HOPE AMONG WOMEN WITH BREAST CANCER:

A REVIEW

Nijmeh Al-Atiyyat, RN, PhD and Khaldoon Al-Nawafleh, RN, MSN

Nursing Oncology, Department, Al-Hashemia University, Jordon

ABSTRACT

Background: Hope is important for the individuals to maintain momentum in their life and so ought to be fully supported up till the end (McKay, 2004). Because hope is a multidimensional phenomena, there are many factors that could influence the level of hope in patients with cancer. An important factor in rebuilding hope is identifying predictors that correspond to foster hope in patients with cancer.

The extended in life expectancy of patients with cancer has made the presence of psychosocial issues and problems of long term concern. As a result of this, the center of attention in psychological research has switched from death and dying issues to healthy adaptation issues and promoting quality of life (Kolucki, 2011). Additionally, Rand et al. (2009) recommended that whatever can be done to inspire effective coping will improve the patient's quality of life. Factors that affect coping with cancer and perhaps surviving are of increasing nurses’ interest and importance in the field of oncology. Hope is probably the single most important element in the lives of patients and family members who struggle with a diagnosis of cancer (Brook, 2011).
Fostering and maintaining the sense of hope in patients with cancer are essential for assisting them in battling illness. So, the purpose of this review is to gain an in-depth understanding of predictors that correspond to fostering hope among patients with Breast Cancer in terms of religiosity, social support, and demographic characteristics.

METHODS

To critically identify predictors that correspond to fostering hope among patients with cancer in terms of perceived helpfulness of religious beliefs, social support, and demographic characteristics, a comprehensive literature review was conducted using the electronic databases of CINAHL and Medline for articles published between 2007 and 2012. The following key words were used to search the electronic databases: predictors, hope, social support, breast, cancer patients. The key words were used in multiple combinations to conduct an extensive search of these databases. Computerized listings from CINAHL and Medline contained 30 and 35 research articles, respectively. All were obtained and reviewed for possible inclusion in this research review based on the specific inclusion criteria established.

Article inclusion criteria for the integrative research review were the following:

1. It is a research-based study.

2. It identified factors that affecting hope among patients with cancer.
It is written in the English language.

Based on the inclusion criteria, a total of 10 articles published from 2007 to 2012 were selected and formed the basis for this review. The earliest study included was published in 2007. Most articles were published in nursing journals. Because hope a multidimensional phenomena, there are many factors that could influence the level of hope in patients with cancer. This section is highlighting some of the identified factors that affecting hope among patients with cancer in respect of the purpose of this paper, including demographic factors (type of cancer, stage of cancer, gender, and educational level) and predictive factors in terms of religiosity, and social support.

**METHODOLOGICAL CHARACTERISTICS**

The 10 studies composing this integrative research review were quantitative and qualitative studies. Eight studies were descriptive, and two studies were qualitative studies. Although only 10 studies were included in this research review, a wide variety of instruments were used to measure factors that affecting hope among patients with cancer including demographic factors and predictive factors in terms of religiosity, and social support. The most common questionnaire used in these studies collected information to measure demographic factors (type of cancer, stage of cancer, gender, and educational level) that could influence the level of hope in patients with cancer. Few of the studies were specifically based on a theoretical model and tested variables articulated by the theorist. Studies based on a
conceptual model most often used the correlation of hope to the social support and religiosity.

SAMPLE CHARACTERISTICS

The sample sizes in the 10 studies in this review ranged from 32 to 274 adult cancer patients aged between 18 and 75 years. All of the population was women. Cancer site in women was breast. Four studies were conducted in the United States, only one study was conducted in China, two studies were conducted in Canada, and one study was conducted in Hong Kong.

THEORETICAL FRAMEWORK

Betty Neuman system model will be used to guide understanding of hope among women with breast cancer in the clinical days. This model is a nursing system model, developed by Dr. Betty Neuman, who was a pioneer of nursing involvement in mental health (Tomey & Alligood, 2006). Depending on this model, client in this paper will be defined as women with breast cancer, social support and religiosity will be viewed as hope, while environment or stressors (physiological, psychological, and social factors) will be defined as cancer disease related characteristics and socio-demographical characteristics. The relationships among disease related factors, socio-demographical characteristics, and women with breast cancer; were conceptualized depending on Neuman model, then; cancer related factors and socio-demographical factors are stressors which may affect
women with breast cancer, and if those women success to cope with these stressors using the defense mechanisms, then; they will develop hope.

RESULTS

The effects of sociodemographic factors on level of hope among patients with cancer have been examined. Ripamonti et al. (2012) conducted a study in Sixty-four newly diagnosed patients and their partners to determine, firstly, whether the level of hope differed between the patients who were informed about their cancer diagnoses and those who were not. Secondly, after disclosure of the cancer diagnosis to patients, levels of hope were compared after 3, and 9 months. The results of these studies indicated that mere disclosure of emotions and thoughts to one's intimate partner is not beneficial in reducing distress. Partners' self-disclosure toward patients who disclose few emotions and concerns even appears to be harmful both for patients and partners, given that it reduces the decrease of depressive symptoms over time and promoting hope. If there is a mismatch in the need for self-disclosure within couples, partners with a strong need to talk about their emotions and concerns may be recommended to confide in someone else in their social network or to consult a health care professional. Consistence with these finding, Hagedoorn (2011); and Sanatani, Schreier, and Stitt (2008) conducted studies to determine whether the level of hope differed between the patients who were informed about their cancer diagnoses and those who were not. Zhang, Gao, Wang, and Wu (2010) conducted study to explore the level of hope among 159 Chinese patients with breast cancer and to confirm and establish the relationships
Researchers on hope have attempted to capture the dynamic nature of hope, by evaluating hope over time and as the situation or phase of illness changes. Ripamonti et al. (2012) in Sixty-four newly diagnosed patients and their partners to examine the effect of disease status on the level of hope in patients with cancer
using the Herth Hope Index. Disease stage was categorized only as metastatic or local disease. The results of t’ test indicated that no significant difference in HHI scores was found between patients with metastatic disease and those with local disease.

Social support has been defined in the literature as the assistance and protection given to others, especially to individuals. Arora, Rutten, Gustafson, Moser, and Hawkins (2007) performed a descriptive correlational study to present findings related to hope and factors that influence hope in women newly diagnosed with breast cancer from their family, friends, and health care providers. Data were collected at two time points via patient surveys: baseline on an average 2 months post-diagnosis and follow-up at 5 months post-baseline including: the influence of social support, self-esteem, and perceived helpfulness of religious beliefs on thoughts and beliefs about breast cancer experience. The results showed that while patients receive a lot of support during the period closer to diagnosis, receipt of helpful support drops significantly within the first year itself. In order to facilitate cancer patients' adjustment to their illness, efforts need to be made to understand and address their support needs throughout the cancer experience.

Health care provider as a being supportive for patients contributes to foster hope among patients with cancer. For example, Mok et al. (2010) conducted a study to explore the meaning of hope to patients with advanced cancer from healthcare professionals' perspective used phenomenological approach. Five focus group interviews were conducted with 23 participants including physicians, nurses, social
workers, occupational therapists, chaplains, and a physiotherapist working in the palliative care unit of a hospital in Hong Kong. Data analysis revealed four themes: expected hopelessness, a dynamic process of hope, hope-fostering strategies, and peace as the ultimate hope. It appeared that health-care professionals' hopefulness contributes to the hopefulness of patients. Opportunities to reflect on their values, beliefs, and experience may help health-care professionals enhance their ability to foster hope in patients. In addition, a qualitative study done by Reinke, Shannon, Engelberg, Young, and Curtis (2010) to describe nurses’ perspectives on meeting patients’ needs for hope and illness information and offer insights for interventions designed to improve communication about end-of-life care for patients and their families. Using in-depth interviews with patients (n = 55), family members (n = 36), physicians (n = 31), and nurses (n = 22), between January 2003 and December 2006. The results of study indicated that one of the major theme emerged that nurses maintain patients’ hopes by build trusting relationships with patients. The same result was found in the study that conducted by Legg (2011) to explore how nurses provide psychosocial care it, utilise assessment tools and the impact, issues and benefits of providing effective psychosocial care to breast cancer patients.

Religiosity is the degree person follows a religious needs or philosophical belief system. Elkin et al. (2007) conducted a study to provide preliminary data on the religious beliefs and behaviors of women with cancer and the relation to their
psychological adjustment. The result showed that there was a relationship between religiosity and positive coping behavior that should continue to be explored. Moreover, Gullatte, Brawley, Kinney, Powe, and Mooney (2010) conducted of a study to examine the influence of religiosity, spirituality, and cancer fatalism on delay in diagnosis and breast cancer stage in African American women with self-detected breast symptoms. A descriptive correlation, retrospective methodology using an open-ended questionnaire and three validated measurement scales were used: the Religious Problem Solving Scale (RPSS), the Religious Coping Activity Scale (RCAS) subscale measuring spiritually based coping, and the modified Powe Fatalism Inventory (mPFI). A convenience sample of 129 women ages between 30 and 84 years who self-reported detecting a breast symptom before diagnosis of breast cancer within the preceding 12 months were included in the study. Outcome variables were time to seek medical care and breast cancer stage. Participants were found to be highly religious and spiritual but not fatalistic. While most women delayed more than 3 months in seeking medical care, the results showed no associations were found between the three predictor variables and time to seek medical care.

**CONCLUSION**

The literature review displayed major findings regarding levels of hope in patients with cancer. The level of hope was correlated to the social support and religiosity. Social support and religiosity were fostering hope among patients with cancer and facilitates adjustment to illness and its treatment. In addition, healthcare
professionals have an impact on accessing support networks, religious activities to foster hope (Arora et al., 2007; Elkin et al., 2007; Gullatte et al., 2010; Legg, 2011; Mok et al., 2010; Reinke et al., 2010).

However, the level of hope was not related to patients with cancer, in terms of demographic factors (stage of cancer, type of cancer, age and gender) and most of the patients who participated in the research studies wanted help findings or increasing hope, regardless of these factors (Hagedoorn, 2011; Ripamonti et al., 2012; Sanatani et al., 2008; Zhang, 2010).

**STATES RECOMMENDATIONS**

Despite accumulating literature, several gaps exist in nurses’ understanding of patients’ hope, the outcome, physical or psychological, and concept influences hope. 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.

Although several of the reviewed studies showed that social support and religiosity was found to influence hope in patients with cancer, researches on sources of social support and religious still is limited.
References


