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This paper argues that hope is an important concept for nursing. In order to gain a better understanding of hope it draws together a range of different meanings and perspectives and compares how they are different or similar. Associated concepts such as hopelessness and despair are explored and how people move between them as they process through recovery. Studies that examine staff and patient's views of hope in a variety of settings add to the discussion. The paper concludes by suggesting further research is required in practice settings to examine how hope is facilitated in recovery from injury and illness in daily ward life.

AN EXPLORATION OF HOPE AS A CONCEPT FOR NURSING

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ABSTRACT

Background

Hope is identified as an important part of recovery and nurses are identified as having a crucial role in facilitating hope in patients and their families.

Aims and objectives

This paper examines perceptions of hope in health care with a particular focus on: the nature of hope in nursing; the relationship of hope to other related concepts; the experience of hope in some contexts; and the contribution of nursing.

Conclusions

A literature review was undertaken drawing on concept clarification and evaluation which identified hope as an emerging concept. Further research is required to explore hope within orthopaedic and trauma settings. Furthermore a thorough understanding of how staff and patients interact, experience hope; and what strategies facilitate therapeutic care in this area is required.

Relevance to clinical practice

Hope is presented as a core concept for practice because it is inextricably linked to individual's experience and recovery. However unless practical and useful ways of working with hope that benefit patients are identified; hope will remain an under utilised concept in healthcare.

INTRODUCTION

Hope has long been considered an important part of being human and is discussed extensively in many areas of the literature. As a concept (an abstract idea) hope has an intuitive appeal across disciplines such as education (Halpin 2001), psychiatry (Clarke 2003), and social science and healthcare (Nekolaichuk, Jevne & Maguire 1999).

Within these disciplines many different interpretations and conceptions of hope exist.

However the literature presented here suggests that hope is appealing because it focused on how human beings survive and look forward to life, despite the many traumas and disruptive events that occur. In health care, hope is of particular interest because of the disruptive nature of injury/illness that requires considerable healing resources for recovery to occur. An understanding of hope in health care may help

staff to understand individuals' experience of the recovery process and identify effective supportive mechanisms.

AIM

This paper aims to examine the concept of hope within the context of healthcare, with a focus on hospital nursing, as portrayed in the literature. An evaluation of the concept of hope is made based on the work of Morse, Mitcham & Hupcey et al. (1996) and consideration given to the place of hope in some theoretical frameworks and nursing contexts.

OBJECTIVES AND METHODS

The objectives are to explore:

- the nature of hope in nursing; how hope is defined, hope as an expectation, cognitive process and goal attainment
- the relationship of hope to other related concepts such as hopelessness and despair and its place within two theoretical frameworks of care
- the experience of hope in different contexts such as people who have experienced spinal injuries
- the contribution of nursing and the relevance of hope for clinical practice

A concept analysis generally aims to pull apart an interesting phenomenon with a view to understanding more about what it is and how it works in practice. It also helps to identify areas where understanding could be improved by further research. There

are many ways of undertaking a concept analysis (Wilson 1969; Walker & Avant 1995; Rodgers 1989; Morse 1995; Morse, Mitcham & Hupcey et al. 1996). The method used to guide this work was drawn from Morse's (1995) work on concept development which was extended by Morse, Mitcham & Hupcey et al. (1996) to encompass concept evaluation. They argue that a concept evaluation to establish the maturity of the concept is important prior to the use of other more structured approaches to concept analysis such as Wilson 1969, Walker & Avant 1995, and Rodgers 1989. Concept maturity is necessary as measurement and manipulation of the concept can not take place until the characteristics, boundaries, preconditions and outcomes of the concept are known (Morse, Mitcham & Hupcey et al. 1996). Four questions provide the criteria for concept evaluation and these were used to inform this paper. These are: i) Is the concept well defined? ii) Are the conceptual boundaries delineated? iii) Are the characteristics/attributes identified? iv) Are the preconditions and outcomes of the concept described and demonstrated?

The search strategy involved the use of the free text term hope since 1990-2008 in CINAHL, and Medline. Papers were included from the abstracts for review that had a focus on hope within theoretical frameworks, research or raised clinically relevant issues. Key texts from before 1990 such as Travelbee (1971) were included if they added a different perspective to the understanding of hope. The intention was to provide an overview of issues facing nursing in relation to the use of hope in practice. Papers that involved the measurement of hope or hopelessness and depression were not included in this concept evaluation.

FINDINGS

THE NATURE OF HOPE IN NURSING

The first area of concern is Morse, Mitcham & Hupcey's et al. (1996) question regarding definition. Hope as a concept is presented as fundamental to life yet difficult to define as Clarke (2003) suggested 'we know hope when we see it, feel it intensely when it is gone. But it is hard to describe' (p.164). In nursing, hope is seen as an important concept that nurses have the potential to facilitate or sustain in others. For this reason many authors have attempted to define and examine how patients and staff understand, use and experience hope in daily life. Definitions of hope vary according to the authors' perspectives and were classified as an expectation or a cognitive process encompassing realistic and unrealistic hope. However goal attainment may need to be considered within the wider context of patients' experience if hope is to be fully understood within the practice setting.

Definitions of hope

Hope was largely considered to be a positive concept that can make a difference to people's lives (Moore 2005). Kylma & Vehvilainen-Julkunen (1997) described it as an experience, emotion or need. In the health care literature hope was often situated within the context of disease, injury or major event that required adaptation on the part of the individual. Definitions of hope varied between disciplines but in nursing tended to be future orientated and suggested a dynamic psychological process had occurred, in relation to overcoming a health related event for the person to experience hope. Kaye Herth had undertaken many studies of hope in different groups of people

(terminally ill people 1990, family caregivers of terminally ill people 1993a, older people 1993b, homeless families 1996, homeless children 1998, cancer patients 2000). From her study of older people she suggested that hope was ‘an inner power that facilitates the transcendence of the present situation and enables a reality-based expectation of a brighter tomorrow for self and/or others’ (1993b p.151). Bays (2001) from a study of people living with stroke supported this definition. Transcendence was also used by Morse & Penrod (1999) in their conceptual paper in which they link enduring suffering and hope. Within their model they presented hoping as ‘the process through which a person works to emerge from the life situation at hand towards a resultant state of transcendence, labelled the reformulated self and becomes a person with re-evaluated priorities and new life perspectives’ (p.143). Both definitions imply that a psychological process is or has taken place that allows the person to move through or rise above the situation and make adaptations to their personal beliefs that enables them to move forward. However in the first definition transcendence was a process and in the latter transcendence was the resultant state in which hope was present. Transcendence was not fully explored although Morse & Penrod (1999) link it to changes in relation to the ‘self’. Morse & Penrod (1999) focused on psychological change for hope to occur whereas Herth (1993b) identified hope based on realistic expectations of the future. Hope from these definitions was therefore an internal psychological process that individuals undertake or work towards, to create new, positive perspectives for the future.

Hope as an expectation

Hope was mainly presented as an expectation for the future (Herth 1993b, Bunston, Ming & Mackie et al. 1995, Morse & Penrod 1999, Benzein & Saveman 1998). The New Oxford Dictionary of English (Pearsall 1998) identified hope as ‘a feeling of expectation and a desire for a certain thing to happen’ (p.882). Wise, Cott & Gibson (2008) link expectation with realistic hopes compared to wants/wishes which are more likely to be unrealistic; thus suggesting that expectations are rational and therefore more likely to happen. Bunston, Ming & Mackie et al. (1995) simply define hope as ‘an essential ingredient that supplies the incentive to rise in the morning and look forward to the new day regardless of the circumstances, the physical difficulties, or the emotional pain’ (p. 97). Being able to look forward despite suffering or pain would suggest that, in the context of injury, hope was a state of mind that rises above the present situation and enables a person to feel positive about the future; regardless of realistic or unrealistic expectations. Others suggested that hope was also about a state of being that was not necessarily linked to expectations. The families and friends of people with HIV/AIDS suggested that hope was concerned with finding a constructive process in the present as well as the future (Kylma, Vehvilainen-Julkumen & Lahdevirta 2003). The terminally ill patients in Herth (1990) saw hope as ‘inner power directed toward a new awareness and enrichment of ‘being’ rather than rational expectations’ (p.1257). Disengaging hope from expectation is not possible within the definitions presented but there is some suggestion that expectation is considered to be a cognitive, rational process. Alternatively hope may be feeling what it is like ‘to be’ in the present or that it is possible to move forward. Thus hope may be a state of being in the present and an expectation for the future.

Hope as a cognitive process

Expectations were often described as realistic and unrealistic which may arise from a view of hope as a cognitive decision making process in which making and achieving goals were of paramount importance. It was often assumed that hope was realistic in order to be defined as hope (Herth 1993b, Morse & Doberneck 1995, Morse & Penrod 1999, Benzein & Saveman 1998, Bays 2001). Synder (1995) supported this model of hope defining hope as 'the cognitive energy and pathways for goals' (p.355). Energy was required to move towards goals and there must be clear pathways to achieve goals, in order to experience a high level of hope. If these were not present it was suggested that low levels of hope would be experienced.

Managing people's hope was often difficult in complex clinical situations. Begley & Blackwood (2000) provided case studies where they suggested knowing the truth may for some people undermine hopefulness and reduce opportunities for enjoying life. Unrealistic hopes are evident in daily life such as winning the lottery, yet arguably these hopes may have a sustaining positive affect on some people. In cancer patients, hope for a cure exists even when patients were dying (Sharp 1994). This reflects a general hopefulness that something good will happen that is not happening at the moment (Halpin 2001). Elliott & Olver (2002) from a sample of oncology patients suggested that hope was always beneficial and enabled them to endure difficult situations. They proposed that professional constructions of hope and attempts to change levels of hope were unhelpful. Hope for oncology patients had many different meanings and exploring the relevance of these, at a specific time and in particular situations may be more beneficial. This could suggest that professional constructions

of realistic and unrealistic goals need to be considered within the context of lay constructions of hope within the illness experience.

Goal attainment

A goal-orientated understanding of hope may be useful, particularly in areas of rehabilitation, recovery, or health promotion. From interview data with four different groups of people (heart transplant, spinal cord injured, breast cancer survivors, breast feeding mothers intending to continue nursing) and health care professionals, Morse & Doberneck (1995) suggested that 'hope is a response to a threat that results in the setting of a desired goal; the awareness of the cost of not achieving the goal; the planning to make the goal a reality; the assessment selection, and use of all internal and external resources and supports that will assist in achieving the goal; and the re evaluation and revision of the plan while enduring, working and striving to reach the desired goal' (p.284). In the context of health the threat of illness/injury created hope for recovery and identification of actions that were required to achieve the goals.

A similar cognitive process occurred in young healthy people. Turner (2005) from interviews with ten young people (18-25 years old), identified hope as a driving force linked to choices. Hope focused on believing that they had choices that would lead to fulfilment; having the energy and focus to make choices; and being able to meet chosen goals. Being connected to other people and also being prepared to work at making good choices were essential components of hope.

In other areas of practice, where goals may not be so important or different from at other times in their life, such as patients who are dying or those that are older, a wider

approach to hope may be required. If hope is only linked to goals and existence, its usefulness may be limited. Bunston, Mings & Mackie et al. (1995) argued that older people have a 'declining sense of hopefulness as a person sees a past that outdistances the future' (p.85). Herth & Cutliffe (2002) suggested that definitions of hope that focus on achievement, success and control were not so useful when associated with losses in old age. Although fit older adults may have different views from those that are older or frailer. The meaning of hope for this group would therefore need to be generated from the older people themselves within the context in which they live. Studies that explore hope in patients who were dying found hope to be a useful concept but not necessarily goal directed. Herth (1990) interviewed thirty patients who were terminally ill and found that hope was having a sense of meaning or purpose in life. Attainable aims were identified in relation to hopes for themselves and their family but these were more about the experience of life and death than finding pathways to goals. Elliott & Olver (2007) support this by identifying the use of the verb hoping in interviews with dying patients; this was fundamental to conveying the elements that gave their lives meaning. Conversely hope as a noun, tended to be linked to bio medically derived evidence in relation to their illness. Sharp (1994) from interviews with dying patients found that hope was focused on maintaining their present diseased state; that medical and nursing staff would 'be there' and care for them; that their families would continue to grow and develop and a wish that they would have a future with them. Hope was therefore a fundamental concept for people who were dying, as one interviewee stated 'without hope I would be dead quite quick, I think' (Sharp 1994, p.119). The focus of hope for these patients was on the experience of living and dying rather than goal attainment.

Hope as a concept was generally viewed within a positive light, it was dynamic in nature and orientated towards the future. In nursing hope tended to be placed within an injury/illness and recovery trajectory. It was often portrayed as a psychological process that enabled the individual to rise above existing problems and focus on positive future orientated events. It was suggested that hope may be experienced as a state of being, but normally hope was expressed as an expectation for the future.

As an expectation for the future, hope was commonly placed within a cognitive decision making process in which realistic goals were made that lead to high levels of hope. This process was evident in some research data such as Morse & Doberneck (1995), Turner (2005). Alternatively individuals' hopes that may be judged unrealistic may sustain them through difficult events; people who are older, with chronic conditions or who are dying may have a broader view of hope that encompasses their lived experience. Goal attainment may provide an important aspect of hope but should to be considered within the broader meaning of hope within the context of individual's lives.

THE RELATIONSHIP OF HOPE TO OTHER RELATED CONCEPTS AND THEORETICAL FRAMEWORKS OF CARE

How hope is placed within theoretical frameworks and linked to other concepts will reflect how it is understood and developed. This links to Morse, Mitcham & Hupcey's et al. (1996) question about the delineation of conceptual boundaries and how hope is like or unlike other concepts. Hope was clearly identified in several nursing frameworks, which linked hope with suffering, enduring and uncertainty (Travelbee

1971; Morse & Penrod 1999). These frameworks therefore placed hope as a legitimate concern of the nurse. Hopelessness and despair were generally placed as polar opposites of hope but debates occurred about what they mean and how they were construed in practice.

Hope within two nursing frameworks

Hope has been identified as a central concept for nursing and interlinks with other concepts such as hopelessness and despair. Two nursing frameworks (Travelbee 1971; Morse & Penrod 1999) that identify hope as a core element of their frameworks are used as an example. Travelbee (1971) identified hope as a central component of the role of the nurse. In her model of nursing practice, she identified the nurses' role as helping patients experience hope and avoid hopelessness. Hope was placed within the context of finding meaning in suffering, facilitated through interpersonal relationships with nursing staff. From her perspective, hope was future orientated and related to choice, wishes, trust and courage. According to Travelbee hope was generated when an individual was unhappy in the present and had a range of choices, which although not necessarily ideal, helped the person feel in control and able to fulfil their own destiny. Wishing was a desire for something that really was not possible and there was an understanding that achieving a wish was unlikely. Trust related to knowing that someone would help when required and acceptance of the help offered. Courage was grounded in the individuals' ability to overcome limitations or fears and move towards the goal. Hopelessness was experienced when people had no hope, were stuck in the present and had no means of moving forward. Later work by Morse & Penrod (1999) also placed hope as a core nursing concept

developing a nursing framework linking the concepts of enduring, uncertainty, suffering and hope. These concepts were based on the process of recovery with hope as an expectation for the future. The model was described as linear in nature but concepts did overlap. Enduring was defined as ‘a present orientated state of being’ (p.147). Morse & Penrod (1999) argued that enduring was experienced when individuals suspend their emotions in order to remain in control. In this state individuals were worried they may lose control and tended to be unaware of the emotions of others. Uncertainty occurred when goals became available but a route to achieve them was not clear and individuals tended to be stuck in the present. At this stage suffering may be present but hope was not. Lohne & Serverinsson (2004a) suggested that ‘uncertainty is an emotion somewhere between hope and despair’ (p.886), after injury, despair in their participants, turned into uncertainty and they focused on the present in order to cope. Morse & Penrod (1999) suggested suffering occurred as awareness of the full enormity of what had happened sunk in and the consequences for the future became clear. At this point extreme emotions were experienced as despair and hopelessness. Through this phase re evaluation occurred and possible futures started to be understood. Hope then began to develop and was linked to acceptance, planning for the future and experienced as ‘seeing the light at the end of the tunnel’ (p.148). This model suggested that the injury/illness event caused a sequence of responses that moved the patients through enduring, uncertainty and suffering until they experience hope along with a new understanding of the self. It identified despair and hopelessness as the opposites of hope that tended to occur prior to the experience of hope.

Hope hopelessness and despair

Hopelessness, as defined by the Oxford dictionary as 'feeling no hope' (Allen 1990 p.568) and despair, defined as 'complete loss or absence of hope' (Allen 1990 p.316) were often characterised as the opposite of hope. However the position of hopelessness and despair in relation to hope was often unclear. Hopelessness like dissatisfaction may be a separate concept that carries its own set of meanings and constructs (Staniszewska & Henderson 2004). Kylma (2005a) undertook a grounded theory of hope drawing from five separate studies undertaken by herself and colleagues. From this they identified that maintaining hope was a balancing act between hope, despair and hopelessness. As people changed as a consequence of living with human immunodeficiency virus/acquired immune deficiency syndrome or other chronic illness they moved forward and backwards through these concepts. Despair overlapped with hope and hopelessness and individuals passed through despair when moving towards hope or hopelessness. Kylma (2005b) identified despair as a sub process of hoping that contained positive and negative emotions but was heavier, stronger and more easily aroused than hopelessness. Laskowski & Morse (1993) noted that spinal cord injury patients expressed despair, often through swearing, as a way of articulating grief but hope was always present. Similar patients interviewed by Lohne & Severinsson (2004b) oscillated backwards and forwards between hope and despair on a regular basis as they moved towards recovery. Although immediately after their injury (Lohne & Severinsson 2004a) despair and suffering dominated their experience with occasional improvements stimulating hope. Alternatively Moore's (2005) view placed hopelessness at the heart of despair, implying that despair was the bigger picture with hopelessness as one aspect.

The nursing frameworks presented hope as relevant to nursing within the framework of helping patients through suffering that resulted from injury/ illness. Morse & Penrod (1999) suggested that hope was something patients experienced after feelings of despair and hopelessness and something they moved towards. Others suggested that patients oscillate constantly between the two (Kylma 2005a, Lohne & Severinsson 2004b). There was also disagreement about whether despair or hopelessness was the lowest point of the experience. From a clinical perspective a generalised hopefulness was seen as important for health, and hope supporting strategies were seen as important for improving health. This lack of clarity in relation to how hope is delineated from other concepts suggests it is an emerging concept as identified by Morse, Mitcham & Hupcey et al. (1996).

THE EXPERIENCE OF HOPE IN DIFFERENT CONTEXTS

Morse, Mitcham & Hupcey et al. (1996) suggest that the characteristics and attributes that make a concept different from others need to be clearly identified within the research literature. Arguably these characteristics and attributes should be drawn from the meanings attributed to hope by individuals who have experience of the concept. Qualitative studies have explored hope within different patient/client groups such as those suffering from spinal injury, the dying and those who are homeless. These studies identified the commonality of the human experience but also the breadth of these experiences within the different contexts.

Studies with patient/client groups from different areas shed light on the nature of hope. From interviews with terminally ill patients, Herth (1990) identified the hope

fostering importance of humour, good memories, positive affirmation and belief in God. A belief in God helped to provide a sense of meaning for their suffering. Also identified were things that hindered hope such as feelings of isolation, uncontrollable pain and loss of personhood. Interviews with patients with a spinal cord injury showed that they were struggling to balance their emotions constantly longing to be like they were before the accident yet hoping that they would be better than they were before, in the future (Lohne & Severinsson 2004b). The process of hoping encompassed the dichotomy of hope and despair, good days and bad days, ups and downs. For this group of patients hope seemed to have started after the acute phase and to be strongly linked to bodily changes. As they progressed through the first year (Lohne & Severinsson 2005) they encountered the vicious circle of recovery as monotony, loneliness, pain and sorrow combined with a longing for a positive prognosis. A year after their injury (Lohne & Severinsson 2006) they identified the power of hope through: will power to provide the energy for sustained hoping; and use of the injury as an opportunity for personal growth and development. In an overview of the whole study Lohne (2008) identifies nine essences of hope; universal hope, uncertain hope, hope as a turning point, the power of hope, boundless flexible and creative hope, enduring hope, despairing hope, body related hope, and existential hope. These were evident at different times within the experience of spinal injury which involved a battle between hope and suffering and a struggle towards hope and away from death.

From interviews with 108 homeless people Herth (1996) identified the meaning of hope as multifaceted and dynamic, a power that moved a person forward and was focused in the individual. This paper is useful because it identifies strategies that

created hope such as: individuals connectedness with other people; personal qualities; cognitive strategies; attainable stepwise goals; energizing moments such as celebrations; hope objects such as a picture, poem or a gift; affirmation of worth, when others value and respect them as human beings. Hope was prevented from developing when the homeless people felt low in energy and fatigued, felt others found their situation hopeless, did not treat them as valuable human beings or they felt overwhelmed by continual losses.

From these studies the characteristics of hope were identified as moving forward and having the energy/power to do so. Hope was viewed within their experience of suffering, recovery and life. The focus of hopes was on general life changes and specific activities. Individuals' personal qualities were important in learning to live with their new situation and find positive experiences in the face of adversity. Some of the studies identified strategies that clearly supported the process of hope in individuals and those that led to feelings of hopelessness. This would suggest that there are key characteristics of hope but that hope is located contextually within the individual's experience.

THE CONTRIBUTION OF NURSING AND THE RELEVANCE OF HOPE TO CLINICAL PRACTICE

It is increasingly suggested that nurses are an important source of hope for people who are vulnerable and ill (Herth 1990, Stephenson 1991, Herth 1996, Cutcliffe & Grant 2001, Moore 2005); due to their constant interaction with patients who are suffering. However the exact nature of the role and how it is supported in practice remains

unclear. Morse, Mitcham & Hupcey et al. (1996) suggest that a concept is mature when all the preconditions and outcomes for the concept are clearly identified. From a nursing perspective interventions that have a clear affect on patient outcomes would be required. However at present hope activities appear to be embedded within the process of nursing and are difficult to delineate. Cutcliffe & Grant (2001) from interviews with five qualified nurses who looked after people living with dementia, identified hope facilitating strategies as part of everyday practice. Hope was facilitated through the humanistic principles on which care was based, how they used knowledge in practice, their interpersonal relationships and how the health care professionals managed the care environment and organised care. This study was based on the assumption that hope was something that can be given to people rather than facilitating the individuals' ability to hope: an issue that requires exploration in future research. It would also be difficult to achieve data saturation, develop a core category, or a theoretical framework, required by grounded theory, from the limited sample used for this study. Turner & Stokes (2006) also found that hope was interconnected with nurses every day work. From interviews with 14 registered nurses looking after older people in acute medical and long-term care, hope-facilitating strategies focused on the nurses' interpersonal approach to patient care. Although there were differences between the two groups those in acute care focused less on the personal emotional nature of the relationship and more on talking to, offering choices and being positive. Herth (1996) from her study of hope in homeless people suggested that nurses can work to support homeless peoples' hope through creating a nurturing environment, listening to their stories and supporting individuals' sense of self, and focusing on positive realistic goals.

If nurses take on the role of facilitating hope in others then it would suggest that they require skills in this area. In Moore's (2005) opinion it was important that staff have a high level of self awareness and have hope themselves in order to inspire hope in others. Therapists that use hope enhancing skills have inbuilt support systems for supporting this work but do identify the emotional costs of this work. This was supported in Freshwater & Robertson (2002) who identified being with patients who experience despair as very challenging as the patient's despair can resonate with the therapist's own feelings. This would suggest that working with patients in this area requires emotional work and mechanisms to support this work. There was therefore some evidence to suggest nurses have a role in this area but what that role is, how it is manifest in practice remains unclear and requires further exploration. Mechanisms for support and debriefing of health care professionals would also need to be developed and evaluated.

The studies suggest that nurses have a role in relation to hope. However at present the role is diffuse, generic and embedded within interpersonal relationships. It may be helpful to explore further what nurses do in practice and examine the emotional consequences of undertaking this role.

CONCLUSION

Hope can be seen as an emerging concept (Morse, Mitcham & Hupcey et al. 1996) where much is known about the concept but further research is required to establish its use in practice settings. Hope from this evidence is focussed on the future and the meaning that activities, events have for individuals. It may involve a cognitive process

identifying goals or be based on feelings about life and what people would like to happen. Judgements regarding realistic or unrealistic hope may be made but in health situations it would be important to view hope within the context of people's lived experience and what is important to them. Suffering and uncertainty underpins peoples' lives when living with a range of conditions/injury and hope is used to express how they feel about their recovery such as the ups and downs of daily life (Lohne and Severinsson 2004) and the struggle towards hope and away from death (Lohne 2008). Working with these hopes and fears would appear to be a natural part of health care professionals work and some studies have identified ways in which this might happen. Further research is required to explore hope within orthopaedic and trauma settings. How hope is experienced within the hospital culture, the activities and interactions that take place between patients and health care professionals, would help to provide an understanding of what happens in practice currently and how this links to the aspects of hope identified in this concept analysis. This in turn would help provide evidence to enable health care professionals to develop their skills in sustaining and facilitating hope in others through their daily interactions and activities.

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