

Understanding Hope and Factors That Enhance Hope in Women With Breast Cancer

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Purposes/Objectives: To examine the extent to which antecedent variables and appraisals differentiate levels of hope in women during treatment for breast cancer.

Design: Descriptive, correlational.

Setting: Two large midwestern urban areas.

Sample: 73 Caucasian women between the ages of 20–73 with first-time diagnosis of breast cancer; recruited through five physician offices; within three months after surgical intervention with planned chemotherapy, radiation therapy, or tamoxifen; and able to read English.

Methods: Identical surveys mailed to participants 3 and 12 months after surgery. Instruments included Lazarus' Appraisal Components and Themes Scales, Herth Hope Index, Rosenberg's Self-Esteem Scale, Personal Resource Questionnaire 85-Part 2, Helpfulness of Religious Beliefs Scale, and demographics questionnaire.

Main Research Variables: Appraisal, hope, self-esteem, social support, and helpfulness of religious beliefs.

Findings: Variables influencing appraisals during breast cancer treatment on both surveys were self-esteem and helpfulness of religious beliefs. Potential for coping appraisals and self-esteem contributed to variation in hope at both time points. Social support was a significant contributor to hope in the 12-month survey. Appraisal themes reflected challenge but not fear.

Conclusions: Self-esteem and helpfulness of religious beliefs influence women's appraisals regarding the potential for coping; appraisals and antecedent variables relevant for differentiating hope are beliefs about the potential for coping, self-esteem, and social support.

Implications for Nursing: Care of women with breast cancer during the first year of treatment should include assessment of beliefs regarding the potential for coping. Results suggest that support for interventions related to self-esteem, social support, and helpfulness of religious beliefs increase confidence in coping abilities and hope.

The American Cancer Society (2001) estimated that a woman living in the United States has a 1 in 8 (12.5%) lifetime risk of developing breast cancer. During the course of diagnosis and treatment for breast cancer, women often experience actual or potential loss of independence, social mobility, and capacity to work and may experience pain, disfigurement, and death (Berger & Bostwick, 1998). These reasons led Hobfoll and Stephens (1990) to find that cancer often is appraised as a threat.

Key Points . . .

- Hope can be a resource for coping.
- Hope, like some other emotions, is generated from thoughts about threatening situations.
- Women whose thoughts are characterized by beliefs that they can manage the potential problems and emotions associated with breast cancer treatment are more hopeful.
- Oncology nurse interventions for women in treatment for breast cancer related to enhancing self-esteem, strengthening social support, and supporting religious beliefs may be important for increasing women's beliefs about the potential for coping and level of hope.

Hope has been conceptualized as an emotion (Lazarus, 1991; Rustoen, 1995; Smith & Ellsworth, 1985) and, as such, is an important coping resource for people experiencing difficult situations, including women requiring medical treatment for breast cancer. A link has been suggested between hope and health-related outcomes, such as subjective well-being, physical and social functioning, somatic health, and healthy lifestyles (Farran, Herth, & Popovich, 1995; Lazarus, Rideout & Montemuro, 1986; Seligman, 1990).

In large part because of the demonstrated beneficial effects, hope commonly is viewed as a desirable emotion. Lazarus (1991) suggested that hope results from a unique pattern of thoughts and evaluations about a situation and is important for sustaining commitment to desired goals and coping. For example, thoughts and beliefs about the actual or potential significance of harms or losses associated with breast cancer may trigger stress emotions. In turn, stress emotions trigger various coping strategies to enable adjustment (Lazarus & Folkman, 1984). More specifically, hope-

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