Hope has emerged as a vital life force that fortifies both psychological and physiologic defenses throughout the cancer experience (Halldorsdottir & Hamrin, 1996; Herth, 1989; Nowotny, 1991; Rustoen & Wiklund, 2000; Smith & Stullenberg, 1995). Nurses have a strategic role in engendering hope in their patients with cancer regardless of age and extent of disease (Adams & Partee, 1998; Farran, Herth, & Popovich, 1995; Herth, 1990a, 1995; Hinds, 1988; Koopmeiners et al., 1997; Nekolaichuk & Bruera, 1998; O’Rourke, 1998). Qualitative studies have identified strategies that the individual with cancer and his or her family members use in maintaining and fostering their hope; however, intervention programs designed by nurses to enhance hope in their patients is lacking (Farran et al.). Miller (1991) stated that the challenge of nursing “is to understand hope in depth and to use deliberate strategies to develop and maintain a generalized hope-filled state in patients and their families” (p. 307).

The purpose of this article is to describe the development, implementation, and overall evaluation of the Hope Intervention Program (HIP). HIP, developed as a part of a research project examining the influence of a specific nursing intervention program on levels of hope and quality of life (Herth, 2000), was designed to enhance hope in adults experiencing a first recurrence of cancer.

**Purpose/Objectives:** To describe the development and evaluation of the Hope Intervention Program (HIP), designed to enhance hope, based on the Hope Process Framework.

**Design:** Descriptive and evaluative.

**Setting:** Outpatient oncology clinics of two large hospitals.

**Sample:** Convenience sample—38 adults with first recurrence of cancer.

**Methods:** Questionnaire completed at end of last HIP session, three months, six months, and nine months.

**Main Research Variables:** Helpfulness of the HIP components in maintaining hope.

**Findings:** Participants used intervention strategies that represented all four attributes of hope, with specific strategy use varying across time and individuals.

**Conclusions:** Data suggested that HIP positively affected the participants’ rebuilding and maintenance of hope.

**Implications for Nursing Practice:** HIP has the potential to positively influence hope, and it supports the strategic vital role that nurses play in implementing research-based strategies designed to engender hope in their patients and prevent hopelessness.

#### Key Points . . .

- Participants in the Hope Intervention Program (HIP) indicated that the program positively affected the rebuilding and maintenance of their hope.
- Participant evaluation of each session, based on the Hope Process Framework (Experiential, Spiritual or Transcendent, Rational Thought, and Relational Attributes of Hope), was most helpful and spread fairly evenly across the sessions. All sessions were helpful.
- HIP supports the strategic role that nurses play in implementing research-based strategies designed to engender and maintain hope in their clients and to prevent hopelessness.

#### Theoretical Basis for Intervention Strategies

The development of an intervention program designed to enhance hope must be based on an in-depth understanding of hope and hope-enhancing strategies identified through research.

**Delineating Hope**

Over the past two decades, hope has gained significant recognition in its potential as a healing force (Farran et al., 1995; Gottschalk, Fronczek, & Buchsbaum, 1993); its importance in coping specifically during times of loss, suffering, and uncertainty (Morse & Penrod, 1999; Urquhart, 1999; Zabalegui, 1999); and its value in enhancing quality of life (Anderson & Burckhardt, 1999; Post-White, Cerosky, & Kreitzer, 1996; Rustoen & Hanestad, 1998). Counteracting hopelessness is recognized as critical in alleviating painful despair, mobilizing psychic energy needed for healing, creating an expectation for enjoying a positive future, and preventing self-invitation to physical decline and death (Ringdal, 1995; Wake & Miller, 1992). Studies of people with recurrent cancer (Ballard, Green, McCaa, & Logsdon, 1997; Mahon, Cella, & Donovan, 1990; Yates, 1993) found that hope is an orientation toward the future that needs to be maintained regardless of the future’s uncertainty. Hope, according to Farran et al. (1995), “constitutes an essential experience for the human condition that functions as