

Letter to the Editor

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A reflection on: Bovero et al. (2021) “Hope in end-of-life cancer patients: A cross-sectional analysis”

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Dear Editor: We are writing this letter regarding the paper “Hope in end-of-life cancer patients: A cross-sectional analysis” (Bovero et al., 2021), recently published ahead of print in *Palliative and Supportive Care*. This paper reports a cross-sectional study on the prevalence of hope among end-of-life (EOL) cancer patients and the relationship between hope and a set of clinical and psychosocial measures. Although patients exhibited relevant depressive and anxious symptomatology and high levels of demoralization, most participants maintained a positive outlook on life, underlining the value of fostering hope as a psychosocial and spiritual resource. In palliative care, hope is critical to manage despair, and a balance between hope and realism is vital (Werner and Steihaug, 2017). According to Eaves et al. (2016), being realistic is a form of hope that allows individuals to observe and understand their situation while remaining open to the possibility of positive change. We agree with the authors (Bovero et al., 2021) and applaud the rigor and clarity of their expressions when interpreting the results.

Given the overall positive benefits of hope in EOL oncology patients (Lichwala, 2014; Li et al., 2018), nurses have a moral duty to maintain and foster hope when caring for patients during that difficult stage. In addition to setting goals, personalized interventions can foster hope in patients. In a recent review of these interventions, Laranjeira et al. (2020) included helping patients verbalize their hopes in a supportive environment through effective interpersonal skills. Maintaining a coordinated interdisciplinary approach to communication during patient care is critical, as this allows effective rapport-building and openness regarding prognosis and realistic goal setting (Werner and Steihaug, 2017). Hope can also be encouraged through strong spiritual beliefs, supportive relationships, effective management of pain, and other distressing symptoms (Cotter and Foxwell, 2016; Laranjeira et al., 2020).

Other realistic hope-facilitating interventions can be applied, namely: (1) helping patients identify hope objects (i.e., desired goal and/or intended result); (2) facilitating the achievement of short-term goals and supporting the redefinition of hope objects, when the specific objectives are not realistic; (3) promoting life review; (4) encouraging patients to share positive past experiences; (5) providing high-quality care to promote comfort; (6) encouraging the expression of emotions and feelings; (7) using humor and encouraging its use; (8) promoting the sense of continuity and reinforcement of relationships with others; (9) creating a legacy project; (10) maintaining attentive care to individuality and details; (11) helping to live “one day at a time”; (12) involving patients in discussions about death and dying (e.g., desired place of death); and (13) facilitating forgiveness of self and others.

Other techniques to foster hope in patients and families have also been explored, including brief self-reflective exercises, mindfulness in practice, appreciative inquiry, writing, and different narrative and debriefing methods (Marchand and Ingram, 2015). Nevertheless, maintaining hope in palliative care patients is not an isolated event; people and environments surrounding the individuals have also been seen to influence the level of hope (Laranjeira et al., 2020). Such factors will also need to be taken into account when considering the well-being and sense of hope of palliative care patients.

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