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# Hope in Adults With Cancer: State of the Science

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**H**ope has been defined as “a multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving a future good which, to the hoping person, is realistically possible and personally significant” (Dufault & Martocchio, 1985, p. 380). This classic definition has helped to describe the concept of hope in seriously ill patients. Many scholars agree that hope is complex and multidimensional (Clukey, 2007; Cutcliffe & Herth, 2002; Fitzgerald Miller, 2007), which implies that hope is not one-dimensional and focused only on a cure of disease, but changing and redefined by patients over time (MacLeod & Carter, 1999; Reb, 2007).

Hope has been found to influence positive adjustment in patients with cancer and continues to be a research priority (Oncology Nursing Society [ONS], 2009). Research shows that hope is associated with increased quality of life in adults with cancer (Ersek, 2005; Fitzgerald Miller, 2007), whereas hopelessness is associated with decreased quality of life, lower self-esteem, anxiety, and depression (Ersek, 2005).

Historical themes of hope generated by qualitative studies in the late 1970s and early 1980s, as outlined by Herth (1992), are the interpersonal element; the time-oriented, future focus of hope; and the goal-achievement expectation of hope. Additional dimensions of hope uncovered by qualitative research in the late 1980s through the early 1990s are (a) a more global, non-time-oriented sense of hope, (b) hope despite diminished or absent interpersonal relationships, (c) hope as a sense of being available and engaging in relationships as opposed to doing for oneself and others, and (d) the potential of hope for controlling behavior or emotional responses as opposed to controlling events or experiences (Herth, 1992).

A few intervention studies with hope in various populations were developed prior to 2005. These studies were with patients newly diagnosed with cancer (Rustøen, Wiklund, Hanestad, & Moum, 1998) and those with a first cancer recurrence (Herth, 2000), and reported a

**Purpose/Objectives:** To synthesize the literature regarding research on hope in adults with cancer.

**Data Sources:** CINAHL Plus® and PsycINFO databases.

**Data Synthesis:** Sixteen articles published from 2005–2009 met the criteria for review. The literature was organized according to Oncology Nursing Society levels of evidence. Research studies on hope in adults with cancer were analyzed, critiqued, and synthesized.

**Conclusions:** Research evidence continues to grow regarding descriptions of hope and hope attributes in adults with cancer. Although nursing intervention programs have demonstrated positive effects on hope in adults newly diagnosed with cancer, those with a first cancer recurrence, the terminally ill, and survivors of childhood cancer, current studies are small and additional research is indicated.

**Implications for Nursing:** Opportunities exist to explain the dynamic process of hope, develop hope interventions that are tailored to meet the developmental needs of adults with cancer, and study existing nursing programs that support hope using larger samples in randomized, controlled trials.

significant increase in hope postintervention. Research from 2005–2009 on hope in adults with cancer will be examined.

The purpose of this review was to synthesize the literature regarding research on hope in adults with cancer. A primary research literature review was conducted.

## Scope of the Review

A comprehensive literature review was conducted using the CINAHL Plus® and PsycINFO online databases. The following key search terms were used: *hope*, *hopelessness*, *neoplasms*, *cancer*, and *carcinoma*. The limiter for research articles was used. The time frame for the literature search ranged from 2005–2009. The reason for this time frame was that comprehensive reviews exist with summaries of the literature up to and including 2005 (Chi, 2007; Cooper, 2006). This article will review and critique current research and combine the findings with prior research.