Psychological needs

1: Fostering hope

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, and then turn to the Work page overleaf.
• Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
• This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
• If you think any information is wrong or out of date let us know.
• Take this learning into your workplace using the activity on the back page.

Case Study
Peter 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 put down to stress. When the weakness worsens, however, the clinicians suspect motor neurone disease. He is married with 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 Peter needs to foster hope
- Nurturing relationships and a sense of connection with others.
- Support that Peter can trust, allowing him to feel safe to express his distress.
- A willingness to confront uncertainties and consider possibilities at an appropriate pace.
- Professionals willing to offer information at Peter’s pace, not at the professional’s pace.
- Professionals willing to allow and help Peter adapt his hope as his illness progresses.
- The ability to imagine his hope by seeing it as a realistic possibility, not just fantasising or wishing that something may happen.

True or false
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.

The realignment of hope as events warrant rather than relinquishment of hope is key.

How can I use this information to help?
- Professionals can positively and negatively influence hope.
  Action: Hope is fostered by being receptive, honest and genuine; affirming the individual’s worth and value; demonstrating caring behaviours (e.g. touch).
- As an illness progresses Peter needs to be allowed to change the focus of his hope, eg from cure to comfort.
  Action: Allowing Peter 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.
- Peter 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 Peter’s wishes. Avoid misinterpreting his ‘reality overload’ as a lack of knowledge- this can push professionals into loading even more information onto Peter 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 Peter 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.
What do you think hope means for people with incurable illness?

**True or false?** 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. Hope is easier to foster if the person feels safe to express their distress
   - True  False

**Reflect** Think of ways in which patients adapt their hope

Early in the disease

As the illness advances

**Write** How could you help foster Peter’s hope in these situations

<table>
<thead>
<tr>
<th>Situation</th>
<th>How you can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recently told bad news</td>
<td></td>
</tr>
<tr>
<td>Peter says he wants no more information</td>
<td></td>
</tr>
<tr>
<td>Peter is nauseated</td>
<td></td>
</tr>
</tbody>
</table>
Think back to the last person you met with an advanced illness

- Did they show any signs of hope?
- How did you, or might you have, helped them foster hope?

FURTHER READING: Fostering hope

**Journal articles and chapters**


**Further resources**

- *e-lfh: e-Learning for Healthcare* contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecl). Registration is required but is free. [http://www.e-lfh.org.uk/projects/e-elca/index.html](http://www.e-lfh.org.uk/projects/e-elca/index.html)

FURTHER ACTIVITY: Fostering hope

- 15 minute worksheets are available on:
  - An introduction to palliative care
  - Helping the patient with pain
  - Helping the patient with symptoms other than pain
  - Moving the ill patient
  - Psychological and spiritual needs
  - Helping patients with reduced hydration and nutrition
  - Procedures in palliative care
  - Planning care in advance
  - Understanding and helping the person with learning disabilities
  - The last hours and days
  - Bereavement

Available online on [www.clip.org.uk](http://www.clip.org.uk)