EXECUTIVE SUMMARY
We developed a project that focused on the intentional use of hope for residents of a long-term care facility. Seniors frequently enter a care center because they can no longer care for themselves or they have lost a caregiver (often a spouse). Often as a result of their transition into long-term care, the hope of many residents is challenged. Care facilities must provide programming to help seniors maintain as much functional ability as possible and achieve quality of life. Hope is about envisioning a future in which one would be willing to participate. Hope is necessary for seniors to achieve a good quality of life while living in long-term care.

We developed and delivered a nine session, hope-focused curriculum (hope intervention) to a pre-existing group of 10 residents. The sessions focused on strategies to foster hope. During the group sessions, residents explored their understanding of hope and participated in activities designed to foster hope. We interviewed the residents before and after the sessions to ascertain their conceptions of hope and their experience of participating in the group.

Findings indicate that combining a focus on hope with a group experience added to the depth of sharing and feelings of connectedness amongst the participants. This in turn expanded their awareness of hope.

Based on the project’s findings, we recommend that service providers:
- understand the importance of hope and how meaningful interaction can enhance hope
- provide staff education regarding strategies designed to foster and maintain hope
- initiate hope focused groups where residents can engage in meaningful interaction

RESEARCH OVERVIEW
Objectives
The objectives of this project were to:
- use hope intentionally as a strategy (hope intervention) for fostering hope in a small group program for residents in long-term care
- assess the impact of this program from the resident’s perspective
- develop a facilitator’s guide as a prototype for use in other AgeCare long-term care settings

Background
Hope is a word common to our everyday language. While it may seem to be a simple word, the concept of hope has an amazing ability to influence the health and well-being of individuals across the lifespan. Hope has been described as a key ingredient for helping people experience quality of life (Hammer, Mogensen, & Hall, 2009). Furthermore it serves as an inner resource that helps individuals cope with life and its transitions (Duggleby, 2005; Moore, 2012). The literature identifies hope as being a key psychosocial resource that helps individuals through a variety of difficult circumstances in their lives (Herth, 2005; Moore, 2005; Wilson, et al. 2011). Wolverson, Clarke, and Moniz-Cook (2010) interviewed 10 seniors with early-stage dementia, who described their experiences of hope. They concluded that hope has a dynamic, relational aspect that is integral to the daily lives of these seniors. Duggleby and Wright (2009) in their grounded theory study of older palliative care patients reported that these individuals lived with hope through a process of transforming hope. “Transforming hope involved acknowledging ‘life the way it is,’ searching for meaning, and positive reappraisal” (p. 71). It was through this process of transforming hope new hope was able to emerge. Wilson et al.

1 The Facilitators Guide is an instructional booklet developed to assist group leaders in setting up and running a hope-focused group with seniors over a nine session time frame. Session topics and outlines are provided, along with strategies for group leader preparation.
Alberta Addiction and Mental Health Research Partnership Program

(2010) conducted a hope intervention study in which they found that “a simple cheerful greeting was more effective for relieving depression and instilling hope than a four-week program of carefully planned and constructed hope interventions” (p. 5). While there may be other explanations for this finding, what is clear is that there is a need to conduct more intervention studies that use hope as an intervention. This study addressed that need by exploring hope as an intervention in a small group setting.

**Approach and Methods**

**Design**

In this qualitative intervention study, we explored the research question “What is the experience of older adults participating in a hope-focused group?” There were two researchers (who were the group leaders) for the study. One is a registered nurse and a pastoral care nurse and the other is a registered nurse and a registered psychologist. The study consisted of a pre-interview with residents of a long-term care facility in which we explored their understanding of hope, a nine session “hope-focused” group intervention, and a post-group interview during which we asked the residents what the group meant to them and what it was like to be part of the group. Hope, and our belief that having hope contributes to quality of life was the organizing principle for this study.

We chose *Finding Hope: Ways to See Life in a Brighter Light* (Jevne & Miller, 1999) as a “textbook” for the group. This small book contains short one-page strategies that Jevne & Miller developed and used themselves for fostering hope. We provided a copy of the book to each study participant and selected the following nine topics from the book to provide a focus for biweekly sessions.

**Group Session Topics**

Session 1: Explore the Concept of HOPE  
Session 2: Notice Signs of HOPE  
Session 3: Listen to the Voices of HOPE  
Session 4: Look Back  
Session 5: Expect to Find HOPE Where You Least Expect It  
Session 6: Borrow HOPE  
Session 7: Learn to Tilt  
Session 8: Make One Small Difference  
Session 9: Celebrate HOPE

Each group session followed a consistent format in which we provided a reorientation to the project and its purpose, and a review of the option to participate or not. Each session started with a brief recap of the previous session and group members took turns reading the hope strategy chosen for that session. We used focusing questions to guide the discussion for each strategy. For example, in session 2, Notice Signs of Hope, the focusing questions were “what are some signs of hope in everyday life? Where have you noticed hope this past week?” During Session 6, Borrow Hope, the focusing questions were “In what ways have you ever given or loaned hope to another person? Have there been times when you felt that someone gave you hope? Describe those times.” Each session concluded with a summary and a “homework” assignment for the next session. The homework assignment was a request to read a selected hope strategy from the “textbook”.

**Population**

A convenience sample of ten female residents of a long-term care facility between the ages of 75 and 99 participated in this study. Since this study was carried out within an existing group, and the group had originated as a women’s grief support group, there were only female participants in this study.

**Ethical Considerations**

This study received ethics approval through the AgeCare Commities of Care and Wellness ethics committee and through University Research Ethics Board. The researchers maintained ongoing assessment of the group members for signs of fatigue or upset that might necessitate follow up intervention.
Data Generation
The researchers interviewed participants before the group sessions started and again at the end of the group sessions. A semi-structured interview guide was used to focus the interviews. All interviews were digitally audio recorded.

Pre-group interview questions included:
- What is your understanding of hope?
- What does hope mean to you?
- What helps you to hope?

Post-group interview questions included:
- What is your understanding of hope now?
- What was it like to participate in a group that focused on hope?

Throughout each group session, one of the researchers (group leaders) kept field notes, recording group process, poignant statements, the mood of the group, and any observations about the general content of the session. Following each session both group leaders would spend a few minutes debriefing about the session and note any additional observations. Four group members were interviewed a third time to add clarity to the experience of their participation in the group as a follow up to their post-group interview.

Data Analysis
Following the completion of the group sessions, a research assistant joined the research team to assist with components of additional literature review and analysis. The audio interviews pre and post group were transcribed along with the group session notes. The transcriptionist signed a confidentiality pledge as part of her commitment to preserving the confidentiality of the research participants.

The transcripts were read and reviewed individually by the researchers and research assistant and were hand coded for key words and statements. A series of collaborative discussions were held to discuss the initial coding schema and analysis. These collaborative discussions and thematic analysis of the data offered deepening insights into the participants' experiences of participating in the group and how this experience fostered hope.

Partnerships
A university professor from Athabasca University collaborated with the pastoral care nurse from the facility to complete the research project. Both had been working together in an ongoing group that meets biweekly throughout the year. The pastoral care nurse brought knowledge of the group and group process, and familiarity with the environment of the home, while the professor brought an understanding of hope and strategies for fostering hope. Both researchers have had extensive education and experience in working with older adults across a variety of settings as well educational preparation in facilitating groups. The project consultant who is a professor emeritus, international hope researcher and scholar, provided consultation on the implementation phase of the group and during the analysis and writing phases of the project.

Key Findings
Three key themes that represented the participant's perception of hope emerged from the pre-group and post-group interviews; hope as future, hope as acceptance, and hope as fuel. Even though the participants were in the later stages of their lives, they still talked about hope for a better tomorrow. They portrayed hope as a realistic hope, a hope in which they accepted their current and stage of life. They described “hope as fuel” where hope supplies the energy and encouragement to keep going in the face of adversity.
During the post-group interviews the participants felt there was no change in how they perceived hope. One woman stated her understanding of hope is “the same as it’s always been. I’ve always hoped for something good to happen”.

**Key Themes from their Experience of Being in the Group**
Five key themes emerged from the analysis of the participants’ experience of being in the group. These include, building a sense of community, giving and receiving support, normalizing experience, developing a more positive perspective, and thinking more intentionally about hope.

On several occasions, the participants spoke about how much they liked being part of the group and hearing the stories of the group members. They described the feeling of being part of a community and how much they enjoyed the “fellowship”. Through the hearing and telling of their stories, they participated in giving and receiving support in a way that they had not done in their group prior to the hope-focused group intervention. The sharing of stories in the group also had a normalizing effect on their experiences and how they viewed them. They had opportunity to see that they were not alone and that other people also had struggles to deal with. As one woman said “Well, I think it’s very good to learn about other peoples’ problems and not keep all your own all the time.”

Being part of the group and focusing on hope strategies invited participants to imagine or consider a different perspective. The ability to consider another perspective was evident as the group members talked about how they viewed their lives in long-term care. They provided encouragement to one of the group members who had recently moved into the care facility and shared with her how they came to adapt to their lives as residents in long-term care. As the researchers, we observed the more seasoned residents trying to help newer residents in looking at life from a different perspective and how this had helped them adjust to their own circumstances. We also noticed that the group members were thinking about hope more intentionally. They would come to group sessions and tell of a story they saw on television that reminded them of hope. They began to notice signs of hope in the days between the group meetings and were eager to share them when they came to their next group session. Hope was more visible in the group, but it was also more visible in their day to day lives.

**Conclusions**
The findings of this study underscore the central importance of hope in the day-to-day lives of residents in long-term care. The findings suggest that hope is strengthened in community. Hope is a necessary ingredient for a good quality of life and by fostering hope, it is possible for health care professionals to contribute to patients’ quality of life in long term care, “Combining a focus on hope with a group experience produced a result that was greater than the sum of its parts. It produced a virtuous circle in which focusing on hope added to the depth of sharing and feelings of connectedness amongst the participants” (Moore, Hall, & Jackson, 2013, p. 15). This in turn expanded their awareness of hope.

**Implications for Policy or Practice**
1. Program planners and personnel in long term care facilities need to understand the importance of hope for their residents and the role that it has in contributing to quality of life.
2. Recognizing that it is possible for hope to be strengthened in community, long-term care facilities can build in programming that provides focused opportunities for meaningful interaction.
3. Long-term care staff are in key positions to bring residents together in community and to offer hope-focused programs designed to foster hope. In particular, a group program that uses hope as an intervention is one important way that can provide opportunities for meaningful interaction and other strategies that are designed to foster hope.

**Directions for Further Research**
A limitation of this study is that the participants were all women. While the participants in this study were part of an ongoing female group and thus provided a convenient sample, it would be beneficial to carry out this study with groups of men and mixed groups of older adults.
While we intentionally chose not to use quantitative tools to measure hope, it may be interesting in future studies to measure participants’ hope before and after the implementation of a group hope intervention.

Additional studies using hope as an intervention are needed in long-term care to examine the strategies that might be most useful in fostering hope.

**Knowledge Dissemination and Translation Activities**

The preliminary results have been presented at a national conference in Canada in September 2012 and at an international conference in June 2012. Presentations have been made to Unit Managers in the long-term care facility where the project occurred. Plans are underway to present this project to the management team in AgeCare and an abstract has been submitted to present the study at the National Gerontological Nurses’ Association Conference in May 2013.

The Facilitators’ Guide will be dispersed to other AgeCare facilities to assist group leaders in setting up and running a hope-focused group.

We are editing a manuscript to submit to a peer reviewed journal in April 2013.

Based on interest at the IFA Conference (in Prague), we have had preliminary discussion with colleagues in Australia and South Africa about implementing this project in those countries,

**Principal Applicant (Team Leader)**

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<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Topics of interest</th>
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<tbody>
<tr>
<td>Sue Hall, RN</td>
<td>Pastoral Care Nurse Beverley Centre Glenmore</td>
<td>Spiritual care, hope in long-term care, pain management, group process, end of life care</td>
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**Project Partners (Team Members)**

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<tr>
<th>Name</th>
<th>Position Title</th>
<th>Role</th>
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<tbody>
<tr>
<td>Sharon L. Moore, PhD</td>
<td>Professor, Faculty of Health Disciplines, Athabasca University</td>
<td>Co-investigator, supervise health studies graduate student, group leader, data generation and analysis, manuscript preparation</td>
</tr>
<tr>
<td>Jennifer Jackson, BN</td>
<td>MN student (thesis route)</td>
<td>Research assistant, literature search, data analysis, manuscript preparation</td>
</tr>
<tr>
<td>Ronna Jevne, PhD</td>
<td>Professor Emeritus, University of Alberta</td>
<td>Consultant, hope expert, manuscript and guidebook reviews, consultation on the role of hope</td>
</tr>
<tr>
<td>Laura Krieger</td>
<td>Transcriptionist</td>
<td>Transcribe three sets of interviews</td>
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**Publications and Presentations**


ABOUT THE ALBERTA ADDICTION AND MENTAL HEALTH RESEARCH PARTNERSHIP PROGRAM

The Alberta Addiction and Mental Health Research Partnership Program is comprised of a broad-based multi-sectoral group, representing service providers, academic researchers, policy-makers and consumer groups, working together to improve the coordination and implementation of practice-based addiction and mental health research in Alberta.

The mission of the Research Partnership Program is to improve addiction and mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into addiction and mental health promotion, prevention of mental illness, and innovative service delivery.

The Research Partnership Program sets out to increase Alberta’s excellence and output of addiction and mental health research findings, and to better translate these findings into practice improvements.
REFERENCES


