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Hope in palliative care nursing: concept analysis

Ana Guedes, Matilde Carvalho, Carlos Laranjeira, Ana Querido and Zaida Charepe

Abstract

Background: Hope has long been considered essential to humans in several disciplines, nursing included. At the end-of-life, hope is a complex and dynamic emotion, and there have been different interpretations and conceptions of hope. **Aim:** To develop hope in palliative care as an evidenced-based nursing concept: analyse its attributes, antecedents and consequences. **Method:** This study follows Walker and Avants' concept analysis: (a) select a concept; (b) determine the aims or purposes of analysis; (c) identify as many uses of the concept as possible; (d) determine the defining attributes; (e) identify a model case; (f) identify borderline and contrary cases; (g) identify antecedents and consequences; and finally (h) define the empirical referents. **Findings:** Antecedents included symptom control, existential suffering, interpersonal relationships and the establishment of realistic goals. The synthetic attributes were a positive outcome expectancy and a process oriented towards the present and future. The concept's consequences were quality of life, survival, acceptance and a peaceful death. **Conclusion:** This study revealed a strong history of publications on the subject. The analysis of attributes, antecedents and consequences of the concept of hope contributed to understanding its relevance to palliative care nursing and provided suggestions for effective interventions and future research.

Key words: ● Concept analysis ● Nursing ● Hope ● Palliative care

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Hope is felt in a unique and individual way, influenced by the surrounding environment and personal experiences.

It plays a major role in human life, presenting as a multidimensional phenomenon. Studied in various disciplines (such as social sciences, health, psychiatry and education), it is considered an abstract, uncertain and intuitive concept (Herth and Cutcliffe, 2002). Although widely explored in the health literature, hope appeared in the nursing literature only in the mid-1980s, when this concept was defined for specific populations and the first hope-inspiring strategies were developed (Herth and Cutcliffe, 2002). The literature identified key elements, such as the importance of interpersonal relations and a focus on the future, and the development of expectations as a goal and/or a realisation of hope-specific dimensions (Herth, 1992). Hope has been perceived as essential in healthcare, due to the disruptive nature of disease (Clarke, 2003).

As a positive phenomenon, hope is necessary for healthy confrontation with others, to avoid despair, to help each person live their remaining days as best they can and to promote comfort and quality of life (Herth and Cutcliffe,

2002; Querido, 2005, 2012; Jonhson, 2007; McClement and Chochinov, 2008; Cavaco et al, 2010; Mok et al, 2010). Every person needs to find a meaning for life, especially in a crisis, such as dealing with an illness and/or in preparation for death (Benzein and Saveman, 1998).

The existence or absence of hope influences people's experiences when diseases arise as a situational crisis in a person's life cycle (Fernandes et al, 2011). In the context of palliative care, this crisis can be called existential despair, where hope is among its different experiential reactions (Tanis and DiNapoli, 2008; Fernandes et al, 2011). Hope and despair form a paradox. Hope creates the possibility of despair, and despair fosters hope, while hope affirms the ultimate value of reality, despair denies any and all such value (Tanis and DiNapoli, 2008; Treanor, 2014).

The goal of palliative care is to ensure a global intervention against the suffering of people with life-limiting illnesses, regardless of their prognosis, and to improve their quality of life by focusing on the prevention and relief of suffering (World Health Organization (WHO), 2020). This should be done through the early identification

and correct assessment and treatment of pain, as well as other physical, psychosocial or spiritual problems (WHO, 2020). Likewise, how health professionals conceptualise hope is also relevant, as it will determine the hope-promoting interventions throughout the various stages of health and disease (Cavaco et al, 2010; Mok et al, 2010; Leget et al, 2014).

The relevance of the concept of hope in palliative care has led to previous concept analyses of hope (Benzein and Saveman, 1998; Duggleby, 2001; Johnson, 2007; Baalen et al, 2016). Both the literature and the clinical experience of nurses have linked palliative care and hope.

Indeed, the critical role that hope plays in human life takes on a special meaning when experiencing a life-limiting illness. Yet, the literature is not clear about the antecedents, attributes and consequences of the concept of hope in palliative care patients, which justifies the focus of this conceptual analysis. Furthermore, due to its dynamics, the concept of hope is also considered a paradox in palliative care (Tanis and DiNapoli, 2008). Recognising these conceptual characteristics will facilitate the establishment of hope nursing diagnoses in clinical practice in this population.

This article addresses the existing lack of clarity by reporting a concept analysis of ‘hope’ in the context of palliative care nursing, using Walker and Avant’s (2019) eight-step model as a guide. This analysis resulted in suggestions for future nursing practice, education and research.

Methods

The theoretical-methodological model used was the Walker and Avant Concept Analysis Model (Walker and Avant, 2019). This method is the most broadly applied model in the literature and involves the following eight steps:

- Select a concept
- Determine the aims or purposes of analysis
- Identify as many uses of the concept as possible
- Determine the defining attributes
- Identify a model case
- Identify borderline and contrary cases
- Identify antecedents and consequences
- Define empirical referents (Walker and Avant, 2019).

Data collection

Search methods

A literature search was performed in EBSCOhost (using the CINAHL, PsyINFO and MEDLINE Complete Databases) and LILACS. This was done to understand the true nature of the

concept, as suggested by Walker and Avant (2019). The following expression indicates the combination of search terms [MESH descriptors], Boolean operators and descriptor priorities used to perform the search: [(‘hope*’ OR ‘optimism’) AND (‘palliative care’ OR ‘terminal care’ OR ‘terminally ill’ OR ‘hospice care’ OR ‘chronic disease’ OR ‘advance care planning’) NOT (‘child*’ OR ‘adolescent*’ OR ‘infant*’ OR ‘young*’)]. The search was carried out in June 2020, and included qualitative and quantitative studies with the available full-text, published in Portuguese, English and Spanish. The results were evaluated and selected in terms of relevance based on the information provided in the title and abstract. Studies about the concept of hope in the context of nursing palliative care for adults and caregivers (community services, hospital palliative care support, hospital and day hospital services and palliative care units) were included. In contrast, studies exploring the concept of hope outside palliative care were excluded, as were those children and their carers (Figure 1).

Search outcome

The first search resulted in 153 citations. Duplicates were removed: titles and abstracts of full-text articles were screened; and eligibility criteria were applied to the initial sample, resulting in the exclusion of 34 articles that failed to meet the inclusion criteria, after reading title and abstract, and an additional four studies due to a lack of access to the full text. The authors tried to retrieve the text from other sources, for example, physical journals in a library, requests through library services or contacting the authors. The resultant sample of 31 sources was used for the concept analysis. The studies were chronologically dispersed, and they were essentially qualitative: 23 were qualitative studies, six longitudinal cohort studies, one quantitative study, and one case study. The research works included in this analysis were conducted in Canada (8), USA (7), Sweden (3), UK (3), Netherlands (2), Australia (1), Portugal (1), Belgium (1), Poland (1), Brazil (1), South Korea (1), Germany (1) and Japan (1).

Definition of terms

Definitions were searched in diverse sources, including dictionaries, thesauruses, and websites, along with the scientific literature. The exploration and description of definitions and uses of the concept of hope in the literature ensured theoretical validity. Any definition of hope reflects an individual human experience, the context in which the experience occurs,

Table 1. Conceptual attributes of hope

Positive outcome expectancy	Process oriented towards the present and future
<ul style="list-style-type: none"> • Goal (Mok et al, 2010; Nierop-van et al, 2016) • Coping strategy (Coulourides et al, 2015; Nierop-van et al, 2016) • Inner strength (Benzein and Berg, 2005) • Spirituality/religion (Fanos et al, 2008; Broadhurst and Harrington, 2016b; Collins et al, 2018; Baczewska et al, 2019) • Expectation (Benzein and Berg, 2005; Coulourides et al, 2015) • Hope in healing (Flemming, 1997; Fanos et al, 2008; Broadhurst and Harrington, 2016a) • Prognostic acceptance (Broadhurst and Harrington, 2016a) • Optimism/positive (Holtslander et al, 2005; Holtslander, 2007; Kim et al, 2014; Broadhurst and Harrington, 2016a; Baczewska et al, 2019) • Living a normal life (Mok et al, 2010) • Gratitude (Holtslander, 2007) • Miracle (Shinall et al, 2018) • Security (Olsman et al, 2014) • Harmony (Olsman et al, 2014) • Resilience (Robinson, 2012) • Persistence (Robinson, 2012) • Transcendence (Fanos et al, 2008) 	<ul style="list-style-type: none"> • Irrational (Daneault et al, 2016) • Dynamic (Daneault et al, 2016) • Multidimensional (Dufault and Martocchio, 1985; Nekolaichuk and Bruera, 1998; Coulourides et al, 2015) • Life value (Ebenau et al, 2017) • Phenomenon (Benzein and Berg, 2005) • Living in the moment (Holtslander et al, 2005; Nolan, 2011) • Generalised (Coulourides et al, 2015) • Multifaceted (Robinson, 2012) • Individualised (Coulourides et al, 2015) • Subjective (Nierop-van et al, 2016) • Attitude (Holtslander et al, 2005; Holtslander, 2007; Kim et al, 2014; Broadhurst and Harrington, 2016a; Baczewska et al, 2019) • A vision of life after death (Mok et al, 2010)

and the conceptual framework from which it is being defined. At the same time, hope is produced collectively, interpreted culturally, and linked to broader social and economic processes (Novas, 2006).

Dufault and Martocchio’s (1985) definition of hope has been used most prominently in the nursing literature.

‘Hope is ... a multidimensional, dynamic

life force that is characterised by a confident, yet uncertain expectation of achieving good, which is realistically possible and personally significant.’

This definition reflects the most frequently identified attributes of multidimensionality and future orientation that describe the concept of hope. Particularised hopes, often expressed as goal statements, provide direction to a person’s

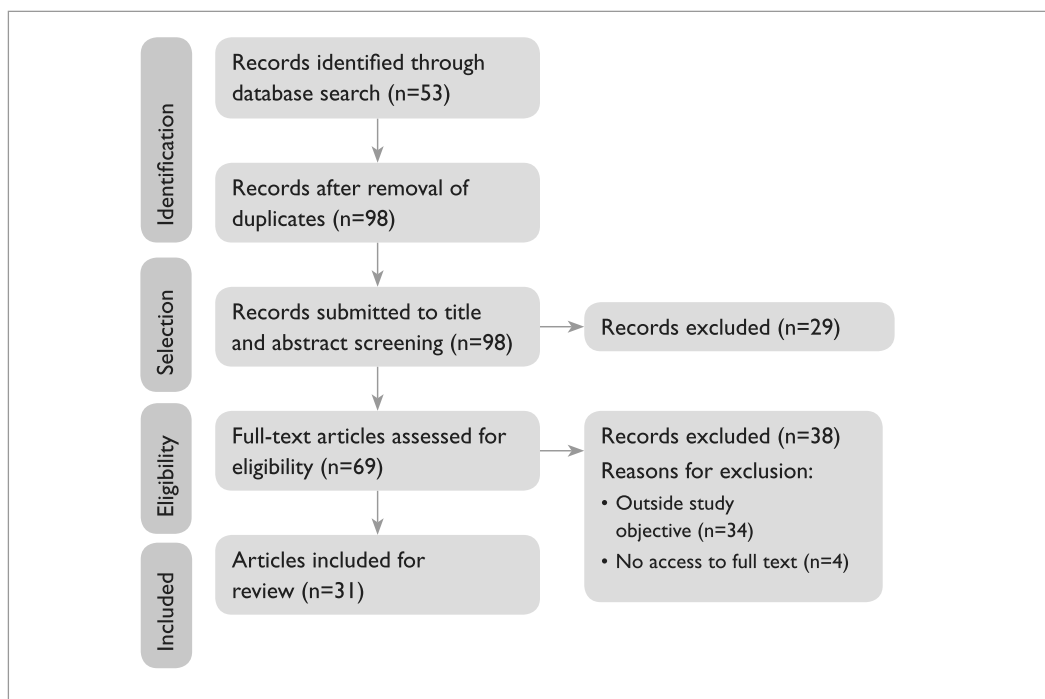


Figure 1: Literature search

own energies and those of others who care for them (Paquete, 2015).

Palliative care nursing was defined operationally by Schroeder and Lorenz (2018:5) as involving:

‘The assessment, diagnosis, and treatment of human responses to actual or potentially life-limiting illness, and necessitates a dynamic, caring relationship with the patient and family to reduce suffering.’

Palliative care nurses have a professional responsibility to identify salient nursing interventions to foster hope for individuals during their end-of-life experiences. Therefore:

‘Palliative care nursing demands intense critical thinking, heightened levels of mental functioning, and the ability to utilise complex palliative nursing skills [like compassion and communication] (Schroeder and Lorenz (2018:5).’

Attributes

An examination of the literature revealed two defining attributes of hope: a positive outcome expectancy, and a process oriented towards the present and future. So, hope was portrayed as both a process and an outcome. *Table 1* summarises the attributes of hope in palliative care nursing.

Positive outcome expectancy

One critical attribute of hope was the expectation of a positive outcome. This expectation was described as an inner strength and a coping mechanism, protecting patients from the experience of distress and suffering (Benzein and Berg, 2005; Coulourides et al, 2015; Nierop-van et al, 2016). Such a viewpoint was referred to as looking on the sunny or bright side, as a generally relaxed and confident attitude, and as an emphasis on the positive aspects of stressful situations, such as resilience and persistency. People with hope were described as striving for success at the outset and dealing with failure when it happens (Holtslander et al, 2005; Holtslander, 2007; Kim et al, 2014; Broadhurst and Harrington, 2016a; Baczevska et al, 2019). The most evidenced outcomes were spirituality, transcendence, coping, goals and a positive attitude, which are, in fact, similar to the essential attributes of hope identified in the previous conceptual analyses of this phenomenon (Herth, 1992; Herth and Cutcliffe, 2002; Benzein and Berg, 2005; Johnson, 2007; Fanos et al,

2008; Fernandes et al, 2011; Nweze et al, 2015; Barbosa, 2016).

Process-oriented towards the present and future

Inherent in the descriptions of positive outcome expectancies was an orientation to the future, as well as the present. The essence of hope persists through a multidimensional and dynamic process of goal identification, based on one’s feelings about life and desires for the future (Dufault and Martocchio, 1985; Nekolaichuk and Bruera, 1998; Coulourides et al, 2015; Nweze et al, 2015). Hope influences a person’s wellbeing—interconnecting a person’s physical, emotional and spiritual existence—, and enhances their ability to contemplate life after death without despair, living their last days as fully as possible (Mok et al, 2010; Pinto et al, 2012; Olsman et al, 2014; Olsman et al, 2015a; Baalen et al, 2016).

Case model

A model case adapted from the actual context of palliative care nursing practice was identified. The created scenario involves a 34-year-old married woman and a mother of two children.

Maria was diagnosed with an infiltrative grade four glioblastoma. When preparing for medical discharge, she knew she could not walk or take care of her two daughters:

‘I can no longer take care of my daughters as I always have. It’s one more challenge I have to face.’

A nurse explained the disease evolution, the gradual losses, the symptom control mechanisms, and the palliative rehabilitation. Maria expressed a desire to go home and be able to take care of her daughters:

‘I will do everything to go to my house. My daughters need me very much.’

Two weeks later, this woman remained wheelchair dependent. She could collaborate with household activities, she helped her daughters with their homework, she prayed with them every day before they fell asleep, and she told her husband she expected to leave a legacy:

‘I want to leave good memories for my daughters.’

Maria’s case provides a model for the concept of hope in palliative care. She clearly demonstrates all of the defining attributes and the factors that

Table 2. Antecedents of hope

- Positive attitude (Nierop-van et al, 2016)
- Uncertainty (Nierop-van et al, 2016)
- Spirituality (Holtslander et al, 2005; Nierop-van et al, 2016)
- Symptom control (Holtslander, 2007; Broadhurst and Harrington, 2016a; Nierop-van et al, 2016)
- Fatigue (Benzein and Berg, 2005)
- Hopelessness (Benzein and Berg, 2005)
- Interpersonal relationships (Flemming, 1997; Clayton et al, 2005; Holtslander et al, 2005; Holtslander, 2007; Nolan, 2011; Buckley and Herth, 2013; Nierop-van et al, 2016)
- Realistic goals/objectives (Clayton et al, 2005; Olsson et al, 2011; Coulourides et al, 2015)
- Depression (Kim et al, 2014; Davis et al, 2017)
- Trust (Dufault and Martocchio, 1985)
- Relationships with professionals (Flemming, 1997)
- Existential suffering (Galushko et al, 2016)
- Request for early death (Galushko et al, 2016)
- Nonverbal indications of hope (Herth and Cutcliffe, 2012)
- Keeping busy (Holtslander, 2007)
- Religiosity (Kim et al, 2014)
- Holistic care (Coulourides et al, 2015)
- Clinical information (Coulourides et al, 2015)
- Life narrative (Kvale et al, 2010)
- Physical condition (Olsman, Leget and Willems, 2015b)
- Change focus (Olsson et al, 2010)
- Preparation for death (Olsson et al, 2010)
- Positive events (Olsson et al, 2011)
- Diagnosis and chemotherapy time (Pinto et al, 2012)
- Hope in healing (Robinson, 2012)
- Prognostic uncertainty (Schutz et al, 2017)
- Resilience (Solano et al, 2016)

influence these attributes. In her experience, hope developed as she became aware of the impact of the diagnosis on her identity as a mother and spouse.

Borderline case

The borderline case contains some characteristics of the concept of hope (Walker and Avant, 2019). Two years later, Maria discussed the methods she was using to increase her expectation of healing. When a visual image was suggested, she stated:

‘I’m afraid to use anything other than chemotherapy. This might mean I don’t expect the other treatments to work.’

In this example, her initial statement includes the expectation of a positive future outcome and a feeling of competence and control over the situation. In her second observation, there is a degree of doubt and fear, which weakens the attributes of hope she had expressed. In this scenario, Maria has only a vague idea of what her future holds after chemotherapy, so she demonstrates that she has not adapted to the potential limitations the disease may impose.

The borderline case shows the complexity of the experience of hope, since having hope does

not necessarily mean one experiences suffering. The balance between a potentially distressful situation, and the outcomes of hope may have different meanings (for example, particularised hope described by Dufault and Martocchio, (1985)). Maria said:

‘I have faith in my God, but I don’t expect miracles. I am getting older, and I’m not enjoying life in the company of my daughters’.

Maria could not have a global vision about her future following her diagnosis with the disease. She did not adapt to the limitations associated with her health condition and the adverse effects of chemotherapy; rather she associated her limitations with advancing age. Erikson (1998) explained this fact in the eighth stage of development, integrity versus hopelessness (old age), whereby a feeling that time has been wasted and that starting over is impossible brings forth feelings of hopelessness.

Contrary case

A contrary case of hope has none of the concept’s characteristics (Walker and Avant,

Table 3. Consequences of hope

- Stress reduction (Nierop-van et al, 2016b)
- Resilience (Nierop-van et al, 2016b)
- Quality of life (Broadhurst and Harrington, 2016a; Nierop-van et al, 2016b)
- Peaceful death (Broadhurst and Harrington, 2016a; Nierop-van et al, 2016b; Collins et al, 2018)
- Life extension (Nierop-van et al, 2016b)
- Improvement (Nierop-van et al, 2016b)
- Legacy (Broadhurst and Harrington, 2016a)
- Positive future for family and friends (Broadhurst and Harrington, 2016a; Collins et al, 2018)
- Survival (Clarkson et al, 2013)
- Acceptance (Daneault et al, 2016; Collins et al, 2018)
- Holistic care (Flemming, 1997; Clayton et al, 2005)
- New meanings and objectives (Holtslander, 2007)
- Future gains (Olsman et al, 2015b)

2019). Hopelessness is the opposite concept of hope represented in this contrary case. This contrary case is about Ana, a 45-year-old woman, diagnosed with severe congestive heart failure, who had been frequently hospitalised during seasonal changes when her heart function dropped due to pneumonia. She went to the emergency department to evaluate a myocardial infarction, and she rejected any type of medical examination or treatment. Ana said:

‘I’m going to die soon, because heart attack runs in my family’.

From the initial interview, the nurse noted that her mother died at the age of 50 years from a sudden heart attack. Two months earlier, she had left her husband and her daughter, saying she did not want them to suffer, as she believed that she was going to have the same outcome as her mother. During the hospital stay, she presented a miserable and catastrophic discourse and refused to get out of bed; she showed an apathetic and sad behaviour and closed her eyes during visits from friends. This case is contrary to being

hopeful, because Ana had already lost hope by believing that she would not live past her 46th birthday.

Antecedents

According to Walker and Avant (2019), the antecedents of a concept correspond to the events or situations that must occur before the concept itself. Hope is a vital factor that increases an individual’s motivation, and helps a person cope with feelings of pessimism and helplessness. Despite its positive connotations, hope is intimately bound with loss and suffering. Some of the concept antecedents identified in this study corresponded to negative events (Table 2). This paradox manifests itself fully as living with a limiting illness, as it progresses to the end-of-life.

Maintaining hope when one is experiencing a life-limiting disease requires vigilance, not only against impending despair, but also against biographical disruption that may ensue if pain undermines one’s sense of self and identity. Individuals who need palliative care strive to maintain a safe space, balanced between the vulnerability of overly inflated hopes and the vulnerability of losing hope (Eaves et al, 2016). Also, they are faced with the paradox of needing to remain hopeful enough to maximise their chances of a positive outcome from a new treatment or palliative approach, yet not setting themselves up for despair by hoping for too much. This need to balance ways of hoping may well have an impact on the disease trajectory, as perceptions shift and life contexts change.

Hope is a positive concept; therefore, a patient’s background is relevant to determine interventions that can be used to increase levels of hope. Thus, when a cure is not possible, redefining the “focus” of hope, regarding how patients live their end-of-life, is of fundamental importance (Pinto et al, 2012). Setting realistic goals, promoting a narrative of life episodes, keeping the sick person busy and preparing them for death, are some ways of restoring and maintaining hope (Dufault and Martocchio, 1985; Benzein and Berg, 2005; Holtslander et al, 2005; Clarkson et al, 2013; Coulourides et al, 2015). In addition, a patient’s hope and goals can be reduced and redirected to ‘living in the moment’, and enjoying their time with their families (Olsman et al, 2014; Daneault et al, 2016; WHO, 2020).

Other identified antecedents that underline the relevance of holistic care are: trust, interpersonal relationships, effective communication and relationships with health professionals (Herth and Cutcliffe, 2002; Buckley and Herth, 2004;

Key points

- **How nurses conceptualise hope is relevant for their palliative care practice**
- **Lack of self-efficacy, competence and confidence in providing palliative care can lead nurses to avoid talking about hope in these settings**
- **Nurses and other members of the health team should be motivated to promote hope at any stage of the disease in palliative care settings**
- **Knowledge of the antecedents of hope is key when designing ways to help novice nurses prepare care for people in palliative care**

Continuing professional development: reflective questions

- **Do you feel prepared to promote hope in palliative care? If so, reflect on how you became prepared.**
- **Do you use competency frameworks in your workplace for palliative care? If so, are they based on national standards, and could they be improved?**
- **Reflect on the antecedents of hope highlighted in this article. Focus on how you can ensure that new nurses joining your team are prepared for hope-based interventions, for instance by promoting education, attitudes, acceptance of death, experience of care for the dying and exposure to death.**

Benzein and Berg, 2005; Clayton et al, 2005; Johnson, 2007; Fernandes et al, 2011; Nweze et al, 2015; Daneault et al, 2016; Davis et al, 2017).

Consequences

Consequences are the events or incidents that can occur because of the occurrence of a concept (Walker and Avant, 2019). Possible consequences of overcoming a disease include an individual's return to a more stable and better quality of life, finding hope and meaning in life, and moving beyond a difficult situation or circumstance toward a healthier and more satisfactory future. This is generally a positive process that produces positive results for the person in palliative care.

The consequences of hope are both explicitly mentioned and alluded to in much of the literature (Table 3). Some of the known consequences of the concept of hope are the ability to deal with life's situations, a sense of renewal or development of new strategies, peace, legacy, positive future for family and friends, survival, improved quality of life and physical health (Benzein and Saveman, 1998; Fernandes et al, 2011; Baalen et al, 2016).

From the sick person's perspective, the responsibility for maintaining and promoting hope are desirable in themselves, and this stems from two different processes: life-sustaining strategies and/or death-preparedness strategies (Holtlander et al, 2005; Olsman et al, 2014).

Hope is recognised as having positive consequences, such as a feeling of life sustenance and a feeling of being able to experience the satisfaction of living despite the limitations brought on by the disease. Therefore, this study corroborates the consequences generated by the presence of the concept: improvement, quality of life, stress reduction, survival, prolongation, and acceptance (Johnson, 2007; Olsson et al, 2011; Olsman et al, 2015a; Baalen et al, 2016).

Empirical referents

According to Walker and Avant (2019), empirical referents represent the phenomenon's characteristics and how to measurably demonstrate their occurrence in palliative

care nursing.

Adherence to therapy, a sense of wellbeing, having a positive attitude, and the ability to engage in self-management, despite physical limitations, can be empirical referents of hope. Also, communicating a sense of hope allows palliative care nurses to access a patient's hopes. The Hope Communication Tool (Olsman et al, 2015a) helps nurses address hope during clinical encounters, particularly when facing difficulties related to patient hope, or hope-related themes, such as unrealistic hope or fear. Likewise, the development and use of well-designed and well-tested tools have contributed greatly to the science of hope. Despite the gaps in the psychometrics of some instruments, and the need to develop new tools robust enough to measure the concept (Redlich-Amirav et al, 2018), there are a variety of screening tools that measure hope, including the Beck Hopelessness Scale (Beck et al, 1974), Snyder Hope Scale (Snyder et al, 1996), Herth Hope Index (Herth, 1992), Hopelessness Assessment in Illness (Rosenfeld et al, 2011), Miller Hope Scale (Miller and Powers, 1988) and Nowotny Hope Scale (Nowotny, 1989).

Discussion

Hope becomes a key and decisive factor in the care of people with palliative needs, as it allows them to endure suffering, helps mobilise forces easing the disease experience, helps cope with the disease, reduces psychological distress, and increases psychosocial wellbeing and quality of life (Duggleby, 2001; Querido, 2005).

Hope is an individualised complex and therefore not easy to define, as it depends on each individual's experiences. Only through both an extensive analysis of the concept and a better understanding of its meaning will nurses in palliative care be able to foster positive patient outcomes (Tanis and Dinapoli, 2008).

Most studies on hope in the context of palliative care focus only on the patient's experience (Holtlander et al, 2005; Nweze et al, 2015). Therefore, despite the potential influence the hope of professionals and caregivers may

have on the patient's hope, their perspectives on the concept of hope are not yet clear (Holtslander et al, 2005; Mok et al, 2010; Leget et al, 2014; Nweze et al, 2015).

A theoretical definition of hope in palliative care was formulated based on the antecedents, attributes and consequences of this concept. Performing a concept analysis has helped provide a clearer outline of what hope entails in the context of palliative care nursing. Establishing the antecedents revealed that symptom control, existential suffering, interpersonal relationships, and the establishment of realistic goals are key areas when promoting feelings of hope.

Two main critical attributes were identified: a positive outcome expectancy, and a process oriented towards the present and future. Hope is central to the adjustment process in palliative care when trying to maintain a sense of normalcy and developing cognitive, social, behavioural and transcendental strategies to improve confidence.

Implications for nursing education, practice and research

Promoting hope is more than just a professional responsibility; it is also a moral and ethical obligation that is foundational for all nursing care. Nursing curricula need to integrate content on hope and hope assessment, and on how to incorporate hope-based strategies within a patient's care plan (Paquette, 2015). Clinical practicum experience should integrate how this concept applies to the care of diverse client populations, and focus on the development of empathy and a hopeful language in connection with clients, asking clients about their hopes, fostering hope in spiritual, emotional, physical, and cognitive domains, but also diagnosing 'hopelessness', as well as 'readiness for enhanced hope'. Hope intervention programs, such as Hope Intervention Program (Herth, 2001), Living with Hope Program (Duggleby et al, 2007) and the Brief Hope Intervention (Chan et al, 2019), can be integrated into clinical practicums, and programme evaluation courses can assess the suitability and effectiveness of different programs (Paquette, 2015).

Nurses should have further training about hope in their professional context, as this concept is often dependant on each nurse's personal trajectory (Broadhurst and Harrington, 2016a). Palliative care nurses can use their clinical practice to identify their own perspectives on hope, and explore how the inspiration of hope can be integrated into their therapeutic interactions (for both nurses and patients). Peer debriefing, support groups, writing and sharing

clinical experiences, integrating hope in palliative care, and discussing strategies to promote hope can foster a language of hope when relating with clients (Paquette, 2015). Engaging in self-care activities can assist nurses to mobilise their emotional energy to connect with clients and nurture hope at the end-of-life (Lombardo and Eyre, 2011). Based on the Paquette (2015:122) study the:

'Continuing education programmes addressing spirituality, reminiscing, and life review can help nurses develop comfort and competence in using hope-inspiring strategies in their clinical practice.'

Formal hope intervention programmes can be incorporated into palliative care nursing practice, especially in home care and long-term care settings. Specific strategies can be adjusted to a client's circumstances, providing opportunities for family and significant others to also facilitate hope. The ability of prescriptive hope intervention programmes to provide quality end-of-life care would require ongoing evaluation (Paquette, 2015).

In this review of the literature, it was found that further study is required to measure the hope of patients in palliative contexts, and of the nurses involved in their care. More information is needed to enhance knowledge of the concept of hope, develop a nursing diagnosis of hope, and mediate variables of hope and hope-promoting strategies, not only for patients with life-limiting diseases, but also for caregivers impacted by this condition.

Conclusion

Hope is a concept of interest within the context of nursing practice, education and research, but it is subject to complex interpretation, ambiguity, and abstract operationalisation. Compared with previous concept analyses, this paper provides an updated definition, broader and more up-to-date antecedents and attributes, and more detailed consequences of hope in palliative care. The process of concept analysis provided a clearer understanding of hope that will enable the palliative nurse to purposely, and positively, influence hope in people diagnosed with life-limiting diseases and their families.

A nursing practice focused on hope remains a challenge. Nevertheless, events and interactions that occur between patients and health professionals can promote and enhance the elements of hope identified in this conceptual analysis. Demonstrating the

benefits of hope-based interventions is the most relevant practice-wide commitment to patient-centeredness in the context of palliative care. Notwithstanding, a concept analysis is merely a means of exploring a concept, insufficient for reaching its absolute understanding. The true nature of hope stems from human experience, so true understanding is only possible from sharing experiences of hope narrated by each person. *IJPN*

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