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

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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-

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.