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Review article

# Research progress at hope level in patients with chronic non-malignant diseases☆

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ABSTRACT

This article reviews the hope level of chronic non-malignant diseases patients and its influencing factors. We also introduced to the concept of hope level, related theory of hope, measuring tools and the basic strategy of improving the hope level of chronic non-malignant diseases patients. We proposed that we should better understand and apply the theory of hope to make targeted nursing intervention measures for different patients.



## 1. Introduction

At present, the elderly population is rapidly expanding worldwide, and diseases are also becoming increasingly diverse. Chronic non-communicable diseases (chronic non-malignant diseases and malignant tumors) have replaced infectious diseases as the previous prevention emphasis in the medical field. Chronic non-malignant diseases refer to chronic diseases with the exception of cancer.[1] The American National Hospice Organization guide cites heart failure, liver failure, chronic renal failure, chronic obstructive pulmonary disease (COPD), nervous system disease, diabetes, and AIDS as chronic non-malignant diseases.[2] The function of every system in the elderly is gradually reduced, causing reduced resistance and increased susceptibility to chronic diseases. These diseases have a long disease course, cannot be cured completely and are associated with numerous complications. These diseases represent a tremendous burden to patients and their families both physically and psychologically. Moreover, chronic non-malignant diseases cause anxiety and depression in patients and seriously affect their quality of life. The concept of hope has been gradually introduced into the medical field in recent years. Hope is vital to all aspects of life. Hope has strong penetrating power and can stimulate an individual's vitality.[3] This paper reviewed research on the level of hope in patients with chronic non-malignant diseases and provided a reference for exploring how to enhance the hope level of patients to improve their quality of life.

## 2. Concepts, related theories and hope measurement tools

### 2.1. The evolution of concepts and related theories of hope

The concept of hope originated from the background of religion and philosophy. In ancient times, hope was a pejorative word. People often thought hope was empty and worthless. In ancient Greece, hope was regarded as a neutral concept that did not involve any positive or negative emotion. However, in the Bible, hope had the meaning of trust, faith and promise. In the 20th century, the German philosopher Ernst Bloch first placed hope into the core concepts of philosophy and redefined the meaning of hope from the perspective of anthropology and ontology in his book *Das Prinzip Hoffnung*. In 1998, Miller et al.[4] explored the meaning of hope based on the nature of hope and etymology and described hope as a series of expectations associated with a good status for some individuals. Hope is an ability that is competent and responds to something. Hope is a type of psychological and spiritual satisfaction. Hope is an

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experience of a sense of purpose and meaning in life and a feeling filled with infinite possibility in life. Snyder[5] later proposed the newest concept of hope. He thought hope is one's thinking and behavior disposition. Hope is derived from acquired learning. Hope is not only a cognitive characteristic but also a dynamic state. Hope is based on the target from which it cannot be separated. The hope theory model described above mainly includes three elements: target, path of faith and intention to faith.

Freud first proposed the concept of hope in medical field in 1905. He thought hope is a very important position in the process of treatment and rehabilitation.[6] In the 1960s and 1970s, hope was introduced into the nursing field. The concept and theory was known and valued by nursing workers. Then, Tutton et al.[7] put forward the theoretical model of hope based on Snyder's theoretical model in the field of nursing. Tutton considered hope to be a cognitive process with good expectations for the future, and individuals believe they can achieve their goals through one's effort.[5]

### 2.2. The measuring tools of hope

The earliest measuring tool of hope is Gottschalk's Hope Scale. Since then, a variety of scales, such as Miller Hope Scale, Expect Balance Scale, Hope Index, a series of Snyder Hope Scale (including Adult General Hope Scale, Hope State Scale, Adult Different Life Side Hope Scale, Child Hope Scale, Infant Hope Scale, Infant Hope Scale-story), Herth Hope Scale and its simplified style Herth Hope Index, have been developed.[8–10]

The Herth Hope Index's Chinese version is widely used to measure patients' hope level in our country at present. The scale was compiled by American scholar Herth and translated into Chinese by professor Zhao from China Medical University. This scale has good reliability and validity by testing. The retest reliability is 0.92. Cronbach's alpha is 0.87, and structure validity is 0.85.[11] The scale contains three subscales: (1) Temporality and future, (2) Positive readiness and expectancy, (3) Interconnectedness. This scale contains twelve items, and each subscale includes four items. Using a Likert 4-point scoring method, each item has different grades and answer options with an assignment of 1–4 points. The total score ranges between 12 and 48 points. A higher score of respondents indicates a high level of hope.

## 3. Factors that affect the hope level of patients with chronic non-malignant diseases

The study on the hope level began earlier in foreign countries. These studies refer to numerous fields, such as healthy people, chronic non-malignant diseases patients, cancer patients, child patients, and elderly patients. Some researchers also have expanded the research on the factors that affect the hope level of patients with chronic non-malignant diseases.

### 3.1. Patient's personal factors

#### 3.1.1. Psychological factors

It is stressful for patients to be diagnosed with chronic non-malignant diseases because these diseases are incurable. Fear of disease, worrying about prognosis and huge medical expenses are significant sources of stress to the patients. During long-term treatment, patients are prone to helplessness, despair, anxiety and depression. A patient's psychological state is significantly correlated with their hope level. According to the research of Balsanelli et al.,[12] a patient's hope level has a negative correlation with anxiety and depression and a positive correlation with self-esteem and self-respect. When the hope level is high, self-esteem and self-respect are also high. In contrast, the anxiety and depression scores are low.

#### 3.1.2. Religious belief

Belief is a special psychological phenomenon of human beings. Belief can determine the outlook on life, the values and world view of a person. Belief is also an important spiritual pillar to many nations and social communities. Religion psychology began to flourish in the 1970s and gradually became a research hotspot in the field of medicine and nursing (especially in hospice nursing and palliative nursing).[13]

Shamsalinia et al.[14] found that positive religious coping styles can improve patients' hope levels, and negative coping styles can create a state of struggle for patients and even cause pain. He also identified a close relationship between positive religious coping style and social support. Strong social support can improve positive religious coping styles. Patients can more effectively address the disease, improve self-care ability, adhere to the treatment of disease and reduce the incidence of complications to improve their quality of life through self-regulation. Some studies have shown that most people can produce a strong belief and obtain a sense of calm, support, and hope through “communication with God” when they are in trouble. However, negative religious coping is associated with mental anguish.[15]

### 3.2. Family factors

Given that chronic non-malignant diseases have the characteristics of repeatability, long-term and complexity, these diseases are associated with an economic burden to the families of patients. Lee et al.[16] reported that the hope level of patients with COPD exhibits a positive correlation with their family's income per capita. The patient's hope level is higher when the income per capita monthly is higher. On the contrary, the hope level is reduced when income is reduced.

Home is a sheltered harbor for an individual. Home can provide emotional support to patients. Zhao et al.[17] found that the degree of family care for COPD also plays an important role in a patient's hope level. More caring for the patient indicates that the patient will have a better mental state and a higher level of hope.

### 3.3. Social factors

With changes in the way people live and given the aging of elderly populations, the incidence of chronic non-malignant diseases and disease burden continue to increase. The importance of social support for patients' disease self-management has been valued by researchers in the field of psychology. Family, friends, neighbors, and health professionals (doctors, nurses or nutritionist) are typical sources of social support. The styles of social support are typically classified as emotional support, instrumental support and information support.[18] Embuldeniya et al.[19] considered that peer group support is a unique source of social support. Peer group support is provided by the individuals who need this type of social support. Embuldeniya et al.[19] also explored the impact of positive and negative peer group support on the level of hope in patients with chronic non-malignant diseases through formal training of these individuals. He found that positive peer support exhibits a positive correlation with the hope level of chronic non-malignant patients. Brooks et al.[20] conducted a cross-sectional, descriptive survey on rheumatism patients of an urban community service center and found that spouses and other family members who participated in the plan could effectively promote patient's health and disease management.