

The nature of hope in hospitalized chronically ill patients

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Abstract

Background: Hope as a universal human phenomenon has been studied from various perspectives often conceptualized as having a unified set of attributes. In this study however hope is viewed to be experienced by people in various patterns structured by different orientations and emphases depending upon their life circumstances. There is a paucity of studies in the literature examining patterns of hope experienced by people in chronic illness or in special life circumstances.

Objectives: The aim of this study was to discover patterns of hope in hospitalized chronically ill patients and to identify the major threads that structure various patterns of hope experienced by them.

Design: *Q*-methodology, which is an approach designed to discover patterns in various subjective experiences, was used as the method for data collection and theory generation. *Q*-methodology involves five steps in its approach, the first two as the first phase and the last three as the second phase. The study was carried out at a general acute-care, tertiary hospital in a New England state in the US. The study obtained data from a convenient sample of 12 chronically ill patients and 16 oncology nurses for the first phase, and a different convenient sample of 20 chronically ill patients for the second phase.

Results and conclusions: Five patterns of subjective experiences of hope emerged as: (a) externalism orientation, (b) pragmatism orientation, (c) reality orientation, (d) future orientation, and (e) internalism orientation. This means that chronically ill patients experience hope in various ways by focusing on different dimensions of meaning, suggesting the conceptualization of hope as a unitary construct may not reflect people's experiences of hope accurately. The major implication of the study is to rethink ways to assess patients' hope in terms of pattern differences rather than in terms of quantity.

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Keywords: Patterns of hope; *Q*-methodology; Chronically ill patients

What is already known about the topic

- Various philosophical and conceptual orientations regarding hope.
- Hope viewed and assessed as a human experience in a unified, general form varying in its degree (quantitatively) depending upon life circumstances.

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- Development of various tools for assessing the level of hope.

What this paper adds

- Hope revealed in five different patterns in chronically ill patients.
- Hope experienced subjectively by patients attributing different meanings to their life circumstances and emphasizing different orientations.

1. Introduction

Hope has been studied in nursing from various orientations as a subjective phenomenon in relation to illness experiences. It is often considered an essential state of mind that impacts on individuals' attitudes toward life and functioning. For example, Fryback (1991) identified hope as one of the three major themes in mental/emotional domain of health in persons with terminal disease. Since it is suggested that hope is present in nearly all people (Yates, 1993), it has to be assumed that hope also is present in chronically ill patients. However, the lives of chronically ill patients are often complicated by declining functioning, disability, persistent presence of unpleasant, troublesome symptoms, episodes of exacerbation of diseases, or a threat of death. Such circumstantial constraints associated with chronic illness may influence the ways chronically ill persons experience hope differently from how hope is experienced by healthy persons.

While the literature regarding hope is accumulating, experiences of hope and hope inspiration by people in different life-circumstances or culture remain under-researched and is consequently not well understood (Herth and Cutcliffe, 2002). Furthermore, most of the research on hope has held the assumption that hope is experienced as a unified general structure or process having a universal attribute rather than it being represented by dynamic patterns experienced differently by persons who are in different situations. It is possible to consider hope as a dynamic construct that may be affected by extraneous variables or changing conditions such as phases of illness (Farran et al., 1995).

The present study was based on two assumptions: (1) hope is an experience that is revealed in a dynamic pattern associated with an individual's life situation, and (2) chronically ill patients are likely to experience hope in different patterns than healthy persons. The specific purpose of this study was to discover the patterns of hope in chronically ill patients in an acute-care setting through *Q*-methodology. In this study the term, a chronically ill patient, was defined broadly as a patient who has a diagnosis requiring long-term medical care,

with possible exacerbations or related acute episodes that necessitate hospitalizations.

2. The literature review

In general hope is viewed as an essential and vital component in human life and health. However, there are many different orientations with which hope has been conceptualized by philosophers, psychologists, and nursing scholars. For example, hope is considered a component of caring (Mayeroff, 1972), is described as an inner force inherent in a person's will to live (Cousins, 1989), and is thought of as an element that is present in persons in the form of desire to function as an independent human being (El-Gamel, 1994). To existential philosophers such as Marcel (1978) and Fitzgerald (1979) hope is closely tied to the concept of human becoming and existence. Hope to Marcel (1978) is a process of human becoming through which one searches for meaning for oneself in intersubjective relationships. Marcel differentiates desire which is viewed as a specific "want" of objects from basic hope which exists as an orientation to future possibilities, transcending the limits of specific things or material. Aardema (1984) describes the kind of hope Marcel refers as transcendental hope.

In a different perspective than that espoused by Marcel, Schachtel (1959) distinguishes "realistic hope" from "magic hope" suggesting that realistic hope refers to a process of activity oriented to finding oneself or conditions of reality, while magic hope refers to wishful expectations that would be fulfilled by some persons or external forces such as God or fate. Magic hope is represented as "not active but passive in the present, and the present is empty" (Schachtel, 1959, p. 38). Stotland (1969) on the other hand considers hope as a condition of mind that results from a cognitive, evaluative process regarding goal attainment. These suggest that there are variations in the ways hope is conceptualized by philosophers and psychologists.

In nursing hope is often conceptualized or identified as a unified structure or a state of mind in a person, or as a static state that is experienced by a person with varying attributes or elements (for example, Hinds, 1984; Dufault and Martocchio, 1985; Herth 1990; Daly et al., 1999). Hinds (1984) identified hope in four categories—"forced efforts," "personal possibilities," "expectation of better tomorrow," and "anticipation of a personal future." Hinds (1988) added a category of "concern for and focus on other" in her later study. Nurse researchers have frequently utilized hope scales such as the Miller Hope Scale (Miller and Powers, 1988), Nowotny Hope Scale (Nowotny, 1989), and Herth Hope Scale (Herth, 1991), which consider hope as having universal attributes and general critical elements, within

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