


Commentary on A brief hope intervention to increase hope level and improve well-being in rehabilitating cancer patients: A feasibility test

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This letter to the editor comments on a recent article by Chan et al. (2019) which highlights the feasibility and effect of one hope-promoting intervention in Hong Kong Chinese rehabilitating cancer patients. The relevance of hope in relation to cancer patients is commonly described in the nursing literature (Li et al., 2018). We agree with the authors when they mentioned the paucity of evidence on the nurses' role and the feasibility of having nurses promote clinically effective psychotherapeutic management of patients' needs. Receiving a cancer diagnosis means, among other things, that the future is uncertain. The feeling of hope is, by its very nature, linked with the future, and expectations linked with the future significantly affect the feeling of well-being (Seiler & Jenewein, 2019). Hope is the most common psychological resource after a cancer diagnosis and a major contributing factor to well-being, survival, and quality of life, and therefore it is an important aspect of cancer care (Li et al., 2018).

Chan et al. (2019) modified the eight sessions of Snyder's hope therapy to a short program with four individual sessions (containing two face-to-face sessions and two follow-up intervention calls). This option stems from the fact that one of the most diffused theory of hope is that of Snyder and colleagues who characterize hope as individual mental willpower toward the satisfaction of personal goals. Essentially, hope is framed in a purely cognitive-behavioral framework. A common criticism to this approach is that it neglects other elements of hope such as basic human emotions like attachment, survival, mastery, and spiritual beliefs (Scioli et al., 2011; Tong et al., 2010). Furthermore, hope appears as something merely individual and not as something that is fundamentally related to others, be it other people or even a universal and transcendent higher power. Thus, it can be concluded that the feeling of hope can be reinforced, and that hope has affective, affiliative, and cognitive characteristics. These findings are particularly relevant in Asian cultures where relationships with

other members of the group and the interconnectedness between people play a central role in each person's identity.

Regarding hope assessment, the State Hope Scale was used, and this is in line with Snyder's theoretical framework. However, some criticisms are pointed to its use, namely: (a) it only assesses the rational and self-centered thought processes and ignores other experiential, relational, and spiritual dimensions (Scioli et al., 2011); (b) it just considers goals and aspects in life which one feels in control of but is less applicable to situations considered to be outside one's direct control (Tong et al., 2010); (c) many items are nearly identical to items used to measure other constructs, such as coping and self-efficacy; and finally, (d) agency and pathways thinking do not reflect how common people define hope for themselves (Tong et al., 2010). Hope is not an enduring state but a dynamic phenomenon based in multiple factors. The idea that hope is modified by what is happening to and around the person recurs in the literature. Other instruments that apprehend the multidimensionality of the hope construct would capture its multidimensionality rather than a time-oriented, future-focused instrument.

A nursing intervention designed to increase hope in cancer patients has also to consider an assessment of the way in which the intervention process can affect the patient. Although the intervention described here involved an individual strategy, other option could be a group intervention mediated by a nurse. In such a group, the interaction between the nurse and the patients and between the patients themselves foster the beneficial

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effect of *symbolic interactionism*. A positive influence on hope involves listening to others and talking about one's own reactions, based on an existential approach. Besides this, the group intervention can give support and increased quality of life of patients and families.

The results found by the authors points to a great potential and an added value to the nurses' role in improving client outcomes through conducting low-intensity psychotherapeutic intervention. We therefore recognize the value of the article under analysis because of the importance of its conclusions. They allow us to infer the need to answer through research, to the following questions: How is hope approached in nursing education and training? Which competencies are trained in nurses and student for hope promotion? How is hope used in communicating with cancer patients and families?

Probably, the major challenge will be the reflection on these issues in the initial formation of nurses. Consequently, we suggest that nursing curricula, professional development, and in-service education programs place hope on their agenda and nurture an ethos in which promoting hope is seen as an essential piece of nursing care.


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