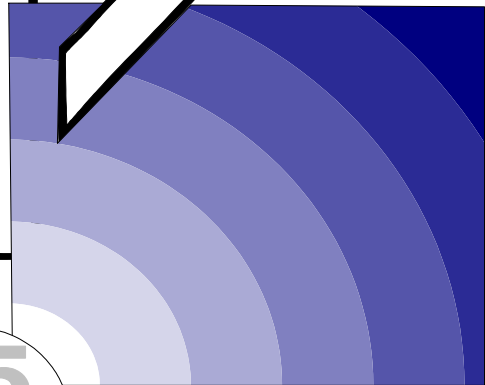
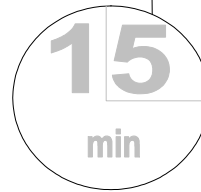


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15 minute Worksheet



Psychological needs

1: Fostering hope

Introductory level

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Aim of this worksheet

To consider ways of fostering hope in advanced disease

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace

Case Study

John is a 46 year old man who initially complained of increasing weakness in his legs. As he was always an anxious man, this was at first this was put down to stress. When the weakness worsens, however, the suspicion turns to motor neurone disease. He is married with a two teenage children. He suspects he has a serious illness and comes to see you for reassurance.

What is hope?

Hope of realistically achieving something good in the future is at the heart of coping with advanced illness and enabling a good quality of life. Unlike denial or optimism, hope needs people to be realistic, since one can only successfully hope for something that is possible, not something that can never be achieved. It is about being open to possibilities.

It is not about being unrealistic or being in denial, it is different to optimism (which needs some denial and perhaps avoidance of reality), and it is not about finding the meaning of life

It is a realistic desire for good in the face of uncertainty and it helps a person cope with tragedy and loss

What John needs to foster hope

- A willingness to confront uncertainties, but at John's pace
- Professionals willing to offer information at John's pace, not the pace of professionals
- Support that John can trust, allowing him to feel safe to express his distress
- A willingness to consider possibilities
- Professionals who are willing to allow and help John to adapt his hope as his illness progresses.
- The ability of John to imagine his hope by seeing it as a realistic possibility, not just fantasising or wishing that something may happen.

MCQ 1) F 2) F 3) T 4) F 5) T

How does hope show itself?

Hope shows itself in different ways at different stages of illness:

Early in the disease there is hope of cure

As the illness progresses there is hope of control and hope for comfort

At the end of life the hope often changes to one of peace and hope of a pain-free death.

Hope shows itself in different ways in different people:

Some people are practical in their hope, eg. hoping to avoid pain, tie up loose ends, or going home to die.

Others are more generalised in their hope, eg. the hope to be at peace, to take 'each day as it comes', hope that they are valued, and a hope of 'letting go' at the end.

How can I use this information to help?

- As an illness progresses John needs to be allowed to change the focus of his hope, eg from cure to comfort.
Action: Allowing John to talk freely about his fears and hopes will help.
- Keep a look out for patients whose pace of change has been abrupt, eg. being told their illness cannot be cured or treated.
Action: These people will need extra time to mull over this new information, with a trusting ear to listen.
- John may make it clear he does not want more information at present, eg. 'I don't want to hear any more bad news'. This shows he is in 'reality overload' and cannot take any more information right now.
Action: Make sure the team knows of John's wishes. Avoid misinterpreting his 'reality overload' as a lack of knowledge- this can push professionals into loading even more information onto John when he is already struggling with the knowledge he has already!
- Hope is soon damaged by persistent physical symptoms, eg. pain, nausea, vomiting.
Action: Make sure the team knows about the problem and deals promptly with the symptom.
- Hope is very difficult to keep going in the presence of persistent psychological symptoms eg, anxiety, anger or a clinical depression.
Action: Let the team know if John seems anxious, angry, frightened or withdrawn so these symptoms can be eased.
- Hope is difficult to foster if a person's life has been one of neglect, rejection or abuse.
Action: These people will need time to talk to mull over future possibilities. They may need specialist help.

Key points

- Hope is a realistic desire for something good in the face of uncertainty.
- Hope is not about denial or optimism.
- Hope changes as the illness progresses.
- A trusted, listening ear is the most helpful support, not someone who offers false reassurance.

Reflect

What do you think hope means for people with incurable illness?

MCQ

Consider the following about hope

- | | | |
|--|------|-------|
| 1. Hope is about being optimistic | True | False |
| 2. You cannot be realistic and hopeful in the face of death | True | False |
| 3. Hope is greater if information is given at the patient's pace | True | False |
| 4. Wishing is the same as hope | True | False |
| 5. To be hopeful, a person needs support and trust | True | False |

Reflect

Think of ways in which patients adapt their hope as the illness advances

Early in the disease

As the illness advances

Write

How could you help foster John's hope in these situations

Situation	How you can help
Recently told bad news	
John says he wants no more information	
John is nauseated	

FURTHER ACTIVITY: Fostering hope

Think back to the last person you met with an advanced illness
–did they show any signs of hope?

FURTHER READING: Fostering hope

Journal articles

- Benzein E. Norberg A. Saveman BI. The meaning of the lived experience of hope in patients with cancer in palliative home care. *Palliative Medicine*. 2001; **15**(2):117-26.
- Chelf JH. Deshler AM. Hillman S. Durazo-Arvizu R. Storytelling. A strategy for living and coping with cancer. *Cancer Nursing*. 2000; **23**(1): 1-5.
- Clark D. Between hope and acceptance: the medicalisation of dying. *BMJ*. 2002; **324**: 905-7.
- Cutcliffe JR. Herth K. The concept of hope in nursing 1: its origins, background and nature. *British Journal of Nursing*. 2002; **11**(12): 832-40.
- Herth K. Enhancing hope in people with a first recurrence of cancer. *Journal of Advanced Nursing*. 2000; **32**(6):1431-41.
- Kennett CE. Participation in a creative arts project can foster hope in a hospice day centre. *Palliative Medicine*. 2000; **14**(5): 419-25.
- Moadel A. Morgan C. Fatone A. Grennan J. Carter J. Laruffa G. Skummy A. Dutcher J. Seeking meaning and hope: self-reported spiritual and existential needs among an ethnically-diverse cancer patient population. *Psycho-Oncology*. 1999; **8**(5): 378-85.
- Penson J. A hope is not a promise: fostering hope within palliative care. *International Journal of Palliative Nursing*. 2000; **6**(2): 94-8.
- Rustoen T. Wiklund I. Hope in newly diagnosed patients with cancer. *Cancer Nursing*. 2000; **23**(3): 214-9.
- Warr T. The physician's role in maintaining hope and spirituality. *Bioethics Forum*. 1999; **15**(1): 31-7.

Resource books and websites

- Effective Interaction with Patients*, 2nd ed [Faulkner A](#). New York : Churchill Livingstone, 1998.
- Introducing Palliative Care 3rd ed*. Twycross R. Abingdon : Radcliffe Medical Press, 1999.
- Talking to Cancer Patients and their relatives*. [Faulkner, A](#). Oxford: Oxford University Press, 1994.
- A Guide to Symptom Relief in Palliative Care*, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004
- Oxford Textbook of Palliative Medicine* 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.

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**Current
Learning
In
Palliative care**
An accessible
learning programme
for health care
professionals

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook
Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com