

Journal Watch

The Relationship Between Hope and Pain in a Sample of Hospitalized Oncology Patients

I. Utne, C. Miaskowski, K. Bjordal, S. M. Paul, G. Jakobsen & T. Rustoen
Palliative and Supportive Care (2008), **6**, 327-334.

Prepared by: Cheryl Nekolaichuk, PhD, R. Psych.

Reviewed: Tertiary Palliative Care Unit 43, Grey Nuns Community Hospital
April 21, 2009

ABSTRACT

Objective: The aims of this study were to describe hope in a sample of hospitalized oncology patients in pain and to determine if various demographic, clinical, and pain characteristics were related to hope. In addition, the individual item and total Herth Hope Index (HHI) scores for these oncology inpatients with pain were compared with those from the general Norwegian population.

Method: Oncology inpatients in pain (n = 225) were recruited from the Norwegian Radium Hospital. The research instruments included the HHI, the Brief Pain Inventory (BPI), and the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30). Data were analyzed using descriptive statistics, Pearson's correlations, and one-sample t tests.

Results: Total HHI scores in oncology inpatients with pain were comparable to a similar sample in Taiwan. The Norwegian oncology inpatients reported significantly higher total HHI scores than the general Norwegian population. The largest difference was on the item "I feel scared about my future." No relationships were found between total HHI scores and any of the pain intensity scores. Significant relationships were found between total HHI scores and the more psychosocial interference items on BPI and sleep.

Significance of results: The higher levels of hope in the oncology inpatients with pain compared with the general Norwegian population may reflect a "response shift" in the patients' evaluation of hope. Although the difference is relatively small, it may represent a clinically meaningful difference. The fact that significant relationships were found between HHI scores and the more psychosocial interference scores on BPI suggest that hope may be more related to psychosocial effects on pain than on its physical effects.

Strengths:

- According to the authors, this is the first study to focus on the relationship between hope and cancer pain in Western societies.
- Adequate sample size: hospitalized cancer patients (n=225) and Norwegian general population (n=1825)
- Random selection of Norwegian general population

Weaknesses:

- Findings may not be generalizable to all cancer patients, particularly advanced cancer.
- Findings are based on a single assessment point and do not represent changes over time.
- Some of the items on the hope scale (Herth Hope Index) may not be relevant for palliative patients (e.g. "I have short, intermediate, and/or long-range goals.").
- Relationship between some of the pain characteristics and total hope scores are statistically significant but may not be clinically relevant (size of correlations is relatively small; range: -.169 to -.278).

Relevance to Palliative Care

- The relationship between cancer pain and psychological distress is well-recognized in palliative care, particularly for patients whose pain expression may be exacerbated by their psychosocial and spiritual distress. Hope may assist with patients' pain experiences and coping abilities. Further research studies, involving palliative patients and longitudinal designs, are warranted.