Metasynthesis of The Dynamics of Hope

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Abstract—Hope is an essential concept in human life when faced with problems of life. Hope can facilitate coping ability, sources of resilient, and impact to human well being. Hope is a dynamic process, which sometimes is still difficult to understand. There are many studies that reveal the dynamics of hope. However, the description of the dynamics of hope is very varied, depending on the background of the context of research. The purpose of this meta-synthesis was to obtain a comprehensive description of the dynamic of hope. The metasynthesis of dynamics of hope followed the procedures steps were (a) comprehensive search, (b) appraising reports of qualitative studies, (c) classification of studies and (d) synthesis of the findings. Nineteen studies were included in the meta-synthesis. All studies described the dynamic of hope. Several themes arose from meta-synthesis including (1) the objects of hope, (2) the dynamics of changing hope, and (3) impact of changing hope. The result of this meta-synthesis provides a foundation for future research and practice. In general, the dynamics of hope include alteration between hope and hopelessness which is a process that depends on the time and situation taking place.

Keywords—hope, dynamic of hope, changing hope, meta-synthesis

I. INTRODUCTION

Hope is a very important concept in human life, for the first the famous psychiatrist Karl Menninger in 1959 gave his well-known academic lecture on hope [1][2]. Hope identified as a life instinct implies process, it is an adventure, a going forward, a confidence search [3].

Researchers have begun to investigate the importance of hope in multiple research backgrounds and found that hope is a dynamic life force [4], an inner power [5], a sources of resilience in later adulthood [6], a psychological strength [7], a positive factor in the life of a person living with schizophrenia [1], and a protective factor against psychological distress [8].

Hope appears to be a center to parents having a child with cancer [9], as a positive transformation and dynamic process that helped parents to reframe their lives in view of their experience with children with disabilities [10], hope indicate coping abilities and adaptation in parents of a child with Duchenne muscular dystrophy [11].

Empirical finding indicated that hope correlated with power in lung cancer patients [12], academic success in college [13], adaptation to uncertainty in caregivers of children with down syndrome [14], well-being in parent with autism spectrum disorders [15], comfort in pre anaesthesia stage in patients undergoing surgery [16].

Dufault & Martocchio [4] has been identified that hope is a dynamic life force. Hope has considered an interpersonal phenomenon and the dynamic of hope include both hope and despair, or hopelessness. Hope is a process that evolves stepwise up and down, dependent on time and context, further events and information [17][18]. Hope is connected to well-being and health, whereas despair and hopelessness are connected to suffering and illness [19].

Published studies of dynamics on the process of hope have been descriptive and exploratory in nature. They have focused on describing the dynamics of hope of significant others of HIV/AIDS affected people [19], informal caregivers of palliative patients [20], low back pain patients [21], Family Members of Traumatic Coma Patients [18], parents of adolescents with cancer [9], orthopaedic trauma patients [22]. Nevertheless, there exists considerable difficulty in understanding the concept of the dynamic of hope because the general concept does not exist.

II. THE STUDY

The purposes of this meta-synthesis were to describe the hope experience of patients, parent and family members, caregivers and health care professionals. Focus to describe their experience about the dynamic of hope, include (1) the objects of hope, (2) the dynamics of changing hope, and (3) impact of changing hope.

III. METHOD

A. Metasynthesis Qualitative Research

Qualitative research synthesis refers to a process and product of scientific inquiry aimed at systematically reviewing and formally integrating the findings in reports of completed qualitative studies. The meta-synthesis of dynamics of hope followed the procedures outlined by Sandelowski and Barroso [23]. The procedural steps were (a) comprehensive search, (b) appraising reports of qualitative studies, (c) classification of studies and (d) synthesis of the findings.

B. Sample

A comprehensive search is the first step in this meta-synthesis [23]. The criteria for sample selection in metasynthesis were (a) studies of the hope experience of patients, parent and family caregivers, nurses or the medical professional, (b) studies published in English, (c) published, (d) qualitative and mixed methods designs. The keywords used in the data searches were ‘hope,’ ‘dynamic of hope,’ ‘parent’s hope,’ and ‘hope in nursing’ based on the purpose.
of this metasynthesis. 12 selected articles (Table 1) were published between 1993-2012.

### TABLE I. ARTICLES ON HOPE INCLUDED TO META-SYNTHESIS

<table>
<thead>
<tr>
<th>Source</th>
<th>Objective</th>
<th>Methodology</th>
<th>Data Collection Method</th>
<th>Finding Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herth [24]</td>
<td>To explore the meaning of hope, the influence of specific background characteristics on hope, and identified strategies that are used to foster hope in family caregivers of terminally ill people</td>
<td>Mixed Method</td>
<td>Semi-structured Interviews, Herth Hope Index, and Background Data Form</td>
<td>Thematic survey</td>
</tr>
<tr>
<td>Ezzy [25]</td>
<td>To distinctions between different narrative styles and how hope and despair were expressed</td>
<td>Survey qualitative</td>
<td>HIV Future Survey, and semi-structured Interviews</td>
<td>Thematic survey</td>
</tr>
<tr>
<td>Kylma et al. [19]</td>
<td>To explore the dynamics of hope in significant others of people living with HIV/AIDS</td>
<td>Grounded theory</td>
<td>Semi-structured Interviews</td>
<td>Conceptual/Thematic</td>
</tr>
<tr>
<td>Holtslander et al. [20]</td>
<td>To explore the experience of hope for informal caregivers of palliative patients</td>
<td>Grounded theory</td>
<td>Semi-structured Interviews, field notes, and journal</td>
<td>Conceptual/Thematic</td>
</tr>
<tr>
<td>Smith &amp; Sparkes [26]</td>
<td>To explore the meanings of hope in the life of men who have suffered spinal cord injury and become disabled through playing sport</td>
<td>Narratives study</td>
<td>Interview</td>
<td>Conceptual/Thematic</td>
</tr>
<tr>
<td>Juuvakka &amp; Kylma [9]</td>
<td>To describe hope in parents of adolescents with cancer</td>
<td>Descriptive qualitative research design</td>
<td>Semi-structured Interviews</td>
<td>Interpretive</td>
</tr>
<tr>
<td>Corbett et al. [21]</td>
<td>To describe the fluctuating emotions of hope and despair for low back pain patients</td>
<td>Descriptive qualitative research design</td>
<td>Semi-structured Interviews</td>
<td>Interpretive</td>
</tr>
<tr>
<td>Verhaeghe et al. [18]</td>
<td>To examine the process and meaning of hope for family members of traumatic coma patients in intensive care</td>
<td>Grounded theory</td>
<td>Semi-structured Interviews</td>
<td>Conceptual/Thematic</td>
</tr>
<tr>
<td>Samson et al. [11]</td>
<td>To describe the lived experience of hope among parents of a child with Duchenne Muscular Dystrophy (DMD)</td>
<td>Phenomenology</td>
<td>Semi-structured Interviews</td>
<td>Interpretive</td>
</tr>
<tr>
<td>Penz &amp; Duggleby [27]</td>
<td>To explore the hope experience of registered nurses</td>
<td>Grounded theory</td>
<td>Semi-structured Interviews</td>
<td>Conceptual/Thematic</td>
</tr>
<tr>
<td>Tutton et al. [22]</td>
<td>To ascertain experience of hope on a trauma unit form both people living with trauma and the health care professionals.</td>
<td>Ethnography</td>
<td>In-depth interview, observation interview, informal discussion</td>
<td>Interpretive</td>
</tr>
</tbody>
</table>

### C. Procedure

1) **Appraising reports of the qualitative study**

After obtaining the research articles to be used as a sample in meta-synthesis, the next step is appraising reports of a qualitative study. The purpose of this procedure is to explore the study and evaluate the quality of the reports of the study. All reports study were appraised using the reading guide of Sandelowski & Barroso [23].

2) **Classifying the finding**

In qualitative metasynthesis study, it's important to understand what researchers actually did in their studies. Classifying the finding study is a procedure to discern the research findings, understand the actual methods used to produce them, and to select the techniques most suitable for integrating them. The classification system of Sandelowski & Barroso [23] were used in this meta-synthesis.

3) **Synthesis of finding**

The last step in qualitative meta-synthesis is a synthesis of finding. It is a procedure to formulate the interpretive integration of qualitative findings in primary research reports that are in the form of interpretive syntheses of data: either conceptual/thematic descriptions or interpretive explanations [23]. This metasynthesis were used taxonomic analysis to identify significant underlying concepts and conceptual relationships.

4) **Validity**

The mechanisms to promote the validity of qualitative metasynthesis as suggested by Sandelowski & Barroso [23] include (a) the maintenance of an audit trail; (b) ongoing negotiation of consensual validity; and (c) expert peer review.

### IV. RESULT AND DISCUSSION

A. **Describing the objects of hope**

Hope can have different objects depending on the context. This metasynthesis classifies the research contexts of three categories, namely: hope for the patient, hope for parents and family members, and hope for nurses or health care professionals.

For patients, hope can facilitate the individual in living their life with pain or injury suffered. So they can seek and follow medical cure for better conditions.

There are two different dimensions of hope in adolescents with cancer: firstly, the intentional one refers to hope that is directed towards something and secondly, the other as hope experienced as an inner resource: Intentional hope implies “hoping for something”. It is directed towards the future, and it manifests itself as a belief in the future, in recovery, and in being able to dream about the future. The latter one, hope can be considered as an inner source of energy which helps to cope with different things [9].

Hope utilized in relation to the process of reconstructing body-self relationships and identities over time for athletes who have spinal cord injury. It’s a positive expectation of realizing desirable outcomes to the technology of a medical cure and the restorable body-self [26].

Hope gives positive energy for the patient so that it can face the pain suffered.
Hope was experienced as a dynamic and purposeful entity that provided a reason for recovery. Hope was felt to have a clear role to play and was defined as a powerful, purposeful, positive force for recovery from illness/injury [22].

For parents and family members, hope can facilitate them in assisting patients in difficult situations, engaging in patient care, and prepare for the fatal outcome.

Hope can help parents absorb the initial crisis, sustain their adaptation or prepare for the fatal outcome [11]. Hope described as keeping a possible positive outcome in mind in an uncertain situation, even if one knows that this outcome is unlikely to happen [18].

Hope gives the energy to go on living in spite of difficulties, and it also offers a bridge over these difficulties [19].

For nurses or staff of medical care, hope is a positive energy that can help them to foster the patients hope to be eager to undergo treatment. Hope is very important to nurses, in that it helps them to persevere and sustains them when faced with work-life challenges in their practice [27].

Hope as inner strength. Hope gave them the courage and ability to go through a difficult situation. Hope facilitated caregiver’s coping ability to be able to handle whatever the future [20].

Health care professionals construct hope as a fundamental aspect of their work in trauma care and people living with injury focus on suffering in the present and frame their hopes on their immediate future and the context of their lives prior to injury [22].

The results of this methasynthesis indicate that each subject or participant in each research setting has a different orientation to hope, a different object of hope, indicating a different meaning of hope. This causes explanations about the concept of hope to vary greatly depending on the context behind them.

Hope means different things to different people [28]. This condition raises various definitions and concepts of hope. The diversity of definitions and conceptual frameworks has been identified as causing confusion in understanding the concept of hope, and limited be applied in across populations [29]. Hope is an important but difficult concept to understand, so the study of hope is still important to continue, there is a need for further work to clarify the concept of hope [17].

B. Dynamic of hope

Previous research found a number of phases of change of hope, according to the situation that occurred in each context of the study.

The experience of parental hope emerges from the cognitive appraisal of Duchenne Muscular Dystrophy (DMD). The child’s illness can be perceived in three ways: as a severe loss, a call to adapt or a way to rediscover the child. Each of these appraisals leads to different ways of hoping. Parents can hope for a cure, the child’s well-being or to see their child becoming a whole person [11].

The experience of hope for patients and medical staff in orthopedic trauma identified three themes: (a) moving forward identified hope as a dynamic and purposeful force that was important for recovery but also connected to the meaning life had for participants, (b) finding a future identified the challenges that exist within the process of recovery from injury, and (c) realistic hopefulness was the process by which health care professionals facilitated the emotional and physical progression of people living with injury through recovery [22].

Kylmä & Vehviläinen-Julkunen [17] suggests that there is a clear emphasis on the necessity to explore the dynamics of hope. Hope was found to evolve stepwise up and down, dependent on further events and information [18]; swing between hope and despair toward hopelessness [19][21]; between eroding hope and hanging on hoping [20]. There are a number of situations that cause the dynamics of hope.

Eroding hope was a result of bad days, negative message, and experiences with the health care system. Eroding hope will be dealt by hanging on to hope with doing what you have to do, living in the moment, staying positive, and writing on your story [20].

The fluctuating emotions of hope and despair for people living with low back pain . A number condition which influenced the extent to which people oscillate between hope and despair were ‘uncertainty,’ ‘impact on self,’ ‘social context of living with pain,’ and ‘worry and fear of the future’ [21].

C. Impact of changing hope

Changes in hope affect the psychological and behavioral conditions of a person.

The expression of hope and despair in narrative styles. Hope expressed in restorative linear narratives anticipate a life that will mirror the narrative. Chaotic linear narratives anticipate a life that will fail to meet the linear ideal resulting in despair and depression [25].

Hope is crucial for all family members of coma patients in ICU. evolves stepwise: There is a wide range of first hope after the report of the accident and subsequently the hope of survival after seeing the patient. Family members work through the information obtained from professionals together with their own observations and information from third parties. As the possibility of something becoming reality increases, hope becomes a goal that gives perspective and reason to act. Hope that is shared with other family members creates understanding and trust. Family members alternate their moments of despair, maintaining continuity in the performance of functions that need to be fulfilled. They help each other to get through panic attacks caused by hopelessness [18].

This Metasynthesis of dynamics of hope identifies that maintaining hope is a theme that should be explored further because hope is generally positive for the individual.

V. CONCLUSION

Hope have different objects in each research subject with different research contexts. In general, the dynamics of hope include alternation between hope and hopelessness which is a process that depends on the time and situation taking place. Changes in hope have an impact on a person’s psychological and behavioral conditions; hope always has a positive impact while despair always has a negative impact on the individual. Hope is a subjective concept. So to understand the concept of hope, must pay attention to the context of hope. Based on the results of this metasynthesis it is advisable to explore "maintaining expectations."

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