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Regional Palliative Care Services

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The Concept of Hope in Palliative Care

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Palliative Care Nurse Consultant

Hope is an important psychological concept that exists in our daily lives. Herth and Cutcliffe (2002) wrote, “Hope has existed as long as man has existed”. We all need hope in some way or another each and everyday. Hope is not stagnant, it is dynamic, and it changes as life evolves. I relate the concept of hope to the current COVID-019 pandemic. I hoped for a vaccine, to be able to hug my parents again, and to be able to travel again! I recognize that my hopes have changed during this historical pandemic.

Fostering hope is an essential component of the palliative care approach. Patients and families can maintain hope while living with a terminal illness, even in the most challenging moments. Research has highlighted that hope can improve spiritual well-being, quality of life, and reduce the risk of depression and psychological distress for a

palliative patient (McClement & Chochinov, 2008). Katherine Murray (2017) wrote that hope for a palliative patient and their family can assist in maintaining emotional well-being by allowing them to look forward to good things in the future.

What is hope? The Merriam Webster dictionary defines hope as a verb: “to cherish a desire with anticipation: to want something to happen or be true”. The healthcare literature defines hope as a “multidimensional concept characterized by a confident but uncertain anticipation of a future that is positive, realistic, and important from a personal standpoint” (Daneault et al., 2016). Herth (1993) defines hope as a “dynamic inner power that enables transcendence of the present situation and fosters a positive new awareness of being”. (Daneault et al. 2016). Dufault and Martocchio 1985 identified two different types of hope, particularized and generalized hope (Herth & Cutcliffe, 2002). Particularized hope is associated with a goal or object, whereas generalized hope is the inward experience of hope, the sense of being and the spiritual aspect of hope.

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Dr. Kaye Herth nurse researcher was a pioneer in examining the concept of hope within the healthcare setting. Herth inspired by Dufault and Martocchio's (1985) theory on hope, recognized the importance of hope for the patient and family in the palliative care context. (Daneault et al. 2016). She developed and tested the Herth Hope Index (1992), an instrument and tool designed to access multiple dimensions of hope within the adult clinical setting. The Herth Hope Index is the

most widely recognized and utilized hope assessment tool, and is translated into multiple languages. (Nayeri et al. 2020). The Herth Hope Index (Figure 1) is a 12-item Likert scale with scores 1 to 4. The patient selects a response to each of the 12 statements. A score of 1 is strongly disagree and score 4 is strongly agree. The total scores range from 12-48: the higher the score the higher the level of hope.

Figure 1. Herth Hope Index (1992)

	1	2	3	4
	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
<hr/>				
Inner sense of temporality and future				
1. I have a positive outlook toward life				
2. I have short, intermediate and/or long range goals				
3. I feel scared about my future				
4. I believe that each day has potential				
Inner positive readiness and expectancy				
5. I can see a light in a tunnel				
6. I can recall happy/joyful times				
7. I have a sense of direction				
8. I feel my life has value and worth				
Interconnectedness with self and others				
9. I feel all alone				
10. I have faith that gives me comfort				
11. I have a deep inner strength				
12. I am able to give and receive caring/love				

The concept of hope and palliative care has been studied for decades. There was a recent Canadian study conducted in Montreal, Quebec within a tertiary cancer center (Daneault et. 2016). Researchers questioned the need to re-evaluate the concept of hope and palliative care in today's healthcare environment when there is seemingly an increase in noncurative treatments (Daneault et. al, 2016). The study examined the role of hope for patients who were terminally ill and who were referred to palliative care. There were 36 participants interviewed for the study including patients, families and physicians. Seven themes emerged from the data. Hope is an irrational phenomenon, and hope

changes over time are two themes that assist in the understanding of hope in the palliative care context. The two themes also highlight that hope is fluid for many patients; it changes as the illness progresses, patients can create new hopes and refine hope as their illness progresses. Daneault et al. (2016) identified one particular metaphor describing hope, which I found quite enlightening and visual: "Hope is that of a radar guiding a ship on a stormy sea". This metaphor depicts what it must be like for the patient navigating through diagnosis, intensive medical treatments, and then referred for palliative care. Some research studies have focused on

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interventions that enhance hope with a palliative care patient. One recent systematic review Salamanca-Balen et al. (2021) examined a multitude of interventions to enhance hope such as, psychotherapy, arts and crafts, education, and physical exercise. Researchers concluded that interventions can be effective in enhancing hope in palliative care but the heterogeneity of the sample of studies made it difficult to determine which components of the intervention enhanced hope! Therefore, research on hope in palliative care needs to continue!

Healthcare providers can help foster and maintain hope for a palliative patient, this can be achieved through conversation and dialogue. A serious illness conversation (BC Centre for Palliative Care) can help foster hope through discussion of goals of care, and dialogue around what is most important to the patient. Murray (2017) recommends to respond to patients' statements of hope from a neutral place with acknowledgement, but to

ask open-ended questions about other hopes the patient may have. An example of supporting hope is: "Wouldn't that be wonderful if you could travel to see your family again, and I hope that you are able to do so, but I wonder if we could think of another way for you to spend time your family"? Agreeing with the patient that he will go to see his family may bring on false hope, and this could be disappointing for the patient if travel is not possible.

A life review and legacy work has shown to foster hope for the patient by giving them a sense of purpose. Try to take the time in your busy workday to inquire about a patient's life story, instead of solely focusing on the illness and symptoms. Dr. Harvey Chochinov a psychiatrist in Winnipeg developed the intervention of dignity therapy (McClement & Chochinov, 2008). Chochinov's dignity therapy involves the patient reflecting on issues that matter most, and speaking about

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Updated Contact Information:

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Gateway	Valemount	Fort St. James & Vanderhoof	Simon Fraser, Jubilee, Parkside & Rainbow LTC Facilities	Chetwynd / Tumbler Ridge
Smithers / Houston	Prince George Community Nursing	Mackenzie	Prince George Interprofessional Teams	Quesnel
UHNBC: FMU, SSMU and PCMU	UHNBC: Surgery North & South	UHNBC: IMU	UHNBC: Rehab	Hospital at Home

the specific things they want to be remembered by. Sessions were tape-recorded, edited, and returned to patient to will to family.

In conclusion, hope is important in the palliative care setting, and healthcare providers must try to foster, and maintain hope for the patient and family.

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Northern Lights in Palliative Care

I live and work in the small, remote town of Tumbler Ridge, BC which is in sharp contrast to where I come from – Morecambe, Lancashire a large sea-side town in the North West of England. I have been here for two years now and I love it! There is so much to do from kayaking, hiking, mountain biking, snow-shoeing and cross-country skiing.

My passion in nursing is Palliative Care which originates from my time nursing in the UK as a District Nurse enabling patients to receive end of life care in their own homes.

My focus is on facilitating self-determination, providing emotional and practical support to the patients and their significant others together with co-ordinating available resources using a multi-disciplinary approach.



Thank you Ann for all your contributions to Palliative Care in the North!

Ann Halsted, RN
Primary Care Nurse

Palliative Care Education

Upcoming Sessions

The Northern Health Palliative Care Consultation Team is excited to offer a variety of upcoming palliative care education in both in person and online formats. If you are interested or have questions about our upcoming training please e-mail Palliative.Care.Consult.Team@northernhealth.ca.

In Person

Session:	Date:	Time:	Location:	Who can register:
LEAP—Learning Essential Approaches to Palliative Care—Mini	September 14, 2021	08:00 to 16:30	Dawson Creek	Physicians, RNs & LPNs
Serious Illness Conversation Guide Training	September 15, 2021	13:00 to 16:00	Fort St. John	Health Care Providers
LEAP—Learning Essential Approaches to Palliative Care—Core	November 2 & 3, 2021	08:00 to 16:30	Prince George	RNs and LPNs

Online

Session:	Date:	Time:	Who can register:
ECHO—Basic	Starting September 14, 2021	15:00 to 16:00	RNs and LPNs
ECHO—Advanced	Starting September 24, 2021	12:00 to 13:00	Primary Care Physicians, Nurse Practitioners, and RNs who have taken basic palliative care education
Integrating a Palliative Approach: Essentials for Personal Support Workers	Starting October 2021	Online	Personal Support Workers and Care Aides
Essentials in Hospice and Palliative Care: A Practical Resource for Every Nurse	Starting January 2022	Online	RNs and LPNs