Kuven, B. M. & Giske, T. (2022)
Hope that provides strength in illness– patients' perspectives: Nursing students' narratives after conversation with patients.
Scandinavian Journal of Caring Sciences, 00:1–8.
https://doi.org/10.1111/scs.13065

Abstract

Background: The aim of this article is to explore sources of hope for patients by using patients' narratives and perspectives on how they find hope when facing illness. Hope enables people to endure suffering and can be critical to how people cope with illness. Hope is not a singular phenomenon, so nurses need to understand how to support the patients' sources of hope.

Methods: We used a qualitatively descriptive design with qualitative content analysis. We examined reflective notes from 385 first-year nursing students after they had had a conversation with patients with disease experiences following Graneheim and Lundman`s description of analysis. The conversation with the patients/persons were related to sources of hope and strength, who they turned to when they needed help, and if they were available. After the conversation, the students had to write a reflective log with summery of the conversation.

Results: We found four categories that explained how patients found hope: 1) relational hope, 2) spiritual hope, 3) hope in nature, and 4) hope in oneself. Most of the patients found hope in more than one of these categories.

Conclusion: It is important for nursing to have knowledge about patients` narratives about how they build and sustain hope during times of illness. Nursing can contribute to promoting hope and thus alleviating patients' suffering. The four categories in this study can serve as a guide for nurses to assess and support patients' hope and encourage them to find their strength through different sources.

Key-words Qualitative Approaches, Textual Analysis, Hope, Lived Experience, Nurse–Patient Interaction, Quality of Life

Hope that provides strength in illness – patients' perspectives.

Nursing students' narratives after conversations with patients.

Introduction

When people experience illness and suffering, the importance of hope becomes clearer and more significant (1,2). Hope can be described as a multidimensional dynamic life force and can be characterised by an uncertain expectation of achieving a better or good future that is both realistically possible and personally significant (3,4). Indeed, Dufault and Martocchio (3) refer to hope as having two dimensions: general hope and contextual hope. General hope is the hope we all possess without even consciously thinking about it; hence, we take it for granted. This general hope allows us to live, sleep and eat and to take care of ourselves. Contextual hope, however, arises when the world becomes unpredictable, when illness strikes and when our everyday life becomes insecure.

Hope has for long been emphasised in both nursing theories and nursing research (5). Joyce Travelbee (6) describes hope as what enables people to cope with painful and difficult situations such as loss, tragedy, loneliness, defeat and suffering. In this situation, the nurse's responsibility is to help sick and suffering people find hope and alleviate suffering. Travelbee (6) emphasises that although the patient's hope can be unrealistic and probably will not be fulfilled, the process of bringing about and maintaining hope is effective; she underlines that hope is forward-looking and characterised by an expectation of reaching something in the future. However, to hope means to believe in the future and its possibilities (6). The Finnish nursing theorist Katie Eriksson (7) highlights that hope can alleviate suffering and that people who have hope have a better life than people who do not. She writes about the importance of the human-to-human relationship and that supporting patients' hopes is the most important assignment for a nurse (7).

Patients' perceptions of hope can be the most significant coping mechanism for handling their situation and with life (8,9,10), thus contributing to improved quality of life (11). A meta synthesis of 20 studies about hope that looks at patients from different populations and countries and with a diversity of medical diagnoses concludes that ways to foster hope may include strategies for finding meaning and purpose (9). Other studies show that patients' perceptions of hope can be decisive for how they cope with the situation and master life, thus contributing to increased quality of life (12).

Several studies have focused on the fact that hope is not a singular phenomenon and that it is necessary for nurses to engage with their patients and listen carefully to what can bring them hope (13,14,15). For patients who are chronically ill, hope is experienced in different ways, and nurses must assess what hope means for each individual patient (16,17,18). Hope can be maintained through fellowship and relations with family and friends, as well as healthcare professionals and spiritual connections (1,9,16,19).

Because nurses work closely with patients, it is important for nurses to understand how they can assist and support patients in holding on to hope (8,12,13,20). However, there seems to be a few descriptions of where patients have found hope and strength when their health has failed. Further studies to clarify the patient's own narratives about sources of hope are needed.

In this article, we aim to explore patients narratives about how they build and sustain hope during times of illness to provide nurses with insights into sources of hope for patients.

Methods

Design

We used a qualitative descriptive design with qualitative content analysis (21,22) examining reflective notes from 385 first year nursing students. The study we report in this article is a part of a bigger study where 385 nursing students, from one secular and one Christian university college in Norway, participated in a research project where the aim was to explore how first year nursing students experienced an assignment of carrying out a conversation with a person about spiritual aspects (26), see Table 1. The students conducted this conversation with patients or people who earlier had experienced illness and health care, by using the question in Stoll's assessment guide (23). The four main themes in the guide were as we assigned them to the Norwegian students were: 1. Sources of hope and strength, 2. Relations between spiritual beliefs and health, 3. Religious practices and 4. Concept of God or Deity. After the conversation, the students had to write a reflective log with summery of the conversation and reflect on their experiences of carrying out the assignment. In this article we only focus on the students' logs related to the questions about sources of hope and strength.

Table 1 Overview of students who took part in the bigger research project

Year	Nursing education	Total number in the cohort	Number of students in the study (%)	Women	Men
2015	religious	94	79 (84 %)	74	5
2016	religious	169	92 (54 %)	86	6
2017	secular	84	70 (83 %)	61	9
2018	secular	171	144 84 %)	127	17
Total		518	385 (76 %)	348	37

Participants and data collection

The participants of this study are people who consented talking about questions from Stoll's spiritual assessment guide. The questions were related to sources of hope and strength, to who they turned to when they needed help, and if those sources were available (23). First-year nursing students conducted the interview with the participants in this study. The nursing students had been asked to invite one person, preferable with an illness experience, who after information about the purpose of the conversation, consented to talk with the student about the topics. After the spiritual conversation, students wrote a reflective log (750 – 1500 words), providing a summary of the conversation with the person and a reflection of on their own experiences.

Data were collected spring 2015 to February 2019, with 528 logs from first-year nursing students from two university colleges in Norway: one Christian and one secular. After the students' reflective logs were approved, all the 528 students were invited, in writing, to take part in the study. Of the 528 students, 385 consented to have their reflective logs used in this research project. We used two inclusion criteria for logs to be included in this study: 1) the logs should clearly state that the person the student had talked to had experience with health problems, and 2) the logs described sources of hope and strength from the persons' perspective. We ended up with 367 reflective logs to be included in this study.

Of the 367 logs included in the study, 71% were women, and 29% were men. Many of the logs provided the age of the patients. The youngest was 19 years old, and the oldest was 96 years old. Patients of all ages were reported in the logs. A huge variety of health issues were mentioned; the most frequent were cancer, different kinds of surgery, heart diseases,

chronic disorders such as diabetes, Parkinson's and rheumatism and mental health problems. Most of the interviews were done in the homes of people, however, a few were carried out in nursing homes.

Data analysis

To analyse the 367 reflective logs of this project, we used an inductive, qualitative content analysis where we followed Graneheim and Lundman's (21) description of analysis method. Both authors initially read the reflective logs individually and de-contextualised the text and condensed the data (21,22) before meeting to compare and discuss our preliminary findings using an interpretative approach. We extracted text that illuminated hope and strength from the reflection notes and moved the text into a table. After discussions and comparing our preliminary findings, we tested out some codes. We continued the analysing process by reading the material again. We divided the text into meaningful units based on words, sentences or paragraphs related to the patients' hope. We meet again and re-contextualise the reflective notes, abstracted and identified patterns. We met several times to compare and condense the meaning units. Similar codes were collected, and we performed abstraction and identified subcategories. Furthermore, we related subcategories to each other, and finally the four main categories were developed, covering the diversity in our data. Examples of how we worked is presented in Table 2.

Table 2 Examples from the analysing process

Quotes from data	**Condensed meaning units**	**Subcategories**	**Categories**
My partner and my children. *Family, especially my mother.* *In my family, nurses and my doctor, in the team.*	Sources of hope and strength are often persons that they have a relationship with, and who gives of their time and can listen to the person.	- Family members and friends - People with whom they have a relationship and can talk to - Health care professionals - Deceased family members	**Relational hope**
The bible and prayer. *Jesus and Christian community.*	An important source of hope and strength is faith and feel connected with something bigger	- Belief in God, something bigger than themselves - Prayer, Bible - Belief in karma	**Spiritual hope**

God, Jesus, prayer. *I believe in karma and doing god things to others.*	and stronger than themselves. This source is always available.	- Reunited with deceased family members	
In the nature I find my strength. *I dream I am back in nature; this gives me hope for the future.*	To be out in nature and in contact with nature can be an important personal element of hope and strength.	- Nature as a sanctuary, a place for peace, rest, and strength - Watch nature films as a substitute	**Hope in nature**
I want to say I get strength from within myself. *..his source of hope was found in himself.*	To find strength within oneself can be important source of hope	- Relying on own inner strength - Lack of trust to others, however hope and strength can be found withing self	**Hope in oneself**

Ethics

We obtained ethical approval from the Data Protection Office. The persons with whom the students had the conversation, were all informed about the assignment and its purpose, and they consented to the conversation before the students carried out the assignment. The two authors sent written information to all students when inviting them to take part in the study after they had fulfilled the assignment and submitted their written logs. Participation was voluntary however we encouraged all students to participate so that we could get rich and diverse data. When data was taken from the learning platform it was anonymised when it was built into the database. The authors are faculty at the two universities. We used the Standards for Reporting Qualitative Research (SRQR) checklist in this study.

Results

The patients, the students spoke to all had experience with illness and failing health. Some were still being treated, while others had recovered from their illness. Our analysis revealed four intertwined categories and subcategories of sources of hope (see table 2): 1) relational

hope, 2) spiritual hope, 3) hope in nature, and 4) hope in oneself. Common for the three first categories were relationship either with other people, God or a higher power, or with nature and most of the patients found hope in more than one of these categories. The fourth category differed from the other three because some people seemed not to need other people or anything other than themselves to experience hope.

Presenting our findings, we consistently use 'patient' when speaking about the person who has been interviewed and 'student' when naming the person who carried out the conversation with the patient.

Relational hope

There was a shared perception among the patients that family and friends were of great importance to them in providing hope during illness. Most patients said that family and friends were the ones they turned to when life was difficult. To have someone who was willing to listen to their concerns and support them was important. Having a sense of connectedness and knowing that they had relationships to lean on were crucial for most of the patients. One patient said, 'The most important in life is having a family. To love and be loved. Everything else doesn't matter so much as long as my friends and family are fine'. Another woman said that just being able to talk about difficulties with someone she trusted helped very much; indeed, she had many grandchildren and nephews, and they gave her hope for the future.

The patients did not need to have many family members or close friends to share their thoughts with or many persons who could listen to and support them. One or two people could be enough if the patient trusted that person. The key people patients most often mentioned were mothers, fathers, spouses, and children, in addition to close friends. One man said that he had reconciled himself to the fact that his health was not improving. The greatest joy and hope in his everyday life were the visits from his wife. Another patient even mentioned how his deceased father helped him cope with the grief and disease process; he still talked to his dead father when he needed strength. He noted feeling a calm after these 'conversations' in a way he could not explain. It was important to him that his father continued to be a part of his life, and his father was a source of hope and strength that he continued to seek out when life was difficult.

Health professionals were also found as a source of hope. When health professionals were mentioned, it was usually in addition to family or God. One student summed up her conversation with a nursing home resident as follows: 'He gained hope and strength from friends and staff. One of the things the resident appreciated most was the meetings he could have with his friends and that staff used humour and laughter in everyday life'. Another student reported, 'He doesn't think so much about being ill. He has some health issues, but with good medical treatment, he is now recovering. There are good professionals who will be there for him, in addition to his wife and the family'.

Other patients also highlighted different social activities to look forward to as important in providing hope for them, such as dance, music and hobbies. One patient said, 'The main sources that provide hope for me are dance, music, food and storytelling. That make me feel that someone still needs you and that you are important, and people treat you in the same way as before'.

Spiritual hope

Many patients presented a view of life where they believed in God or a power in the universe that they could approach and pray to for strength. Some said that they did not see themselves as believers; however, they still had a hope that there was something more than they could see and that could be of help when life was difficult. One patient said, 'Faith in God gives strength and joy to life. I have faith in a better future and hope to be healthy again'. Another patient said, 'I turn to God first and foremost. He can't say, I don't have time, or you need to have an appointment hour'. One woman described 'God as the one who sees and hears everything, the highest power'.

More than half of the patients in our data said that they experienced feelings of inner peace and hope for the future when they prayed to God or a higher power. One patient shared his life experience in the following way: 'I believe in God, Jesus. I am calm and think he hears my prayer'. A resident in a nursing home put it like this: 'Prayer is important. It provides security and the hope to get through long days at the nursing home. God is the Father, the Creator. It's safe and good, even when I am sick'. Another patient described prayer as something that gave her 'peace of mind' when times were difficult and tough.

Some patients also found hope in the conviction that they would one day meet their deceased family members again. One student wrote, 'The idea of seeing her spouse again

when she dies gives her strength, meaning and hope'. Another student summarised the interview in the following way 'She believes in God, praying and turning to God when she is in need and desires strength and feels hopeless.

Other patients were not too certain but still sought help: 'I must admit that I have search for help "up there". Not necessarily from God. Maybe it has helped, maybe not, but having someone I could talk to about my darkest thoughts have felt good'.

Several patients said they had no real faith or religion but still hoped that there was something more, something they described as undefined and difficult to put into words. A force or energy in the universe that could help them when things were difficult. Another student summarised a patient's reflections as follows:

> 'The patient has no faith in any deity or considers himself a follower of religion, but he still believes that there is something greater than humans and that there will be life after death. This is something that provides him with hope during illness and tough times. This gives a sense of security because the fear of death becomes not as huge as it would be without this thought'.

Hope in nature

Many patients said that they seek nature to forget their own troubles. Words like "tranquillity", "peace" and "freedom" described how they found hope by being outdoors. A young man told how he found strength by running and swimming. 'Nothing extreme' he said, 'but enough physical activity so it "takes over the brain" and leads the mind into more positive directions". A young woman said some of the same by telling how her mind became clearer when she could feel the wind in her face. It gave her hope when she could ride a horse and being out in the wild. A third patient said she found her hope and strength in nature. Standing on a high mountaintop gave her strength because she felt closer to God, believing God was "up there" in the sky.

Most patients sought to nature as it gave rest and provided a sanctuary where they were not concerned with their illness. Walking, training, or just being outside in nature, gave them hope to master the situation. One woman said, 'Fresh air gives me hope and strength'. Another patient said, 'In the nature I find my strength'. An old lady spoke about how being outside and to be in her garden and see how plants and flowers grew, gave her a lot of hopes for the days to come. Another patient told that if she needed extra energy or hope, it

helped her to stay in touch with nature: ‘She needed to see the sea, smell the flowers, and hear the sound of birds chirping or take a walk in the wood’.

Patients found hope in nature; however, for some it was challenging to get access to nature because of their health problems. A couple of patients mentioned that watching nature films helped them rest and regain hope. One patient said, ‘I can’t move outside like before. I loved walking in the mountains. Now, I watch nature movies; it gives me strength to get on and forget the pain. I dream I am back in nature; this gives me hope for the future’. Another patient said that her illness limited her possibilities to reach into nature, and she needed people who could help her if she wanted to go out. She had a need to experience mastery in her own life, as well as being able to manage as much as possible herself. Being outside, especially in the woods, gave her a feeling of peace and comfort, and was an important source of hope for her.

Hope in oneself

Several patients described that they relied on their own inner strength. They said that they only found their source of hope in themselves; so, they looked inwards to find inner peace and self-esteem. Past life experiences had taught them to use their own inner strength to find hope. One student wrote,

‘It emerged that his sources of hope are mainly himself. He says no one can influence him to the extent that he can influence himself. He finds strength and hope in himself, which he has done all his life’.

A few of the patients had experienced situations that had made it difficult for them to trust other people or a higher power, hence believing the only place to find hope was inside themselves. One student wrote, ‘The patient was sexually abused a couple of years ago by a person she had confidence in. She finds her hope and strength by thinking about what she has achieved in her life, despite the horrible event’. Another patient reported that “He first and foremost addressed himself and his inner thoughts. He was looking for answers within himself.

One patient stated that he had always, both before and after depression, strived to be as self-reliant and independent of others as possible. Being able to trust himself and be independent was one of the most important things for him in maintain hope. Another patient said that it helped him to speak with others about what he thought and how he felt, but that his source of hope was found in himself.

Not everyone had family or friends they felt they could speak open to about their illness and challenges. One patient said that he had several sources of hope, but no family and friends. Essentially, he found hope inside himself when he was scared. Another patient talked about an inner power within himself, and that the power could change the situation either negatively or positively.

Discussion

The aim of the current study was to explore the sources of hope for patients facing illness by analysing reflective logs students wrote after conversation with patients who had experienced illness. We identified four categories from the 367 logs that describes were those patients had found hope and strength when health failed, 1) relational hope, 2) spiritual hope, 3) hope in nature, and 4) hope in oneself. According to the student`s reflective logs, patients have multiple and often overlapping sources of hope and strength when they face health challenges. This means that some of the categories in our findings are intertwined and can be difficult to distinguish from each other. One example could be that we have placed talking to a deceased person under relational hope and the anticipation of meeting a deceased family member again under spiritual hope.

The logs gave insight in how relations with family and friends, with God or a higher power, with nature and with themselves were fundamental factors in their everyday lives to be able to find and maintain hope. Patients' hope was closely linked to their health problem, and they shared many ways of how they sustained their contextual hope, which was an essential dimension for dealing with illness. A hope that arises when the world becomes unpredictable, when illness strikes and when our everyday life becomes insecure (3).

The two fist categories, relational and spiritual hope, are reported by other researchers (1,9,16,19), however, to find hope in nature and hope in oneself is less reported. Relational hope as family and friends were important sources for hope for most of the patients as well as spiritual hope such as believing om a higher power or finding hope in the nature was important. Many patients highlighted several categories at the same time which acknowledged that for many patients, hope becomes an essential dimension for dealing with illness (7, 8,10,11. How nurses best can support patients must be tailored to the individual patient and situation. The importance of faith in God, a higher power, or faith in something bigger than themselves that the patients could pray to, turned out to be a rich source of hope and strength for many. Several studies from Scandinavia show that both nursing students and nurses find it

personally and professionally challenging to speak about faith with their patients (24,25,26,27). This indicate that the cultural context where nursing takes place impact the degree of openness in the relationship nurse and patient and thus how to assess and support their patients in their search for spiritual hope.

A study by Weathers McCarthy and Coffey (28) describes connectedness to oneself, to others, to God to a higher power and or to nature as one of the defining attributes of spirituality. However, they do not find hope as central to spirituality. Our study indicates that hope is deeply spiritual and indicate that is it an important issue for nurses regarding how they can assess, and support patients' hopes and strength.

The nature should also be acknowledged by nurses as a source of hope. If health problems make it impossible for patient to seek out nature, the current study gives examples of how patients can find other ways to enjoy nature and thus acquire hope in such a source. Both listening to the patient's story, and at the same time understand what he or she need in the situation can sustain patients' hope (8,13,20).

The last category in this study, hope in oneself, was internal for patients and might be easy to overlook by nurses. Only by listening to patents stories about where they find sources of hope and strength, nurses can be able to support patient's own inner work on this matter.

Travelbee (6) underlines that hope cannot 'be given' to others but is an inner matter that each one must find for themselves. However, nurses can care for the patient, listen to them, be a conversation partner and thus support patients' hopes. Such an approach is an important undertaking for nurses. Both Travelbee (6) and Eriksson (7) emphasise that nurses' behaviour and actions can foster hope during illness. By seeing each patient as a unique individual and by acknowledging that each person will respond to and experienced suffering in a unique way, patients' hopes can be supported by nurses (6,7).

Cooney et al. (11) describe the importance of relations such as relationships with family or friends, meaningful activities, self-awareness, and social affiliation for successful aging and quality of life for elderly people. Our study support that these relations are important, not only for elderly people but for people of all ages. While hope has been reported to improve quality of life (11,12,29), this study indicates that hope is something more than quality of life. Hope can be compared with looking into a kaleidoscope (13); although the different colours and shapes in a kaleidoscope are constant, they will change according to the angle the person views it at, and the configurations can easily change. This study shows that hope is manifested in many ways, what unites them is connectedness. The nurse's relationship

with patient's and ability to see the patients' situation by looking into the image of a kaleidoscope can be helpful to understand how the nurse can support the patient's hopes.

Limitations

The current study has explored adult patients in all age groups and how they experience hope during illness. It is a strength of the study that we had a large number of participants (367 people) sharing their sources of hope. However, this is a single study, and we do not know how well the patients represent all patients in Norway. Another weakness is that the students had just one conversation with the patients and that the assignment was a part of first-year nursing students' training. Indeed, our data came from students' logs, so these might not portray the true content of the conversation that took place. The students did not know that their reflective logs were to be analysed before being delivered. This may have reduced the possibility of exaggerating the patients' statements. The two authors have a great deal of experience in research and teaching in the field of spiritual care. However, the students' assignment was given early in the first academic year, before students had been taught the topic of spiritual care.

Conclusion

This study explores patients narratives about how they build and sustain hope during times of illness. Patients found hope and strength in relationships with other people, with a higher power, in nature or in themselves. Many patients experienced hope and strength from several of these sources.

Our findings can guide nursing education in how to better prepare nursing students to gain a deeper understanding of the importance of hope for patients who are experiencing difficult life situations and what these sources of hope can be. Our study can also guide nurses in understanding in which areas patients find hope and strength during illness and thus provide directions for how they can support patients with failing health and help them hold on to what provides hope for them.

Relevance to clinical practice

The current study highlights the importance for nurses to become aware of patients' sources for hope. The four categories we have presented can guide nurses in data collection and discussions with patients regarding how they can best support patients' hopes. This information should also be documented in care plans and followed up in clinical practice.

Student nurses can be trained, through communication exercises on assessing each other's for sources of hope. During clinical studies, students can assess and follow up on patients in real life situations.

Both nursing students and nurses can ask patients simple questions such as the following: What do you need now? What is the most important issue for you right now? By asking the patients where they have gained strength and hope in the past, students and nurses can also gain a clearer indication of how they can support the individual patient in strengthening his or her hope in the present situation and in which direction the patient needs to be supported.

ACKNOWLEDGEMENTS The authors would like to thank students who agreed to take part in the study and the patients/people who allowed the students to interview them.

CONFLICT OF INTEREST None.

AUTHOR CONTRIBUTIONS All listed authors are entitled to authorship, meet the criteria for authorship, have approved the final article.

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