



# The Changing Hope Trajectory in Patients With Advanced-Stage Cancer: A Nursing Perspective

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As patients with advanced-stage cancer move from the initial diagnosis through treatment, remission, recurrence, and advanced-stage disease, the hope trajectory undergoes a dynamic transformation. By identifying the hope trajectory, nurses can help patients focus on obtainable hope objects while balancing the need to present a realistic prognosis. This, in turn, may help patients find meaning and purpose in advanced-stage cancer and facilitate realistic hope when faced with a life-threatening illness.

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Hope trajectories and hope objects vary for every patient. M.J. is a 56-year-old Caucasian woman with a past medical history of right-side ductal carcinoma in situ. Initially, she had a lumpectomy followed by radiation therapy, resulting in a cancer-free period of four years. She returned to her work as a high school teacher with regular follow-up appointments and mammograms as prescribed. During this time, M.J.'s hope trajectory was hope for cure and to continue with her precancerous life.

In the fifth year after M.J.'s initial diagnosis, she had a screening mammogram that revealed a suspicious mass in her right breast. A breast biopsy confirmed it to be invasive breast cancer, which would be treated with surgery and chemotherapy. The hope object changed from cure and being cancer free to the hope that the newly prescribed treatment will be successful. However, after 24 months, M.J. began to lose weight and experience new lower back pain. A bone scan revealed

suspicion of a metastatic bone lesion, which was then confirmed by biopsy. As a new treatment regimen began, the hope trajectory changed once again. The patient hoped for a control of the disease that would result in continued longevity.

Despite receiving several different chemotherapy treatments in a 21-month period, M.J.'s metastatic disease continued to progress. As the symptoms worsened, she decided to discontinue active chemotherapy and begin palliative treatment. The hope trajectory again changed as the patient faced her progressive and terminal illness. Pain relief, the desire to find comfort with family and friends, and finding acceptance and meaning in her upcoming death became her final hope objects.

## Hope Trajectory

Hope is a major factor in the lives of patients with cancer; however, hope is not constant and changes as the disease status changes (Daneault et al., 2010). The hope trajectory is the state of desiring an iden-

tified possible event or future outcome, which then becomes the hope object. The hope trajectory is the changing pattern the hope object takes as the cancer progresses. To qualify as a hope object, the desired object or outcome must be possible to obtain but not guaranteed to occur (Whitney, McCullough, Frugé, McGuire, & Volk, 2008). The path of the patient's hope trajectory will dictate his or her ability to cope with the status of the disease.

Nurses should be aware of each individual patient's changing hope trajectory and its meaning for that patient. A comprehensive psychosocial nursing assessment should identify the individual patient's hope trajectory, as well as assess for realistic and unrealistic hope. This information then becomes the basis for nursing interventions that may help support the trajectory for realistic hope or, if unrealistic hope, help the patient reframe his or her hope trajectory.

## Realistic and Unrealistic Hope

As the hope trajectory changes, the patient should continue to find something new to replace each lost hope object. For patients who can no longer maintain the expectation of cure, the hope object may change to a realistic hope, such as relief of pain and symptom management. Most patients appear able to make this change successfully using realistic hope (Nurgat et al., 2005). Realistic hope is the ability to focus the hope object on a reasonable and obtainable outcome, as was the case with M.J. However, some patients are not able to incorporate a revised hope object in a realistic hope trajectory. Instead, they hold to the maladaptive hope object, which can be viewed as unrealistic hope.