

Original Article

Living with Hope: Initial Evaluation of a Psychosocial Hope Intervention for Older Palliative Home Care Patients

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Abstract

The overall purpose of this study was to evaluate the effectiveness of a psychosocial supportive intervention called the "Living with Hope Program" (LWHP) in increasing hope and quality of life for older adult, community-living, terminally ill cancer patients. Using a mixed method concurrent nested experimental design, 60 terminally ill cancer patients over the age of 60 years were randomly assigned to a treatment group and a control group. Baseline hope (Herth Hope Index [HHI]) and quality-of-life scores (McGill Quality of Life Questionnaire [MQOL]) were collected at the first visit in the patients' homes by trained research assistants. Those in the treatment group received the LWHP, which consisted of viewing an international award-winning video on hope and a choice of one of three hope activities to work on over a one-week period. The control group received standard care. Hope and quality-of-life data were collected one week later from both groups. Qualitative data using open-ended hope questions were collected from the treatment group. Patients receiving the LWHP had statistically significant higher hope ($U = 255$, $P = 0.005$) and quality-of-life scores at Visit 2 ($U = 294.5$, $P = 0.027$) than those in the control group. Qualitative data confirmed this finding, with the majority (61.5%) of patients in the treatment group reporting the LWHP increased their hope. This preliminary evaluation of the effectiveness of the LWHP suggests that it may increase hope and quality of life for older terminally ill cancer patients at home. J Pain Symptom Manage 2007;33:247–257. © 2007 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Advanced cancer, older adult, randomized controlled trial, psychosocial, intervention

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Introduction

Individuals with advanced cancer experience a spectrum of symptoms, such as pain, which may be inadequately treated and may interfere with quality of life.^{1,2} Elderly cancer patients may describe their worst pain as psychosocial pain.³ (Psychosocial pain was defined in terms of loss of independence, life, faith, and relationships.) They also described dealing with this pain and suffering by maintaining hope.⁴ Elderly patients with advanced illness defined hope as an inner resource and a coping mechanism essential for their quality of life.⁵ They described their hope of “not suffering more,” “living life to the fullest in the time they had left,” peaceful death, life after death, and a better future for their families.⁵

In nonterminally ill populations, several studies have found hope-focused strategies to be effective in increasing hope.^{6–9} Two of these studies, one with adults with cancer⁶ and another with well older adults,⁹ suggested that hope-focused interventions can increase hope and have a positive impact on quality of life.^{6,9} These cognitive reframing interventions, or hope-focused programs, involve a series of cognitive exercises that assist individuals in maintaining and enhancing their situational hope. Staats⁹ used five training sessions of happiness, goal imagery, and time management as a hope intervention. Herth⁶ developed a Hope Intervention Program (HIP), which included eight two-hour hope-focused sessions administered over eight weeks. The lengthy sessions, however, would be burdensome to terminally ill patients and, therefore, not a feasible intervention to use with this population. Despite limitations in hope intervention research, findings suggest that a psychosocial supportive intervention may increase hope and quality of life for older terminally ill cancer patients. Because of the importance of hope for elderly terminally ill cancer patients^{4,5} there is a need for a theory-driven psychosocial supportive hope-focused program for elderly palliative care patients with advanced cancer that has been tailored to this population’s unique characteristics and needs.

Hope research with terminally ill patients has been exploratory in nature, using qualitative methodologies with patients in multiple age groups.^{10–13} Similar to most palliative

care research, there has not been a focus on older adults.¹⁴ There are no reported studies that have examined the effectiveness of a psychosocial supportive hope-focused program in enhancing the hope of older palliative home care patients with advanced cancer. Older adults may need different methods of maintaining hope and fostering hope than younger persons.^{15–20} Older patients are able to maintain and live with hope through a transformative process.⁵ In a grounded theory study of hope in older palliative patients, the participants described an interrelated, dynamic process of hope, which included acknowledging the reality of their circumstances, searching for meaning, and positive reappraisal, from which emerged a beginning hope theory called “Transforming Hope.”⁵ This theory was used as a basis for the development and pilot testing of the “Living with Hope Program” (LWHP). The program consists of viewing a research-based film on hope followed by working on a hope activity over a one-week time period.

The purpose of this study was to examine the effectiveness of a psychosocial supportive intervention entitled LWHP in increasing hope and quality of life for older (60 years of age and older) home care patients with advanced cancer. The specific objectives of the study were to a) evaluate the effectiveness of the LWHP in increasing hope and quality of life in older home care cancer patients and b) describe the relationship between hypothesized mediator variables (spirituality, controlled symptoms, and positive relationships) with hope and quality-of-life scores. Specific hypotheses were 1) patients completing the LWHP will report significantly higher hope and quality-of-life scores compared to a control group, and 2) patients in the treatment group will have higher scores on a spirituality subscale, symptom control subscale, and a subscale measuring positive relationships than those in the control group.

Methods

A concurrent nested mixed method²¹ experimental design was used to achieve the study purpose and objectives. Quantitative data were collected on all patients and qualitative hope evaluation data were collected from patients

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