcers. She was asked to rate how she was feeling at the time of his visit by his Nurse and he answered, “I feel completely fine”. When asked about what makes him feel perfect, he responded enthusiastically, “I’m still alive and not on the hospital bed. I am looking forward to dancing at one of my grand daughters’ wedding next week. She is getting married at the church where my husband and I were married.

Borderline case

Johnson who is a 39 years old male who was diagnosed with Cardiac arrest visited the clinic telling the nurses that he stopped taking his medication. When he was asked about why he stopped taking them, he responded, “*I’m having problem with having sex since my Doctor told me that I have a weak heart*”. Life has been so sweet today until this. I have a wonderful girlfriend and we had a highly enjoyable sexual life. “*Oh! My God what am I going to do when I can’t have sex anymore.*” Cases in borderline contain most of the attributes of the concept but not all of them, (Walker and Avant, 2005). In this scenario, Johnson has only a vague idea of what his future holds for him after the diagnosis, so

he failed to adapt to the potential limitation that may be imposed by the illness. However, he reflected his past success.

Related Case

Walker and Avant, (2005) states that related concept are similar to the main concept but do not contain the critical attributes. Mike B, 60 years old Hispanic was admitted into the hospital upon the diagnosis of Lung cancer. Mike was told that this might lead to his death if not properly managed. When he was asked how he was feeling about his treatment, he stated, "I have faith in God that he will guide all of you to make me feel better."

Contrary case

Kim A, is a 39 years old Black American who visited his physician with a complaint of chest discomfort. He was evaluated of Heart attack at the emergency room. A consistent result with myocardial infarction and a confirmed elevation of cardiac enzymes were shown by the electrocardiograph. According to him, he knew he was going to die soon and refused cardiac catheterization. It was noted from the interview by the nurse that his father died at the age of 45 from a massive heart attack. Besides, his two other brothers died in their 40s because of heart attack. Equally, He left his wife of 9 years and his two children a month ago, saying that he did not want them to suffer because he believes that he is going to have the same outcome as his father and siblings. This illustrates a contrary view to being hopeful because Kim had already lost hope by believing that he will not live past his 40th birthday. As explained by Walker and Avant, (2005), a contrary case is a clear example of what the concept is not. Hopelessness and despair is the polar opposite of hope that represents the contrary case. Kim could not perceive any future beyond his 40th birthday.

3. Antecedents, threats and Consequences

The events or situation that must occur prior to a concept is what Walker and Avant, (2005) referred to as the antecedents. The context in which hope is used can be explained by determining the antecedents and outcomes. Suffering, pain and despair brought by the various chronic diseases narrated above are considered as the antecedents of hope in this context. The diseases are chronic and debilitating. The illness trajectory associated with terminal illness such as cancer diseases, heart failure, heart attack or stroke can be unpredictable (Herth, 2006). Furthermore, antecedents of hope may also consist of pivotal events of life, stressful stimuli such as loss, hardship and uncertainty, (Davidson et al, 2007). Miller, (2009) asserted that positive personal attributes are also antecedents, one's life philosophy that conveys a sense of meaningfulness, sense of optimism and personal beliefs that growth is as a result of struggle. Another antecedent of hope is connectedness with God (Miller, 2009). However, Haarseet *et al.*, (2002) posited that acknowledgement of the threat is the key to suffering as well as stimulus for hope and in the process of hoping; individuals monitor themselves and the environment's possible reinforcement of hope, supernatural and physiological signs. Pain and other uncontrollable symptoms

such as fatigue, spiritual distress, anxiety, social isolation and loneliness were viewed as the threats of hope by Herth (2006). Roberts *et al.*, (2009) opined that the consequences of a concept are the events that can occur if it occurs (hope). The ultimate indicator of success in patients suffering from terminal illness is the ability to achieve goals, (Roberts *et al.*, 2009). Being able to cope and experiencing life satisfaction despite the limitations brought about by the illness are the goals in the terminal illnesses and these are the positive consequences of hope.

4. Empirical Referent

According to Walker and Avant (2005), empirical referent is the representation of the categories of the actual phenomenon that their mere existence demonstrates the occurrence of the concept itself. Adherence to medication, sense of well-being, good positive attitude and being able to engage in the management of self despite physical limitation are the empirical referents of hope in this context.

5. Implications to Nursing

There is increasing suggestions that nurses are important source of hope for people who are vulnerable and ill (Moore, 2005, Herth, 2006), this is due to the nurses' constant interaction with patients who are suffering from one illness or another. However, a picture and nature of the role and how it was supported in nursing remains unclear. Meanwhile, a suggestion by Morse *et al.*, (2006) was that a concept is mature when all the preconditions and outcomes for the concept are clearly identified. From the nursing point of view, interventions that have a clear effect on patient would be required. However, presently, the activities of hope that appear to be embedded within the process of nursing care are difficult to delineate. From the interview conducted on five qualified nurses who looked after people living with dementia by Cutcliffe and Gant, (2011) identified hope facilitating strategies as part of everyday practice. The humanistic principles upon which care was based, how they used knowledge in practice, interpersonal relationships and how the healthcare professionals managed the care environment and organised care were the various ways through which hope was facilitated (Cutcliffe and Gant, (2011).

Furthermore, if the role of facilitating hope in others were to be taken by nurses, then it would suggest that they require skills in this area. In the opinion of Moore, (2005) it was important that staff have a high level of awareness of self and have hope themselves in order to inspire hope in others. Therapists that adopted the use of hope enhancing skills have inbuilt systems for assisting this work but do not identify the emotional costs of this work, (Herth, 2006). This was supported by the opinion of Freshwater and Robertson, (2002) who identified that being with a person who experience despair as a very challenging situation as despair can resonate with the therapist's own feelings. This then, would suggest that working with patients in this area demands that the nurses should go into emotional work and mechanisms to support their work. Therefore, there were some evidence suggestive of the nurses having a role in this but what the role is, how it is expressed in practice remains

unclear and demands further explanation. Finally, suggestions from studies depicts that nurses have a role in relation to hope. However, presently, the role is diffuse, generic and embedded with interpersonal relationships. Further exploration on what nurses do in practice and the examination of the emotional consequences of undertaking this role would be helpful.

6. Conclusion

Hope is viewed as an emerging concept where a detailed knowledge about the concept is available but further research is needed in order to establish its use in nursing practice settings, (Morse et al, 2006). From the available evidence, hope is focused on the future and the meaning that activities and events have for persons. A cognitive process of identifying goals may be involved or be based on feelings about life and what individuals would like to happen (Herth, 2006). As it regards realistic or unrealistic hopes, judgements may be made but in health situations, it would then be imperative to see hope within the context of peoples' experience of living and what is important to them. Lohne (2008) posited that uncertainty and suffering underpins individuals' lives when living with a range of conditions/illness and hope is adopted to express the way they feel about recovery such as the vicissitudes of daily life, and the struggle towards hope as well as away from death. Further study is required to explore within oncology and trauma settings. The ways hope is experienced within the hospital culture, events and interactions that occur between patients and health care givers would help to provide the meaning or understanding of what happen in current practice and the way this links to the aspects of hope identified in this concept analysis. This, however, would in turn devise an evidence to enable the caregivers to develop their skills in sustaining and enhancing hope in others through their day-to-day interactions and events.

References

- [1] Algase, D, and Wall, A (2003) Rosemary Ellis views on the substantive structure in Nursing image, *Journal of clinical Nursing*, **4** 81-90
- [2] American Heart Association (2010) Heart Disease Stroke Statistics, Dallas, *American heart Association*, **31** 161-172
- [3] Cutcliffe, J and Gant, G. (2011) What are the principles and process of inspiring hope in cognitively impaired older adults within a continuing care environment?, *Journal of psychiatric and mental Health Nursing*, **8** (5) 427-431
- [4] Cronin, P. & Coughlan, M. (2010). Concept analysis in health care research, *International Journal of Therapy and Rehabilitation*, **17**(2), 62- 68
- [5] Farran, C J, Herth, K A, Popovich, J M. (2005) *Hope and hopelessness: Critical clinical construct*, California, Sage Publications
- [6] Fawcett, J (2004) *Analysis and Evaluation of Conceptual models of Nursing*, Philadelphia, Davis
- [7] Freshwater, D, and Robertson, C. (2002) *Emotions and needs*, Buckingham, Open University press
- [8] Davidson, P M, Dracup, K, Phillips J, Daly J, Padilla, G. (2007) Preparing for the worst while hoping for the best: The relevance of hope in heart failure illness trajectory, *Journal of Cardiovascular Nursing*, **22** (3) 159-65.
- [9] Dufault, K & Matocchio, B C. (2005) Hope: its spheres and dimensions *Nursing Clinical of North American*, **20**(2) 379-91.
- [10] Haarse, J. E, Britt, T, Coward, N.K, and Penn, P. E, (2002) The human hope, *Journal of Nursing Scholarship*, **24** 141-147
- [11] Hall, J, (2009) Hope from the perspective of oncologic care, *Nursing Science quarterly*, **3** 177-184
- [12] Hall, J, Stevens, P, and Meleis, A (1994) Hope and life, *Advances in Nursing*, **16** 23-41
- [13] Herth, K. (2006) Hope from the perspective of homeless families, *Journal advanced Nursing*, **24** (4) 743-53
- [14] Hinds, P (2008) One-step toward the understanding of hope; a concept analysis, *international journal of Nursing*, **9** 357-362
- [15] Jones, P, and Meleis, A (2003) Dynamics of hope in adults living with HIV/AIDS: A substantive theory, *Advances in nursing Science*, **15** (4) 1-14
- [16] Korner, I, (2007) Truth-telling versus hope: a dilemma in practice, *international Journal of Nursing practice*, **6**(1), 26-31
- [17] Lohne, V (2008) the battle between hoping and suffering, A conceptual model of hope within the context of spinal cord injury, *Advances in Nursing Science*, **31** (3) 237-248
- [18] Marcel, G (2002) Desire and hope in: Lawrence, N and O'Connor, D (Ed.) *Readings in existential phenomenology*, New Jersey, Prentice Hall inc.
- [19] Mayers, K. S and Gadners, J (2002) Hope in geriatric state hospital population: Results of interview, *the American journal of Alzheimer's care and Related disorders and Research*, **5** 3-8
- [20] Miller, J (2009) Facilitating hopefulness: the determinants of hope, *Journal of psychosocial oncology*, **13** (4) 79-103
- [21] Moore, S (2005) Hope makes difference, *Journal of Psychiatric and Mental Health Nursing*, **12** (1) 100-105
- [22] Morse, J.M, Mitcham, C, Hupsy, J.E, Tason, M. C (2006) Criteria for concept Evaluation, *Journal of Advanced Nursing*, **24** (2) 385-390
- [23] Parse R R, (2012), *Hope: A lived experience of human becoming*, London, Sage publication
- [24] Roberts, SL, Johnson, LH, Keely B. (2009) Fostering hope in the elderly congestive heart failure patients in critical care, *Geriatric Nursing*, **20**(4) 195-199
- [25] Rodgers, B., (2000) *Concept Development in Nursing. Foundations, Techniques and Applications*, Philadelphia, PA: Saunders.
- [26] Smith, M (2002) The concept of hope revisited for nursing, *Journal of Advanced Nursing*, **16** (12) 1456-1461
- [27] Stoner, M.H, and Keampfer, S.H (2005) the concept of hope evaluated, *Research in Nursing and Health*, **8** 269 271
- [28] Scotland, E (2009) *the psychology of hope*, San Francisco, Jossey-Bass
- [29] Walker LO, Avant KC. (2005), *Strategies for theory construction innursing*, New Jersey, Pearson Prentice Hall