The Tenacity and Tenuousness of Hope

Parental Experiences of Hope When Their Child Has a Poor Cancer Prognosis

Background: The meaning and role of hope in parents of children with life-threatening illnesses remains relatively unstudied. Objective: The objectives of this study were to explore parental hope when a child is being treated for a malignancy resistant to treatment and to identify facilitators and barriers to maintaining hope in this context. Methods: Thirty-five parents of children with difficult-to-treat cancer were interviewed 3 months after diagnosis. Line-by-line coding of transcripts was used to establish categories and themes. Constant comparison was used to examine relationships within and across codes and categories. Results: Parental hope was related to the child’s cure and future. The concept, however, oscillated between being tenacious and robust, and tenuous and elusive, depending on how the child was responding to treatment and the psychosocial context. Focusing on positive outcomes and experiences, spirituality, and social support facilitated being hopeful. Awareness of negative outcomes, information overload, physical and emotional depletion, and fear and uncertainty challenged parental hope. Conclusions: Developing a model that identifies the nature of parental hope as well as barriers and facilitators to maintaining hope shortly after childhood cancer diagnosis may assist healthcare professionals in supporting parents. Implications for Practice: Understanding parental hope may assist healthcare professionals to avoid overloading parents with too much information at once. Healthcare professionals can also ensure that social support from family, community, and the medical center is available for parents and that their physical and emotional needs are being met to ensure that they maintain hope to best care for their child with cancer.

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The meaning and role of hope in parents of children with life-threatening illness remain relatively unstudied and are frequently viewed as “hope for a cure.” Parental hope has been defined as a multidimensional construct with an orientation toward life and future and has been associated with a child’s disease progression, health status, and prognosis. In a recent prospective qualitative study of 12 families whose child was treated for cancer and had a relapse, 2 themes predominated: hoping for a cure and contemplating the child’s death, as they faced the uncertainty of the child’s prognosis.

In another qualitative study, bereaved parents of children who had died of cancer reported (retrospectively) that hope had co-existed along with an awareness of their child’s deteriorating condition. Moreover, they reported that being a “bearer of hope” was part of their parental role. Another qualitative study conducted in Finland on a sample of 9 parents of adolescents with cancer found that hope was a multidimensional phenomenon that fluctuated over the course of the cancer trajectory in response to various factors, including how their child was doing, their level of trust in the care their child was receiving, and the economic condition of the family. Finally, in a prospective study of the quality of life of children with incurable cancer who enrolled in phase 1 trials, parents reported that having hope for life was a critical component of quality of life for both children and parents, and the main reason for enrolling in phase 1 trials was their hope of prolonging their child’s life. Despite the burgeoning interest in hope in response to adverse experiences, in general, scholars have highlighted that hope as a concept is not well understood.

This is particularly so for parental hope because the limited extant literature is based on interviews with parents whose children have died or have had a relapse. The purpose of this research was to further our understanding of parental hope when a newly diagnosed child is being treated for a malignancy resistant to treatment. To this aim, we prospectively examined the trajectory of parental hope in a larger study. As part of the larger study, in this report, we focus our analysis on parental perceptions of what hope means to them including the facilitators and barriers to maintaining hope 3 months after the child’s cancer diagnosis assessment interview.

## Methods

### Study Design and Participants

We used a grounded theory approach to prospectively interview parents of pediatric cancer patients who were recruited from the Hematology/Oncology Program at a large children’s hospital 3 months after diagnosis. The inclusion criteria were (a) parents of children with a diagnosis of cancer with known poor prognosis (10% expected survival; the disease was resistant to treatment, and/or the child was at high risk for mortality in the opinion of the responsible physician); (b) parents of a child who had stopped receiving curative treatment for cancer; and (c) parents of children who were entering phase I trials. Exclusion criteria were instances where the physician or social worker judged participation in this study to be potentially harmful or causing undue hardship to the family or in instances where the parent could not speak English well enough to participate in an interview.

The sampling of participants was purposeful and theoretically guided. We took into account current recommendations for rigor in qualitative methods, including elements of trustworthiness such as referential adequacy whereby text quotes are included for verification of the emerging theory, and peer debriefing whereby findings were reviewed among research and clinical team members for their fit with clinical practice. In addition, data collection procedures were designed to develop the richest base of data possible, while being sensitive to the particular burdens that parents of children with a poor cancer prognosis face. This approach directed the researchers and interviewer to seek participants who had an in-depth appreciation of the issues at play. To achieve the greatest amount of variation within the sample population, we approached parents whose children had varied diagnoses with poor prognosis from all cancer clinics within a large hematology/oncology division.

Upon ethics approval, a social worker familiar to the family approached potential participants to inform them of the study and for permission to pass their name to the research coordinator. Of 44 parents contacted, 35 (of 26 children, 26 mothers and 9 fathers) were recruited and interviewed between May 2006 and October 2009. Nine parents refused participation. Nine were couples who were interviewed individually and separately. Thirty participants were married or in a long-term partnership. Table 1 presents details of sample demographics.

### Procedures

Social workers in the program identified potential participants and obtained verbal consent from parents to be contacted by the project coordinator. The coordinator explained the study purposes in person and obtained written consent. Participants were interviewed using a semistructured guide following completion of 2 questionnaires as part of the larger study. All interviews were audiorecorded and later transcribed. Questions focused on their expectations and hopes, what hope meant to them, and the factors associated with maintaining and/or challenging their hope in the face of their child’s cancer diagnosis and treatment (e.g., “When you think about hope, what things come to mind?” “If you had to define hope, how would you describe it?” “What helps you to maintain hope?” “Are there some things that make it easier to be hopeful?” “Are there some things that make it harder to be hopeful? And so on). Interviews ranged from 30 to 60 minutes, with the average being 45 minutes.

### Data Analysis

All audiotaped interviews were transcribed verbatim and entered into NVivo software that supported the management of data including coding, organizing, and storing the data. Data collection and analysis took place concurrently, based on line-by-line coding and axial and selective coding as outlined by grounded theory methodology. The generation of our theory
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In the Figure, we present a diagram of the emerging theoretical model of hope with an ecological psychosocial context. In Table 2, we further outline the emerging components of this model, including processes and conditions. A predominant finding consistent across participants was that hope was directly related to their wish for their child to have a future, a belief that the treatment will work, and that the child will survive despite the information they received regarding the disease and prognosis. Within this conceptual category, a dual view of hope in the context of the child’s poor cancer prognosis emerged: hope was found to be tenacious and robust at times, yet tenuous, fragile, and elusive at other times in which hope could be easily shattered. This view of hope appears to be influenced by personal characteristics and external resources such as social support (Figure). The tenaciousness of hope was wrapped up in a dogged desire for a good future and most importantly for a cure for their child. One parent remarked that her hope was that her child “stays in remission forever and that she’s completely cured. I think that’s what everybody wants.” Another parent similarly echoed that their hope is “that the cancer’s gone. Gone. Eradicated. Like, I don’t want it to ever come back.”

On the one hand, the tenaciousness of hope was supported or facilitated by a number of factors including awareness of the child’s positive responses to treatment and focusing on the present positive experiences and positive outlook, spirituality, and psychosocial support. On the other hand, the tenuousness and fragility of hope were also found in other instances where parents encountered a number of barriers including awareness of negative illness and treatment effects on the child, negativity from others, information overload, physical and emotional depletion of the parents, and being plagued by fear and uncertainty. Overall, hope seemed to be most fragile in instances where parents were confronted with the reality of their day-to-day experiences with their children’s poor health, complications, and medical tests. Thus, parental hope oscillated between these poles, from tenacious to tenuous, depending on the psychological—personal characteristics—and social context—social support—but parents always keep their eyes on their child’s well-being. Within this model, it appeared that parents...
tried to avoid losing hope—becoming despairing—when things were not going well, and hence, the importance of facilitators of hope emerged such as drawing on encouraging support from others, reverting to positive aims, or relying on comfort conferred by spiritually based beliefs.

**Facilitators to Maintaining Hope**

**PARENTAL AWARENESS OF POSITIVE ILLNESS AND TREATMENT EFFECTS ON THE CHILD**

Two separate but related components emerged relative to parental hope and their child’s treatment effects. In the first instance, when their child responded well to treatment, it gave them hope that subsequent treatments might work as well and thus contributed to the tenaciousness of their hope. One set of parents who were interviewed separately remarked:

Mother: The prognosis is grim, but we have seen some improvement since he began treatment, so that gives us hope.

Father: This tumor supposedly will grow, but his facial, his mouth area is you know, a little better, so that’s good. And his eye is not as much, not as turned in as much. But again, I understand that progression as time goes on, but it still gives us reason to hope.

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**Table 2 • Emerging Theory: Theoretical Category, Category, Themes, and Subthemes**

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<th>Theoretical Category</th>
<th>Category</th>
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<td>The tenacity and tenaciousness of hope</td>
<td>Facilitators to maintaining hope</td>
<td>Parental awareness of positive illness and treatment effects on child</td>
<td>Hope for effectiveness of treatment</td>
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<td>Barriers to maintaining hope</td>
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<td>Information overload</td>
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<td>Fear about child’s future</td>
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Tenacity and Tenuousness of Hope

Parents explained that the ability to focus on the present positive aspects of their child’s every day life helped them maintain their hope. That is, they found moments in their current day-to-day lives from which they took pleasure in to continue to feel hopeful. For example, parents explained:

Mother: The hope is that she’s going to be one of the 30% that make it. My hope is that she was a perfectly normal child coming into this that she didn’t exhibit some of the other signs that other children that, hers isn’t a typical presentation of it. So my hope is that the one in her head happened for a reason, and it was to find this because the adrenal tumor is very small, smaller than normal, smaller than other children at the same stage; hers is much smaller. She doesn’t have it in any other major organs or anything, so my hope is that we caught it early on.

Another mother remarked:

We had an 80% reduction in the tumor when they did an evaluation after chemotherapy…. So I’m hoping that the last 20% over a 40-day period almost and 2 chemo treatments got it eliminated. So I’m hoping for a 100% reduction in the tumor. I’m hopeful especially when his treatment is going as planned…. He was a very healthy child, and he was responding well to the chemotherapy. So as he was responding, that helped to give me hope that things will continue this way.

FOCUSBING ON THE PRESENT POSITIVE

Parents explained that the ability to focus on the present positive aspects of their child’s every day life helped them maintain their hope. That is, they found moments in their current day-to-day lives from which they took pleasure in to continue to feel hopeful. For example, parents explained:

Mother: [I feel hopeful] when [I] hear my child every morning say, “Mommy I wake up.” Baby you keep waking up every day of your life. Do it at the hospital, do it at home. “Mommy I wake up, come and get me.” You can’t feel better when your kid tells you; you can hear them first thing in the morning, for now that’s hope for me.

Another mother explained:

We are dealing with the day to day…. I think being positive and looking toward the future are our hope…. And we do have to take it slow, and take it day to day, and we sort of had to hold ourselves back a little bit on thinking about the future, which was hard. But, I think you have to take things slow and day to day. But be positive about it, right?

Another mother spoke about being a positive person as helping with her hope:

I try to be a positive person, and hope is connected to being positive. And, I believe hope and being positive are healers in a way.

SPIRITUALITY/RELIGION

Spirituality, religious beliefs and practices, and/or a belief in God were named as significant facilitators in maintaining the tenaciousness of their hope. In fact, for some parents, their spiritual beliefs and their concept of hope were integrated into 1 overall spiritual concept. Several parents spoke about these themes:

Mother: In the moments when I feel weak, like I can’t continue, my hope is almost crushed, and the only hope that carries me is the hope that God exists.

Another mother noted:

Hope looks like faith and believing in God.

SOCIAL SUPPORT

Parents spoke extensively about the value they placed on psychosocial support in helping them maintain their hope as their child was going through cancer treatment. Several parents made the link between social support and hope and spoke about support from the community, family and friends, other families going through cancer, and online groups. On family and friends, participants noted:

Father: When I’m in touch with my friends and people, it makes it easier. If I’m alone, it just destroys me…. I don’t want to be alone in a room because I don’t want to start thinking about things. I’m always moving around and talking to people. Always, I want company. That really makes it easy for me to keep my hope.

Another mother remarked:

Sometimes we need to talk to people. To share. Sometimes my friends call me, and say everything is going to be okay… they call me, everything is going be okay. They are all giving me hope.

On extracting hope from talking to other families going through cancer treatment, parents noted:

Mother: I talk to other parents over the Internet who have either lost children to brain tumors, not the same kind of brain tumors but brain tumors in general… talking to other people who are going through it with a better outlook. I did find one story about a little girl who was a baby when she was diagnosed with the same kind of cancer, and she’s 6-year-old now, and I’ve talked to her mom, and I know it’s only one story, but I hold onto that story like, you know, the Bible.

Another mother similarly noted:

Talking to other people, other parents. That’s already been steps ahead and like my brother found a guy at his work and he told him that his niece has neuroblastoma. And he was like, “wow,” he said my daughter has neuroblastoma he said…. [He] found out when she was 2 and now she’s 7. So that makes me hopeful that you know, at least somebody else got there. So, maybe she can get there too.

On online support, 1 father explained:

Keeping a blog [on the child’s treatment] enabled us to get information out to the public and our friends without having to do it constantly…. We have hundreds of friends now globally that are on the Web site twice a day.
trying to get information for it so, they’re relying on it too. What we get out of it is an amazing amount of support given through that—just, knowing how many people really care.

Finally, several parents also commented about community support giving them hope to keep going:

Mother: As long as you get the support that you need to keep going, then [you are hopeful]. We have a lot of support… we got a lot of cards. Even those who can’t be here physically, they’re concerned. …You realize that’s happening, that also gives you hope too as a community too, that they’re pulling together for you, and that makes you feel good about things.

**Barriers to Maintaining Hope**

**PARENTAL AWARENESS OF NEGATIVE EFFECTS OF ILLNESS AND TREATMENT ON CHILD**

For parents, the pediatric cancer trajectory was described to be like a rollercoaster, with ups and downs having to do with how the child is responding to treatment and its adverse effects. Ofentimes, emergency procedures or unexpected reactions to the disease and its treatment also occurred, causing their hope to become more tenuous and difficult to maintain. Parents described their hope being tied up to this rollercoaster, making it challenging to maintain hope when their child was not doing well or was experiencing a setback. Of this, several parents noted:

Mother: He had a difficult time getting out of critical care, and he was being intubated, extubated, intubated because he wasn’t breathing well on his own. I think you always have the expectations of your child that they’re going to move forward and develop you know in a forward motion, and when he went back a couple of steps, it was definitely debilitating in our hope.

Father: [It’s hard to maintain hope] especially the period that she was actually experiencing the effects of chemo, when she was actually in a state of extreme sickness, and all these effects started showing. That has been a very, very hard time for me. Sometimes even in that moment, I would wonder whether this is really working out, especially when she becomes really sick and is in a very helpless state a lot of times. So, those are moments when my hope and sense of faith really get challenged.

Mother: I feel like we live in a rollercoaster in crisis when my child is really ill. It’s okay when things are stable. …When she gets sick, then you worry that (pause) things are not going to go your way…. So on our good days, it’s good to keep hopeful. On bad days… not so.

**INFORMATION OVERLOAD**

While parents wanted to be informed about their child’s progress, there were also instances where parents felt they had received too much unnecessary information or were too aware of their child’s poor prognosis, making it difficult to maintain hope for improvement in the face of what they perceived to be objective facts about their child’s diagnosis or treatment. Several parents commented on these themes. One parent, for example, noted:

Mother: They have to explain everything to you, then they have to explain all the clinical trials to you that they’re doing, and you have to sign off on everything and start chemo right away. And then he’s in intensive care or critical care, and he’s on dialysis. Before all this, I could barely spell dialysis, forget about what it means. You know it was just such, not knowing what’s happening, or being able to believe this is happening…. It was just emotional overload, information overload. You can’t comprehend so much information. Your brain just shuts down.

A few parents commented on the difficulty of maintaining hope when aware of the poor prognosis of their child’s disease. One mother explained:

Unfortunately it’s just a bad deal of hands. It isn’t leukemia, which is treatable right now. If there was any hope that was realistic, I would hold onto that. I would grab it with both hands.

**NEGATIVITY FROM OTHERS**

Parents spoke about the need to avoid negativity from others as a way to maintain their hope. At times, parents felt that they had to go as far as “cutting people off” who were focusing too much on the negative, and in the process, were making them feel physically, emotionally, and mentally down.” One father described the need to curb conversations with their family members because of their negative comments:

I would say family, sometimes, they’re more, of like, how do I put it? More of a disadvantage at this moment than advantage, I would say. Because, sometimes they talk so much unnecessary things; they put us down. So, with family, we talk a little less about him.

A mother concurred and spoke about others, including friends, who could potentially reduce hope by focusing on the negative:

One person said, “What’s the point in going through chemo?” Okay, “Hello? Have faith!” and then another one said, “Well, at least on chemo, you can have him around a couple of more years.”

**PHYSICAL AND EMOTIONAL DEPLETION OF PARENTS**

Parents described their physical and emotional state as depleted when caring for their child with cancer, thus causing their hope to become more tenuous and fragile. More specifically, they spoke about feeling exhausted, overwhelmed, and fighting off dark thoughts that were often about the possibility of their child dying, or whether life was worth living. Each of these factors was named as barriers to maintaining hope and made it harder to keep up one’s positive spirits. On exhaustion, a mother explained:

I was just tired, I said, “God”—I said to myself, I was just sick and tired of it. I was just tired, I said, “Why?”
Sometimes you just give up. Because you’re a human being, you know, so you get sick and just say, “I give up.”

On feeling overwhelmed, a mother noted:

For me, [it’s overwhelming]. For instance, 2 weeks ago was difficult. … And it’s just where the walls feel like they’re closing in on you because it’s been a long time that we’ve been in here, and there’s still two-thirds to go… you know it was really difficult for me a couple of weeks ago. … The thought of having to go through all the emotions I was dealing with. I wouldn’t know where to start ‘cause I was so tired, and there were so many things going through my head.

On negative rumination and dark thoughts, 1 mother remarked:

Just the dark thought that it comes back. Being here, day in and day out, you do a lot more thinking… you tend to overthink things, and it’s dark thoughts.

FEAR AND UNCERTAINTY

Parents spoke about fear that the treatment will not work and uncertainty of the child’s future as factors that made it difficult to build hope. It was these instances where hope became the most tenuous and difficult to maintain. Although this fear could be considered in the context of the emotional depletion of parents as described above, it was unique and pervasive and therefore warranted to be addressed on its own. Thus, parents experienced fear about their child’s treatment, the potential recurrence of if in remission, the child’s general well-being, and his/her survival in the future. For example, a mother remarked:

I had to give her the injections for the GCSF…. For a while, and it just freaked me out, ‘cause she started bruising everywhere…. It’s like, oh my God, somebody tell me what’s going on! Now she’s close to a transfusion. That scares me. Just getting foreign bodies period, is like, what’s gonna be in there? What if something’s contaminated? Like, what else does she have to look forward to in her life?

Discussion

This article examined the concept of hope in parents of children recently diagnosed with cancer that was resistant to treatment and who had a poor prognosis. A conceptual model of hope emerged, where hope oscillated between being tenacious and robust, and tenuous and elusive. Within this model, facilitators and barriers to parental hope were identified. As previously reported,3,4 parental hope was strongly linked to treatment success and the wish for the child to have a future. A unique finding in our study was that parental hope appeared to be both tenacious, linked to a strong belief and wish for successful treatment, and fragile and tenuous, likely related to the awareness that the child’s life was in danger. Thus, this grounded theory study suggests that the concept of parental hope is in a process of oscillation from being tenacious and expecting a cure for the child and bolstered by facilitative conditions. On the other hand, this hope is tenuous, considering the potential poor prognosis, complications, and difficult treatment processes. Parents oscillated in a process of push and pull amid the psychosocial context and other contributing elements, such as navigating information overload, managing negativity from others, managing negative ruminations, grappling with fear, reliance on spiritual beliefs, and focusing on the child’s current quality of life (Figure). Although both facilitators and barriers to hope compelled parents to push forward and seek the best quality of life and care for their child, parents may need to find a manageable balance between tenacious and tenuous hope.

Unlike studies of parental hope in which parents were already bereaved,5 or their children had had a relapse after cancer treatment,4 a unique aspect of our study was that it was prospective rather than retrospective and that the children of these parents were recently diagnosed and still receiving chemotherapy or other active treatment. Although parents were told their child had a poor prognosis, at this point in the cancer trajectory (shortly after diagnosis), they were more likely to focus on the child’s life and treatment than to contemplate the possibility of their child’s death. This seems to concur with the gravitational pull to facilitators amid the simultaneous pull of barriers to hope, as depicted in our grounded theory model. Similarly, in another recent qualitative prospective study that examined parental experiences and fears and hope about treatment, parental hope was reflective of barriers to and facilitators such as fear yet desire and hope related to meeting the short-term goals of the child’s treatment.13

The challenges parents faced considering their child’s poor prognosis likely contributed to the fragility and tenuous aspect of the concept of hope. Under these circumstances, parents need to navigate a very fine line to keep a balance between tenacious and tenuous hope. This oscillation process appears to be driven by treatment effects and the child’s well-being. Parental, personal characteristics, and social support may moderate the balance between these forms of hope. Parents have been described as “bearers of hope.”5 As such, parents may need to maintain a balance between the tenacious and tenuous hope in the context of facilitators of hope (eg, focus on positive outcomes, spirituality, and psychosocial support) and barriers to hope (eg, negativity from others, information overload, and their own fears).

Although some barriers to hope appear unavoidable (eg, awareness of negative illness and treatment effects on the child’s health), imposing clinical elements (eg, information that may seem overwhelming) may be better addressed or paced by healthcare professionals (HCPs) and considered as opportunities for interventions to support parents and help them to maintain balanced hope. Previous research has indicated that parents and HCPs tend to see hope differently in the context of a child’s poor prognosis. In a retrospective study that conducted focus groups with bereaved parents, pediatricians, pediatric residents, and nurses about the role of hope for parents of children with a poor illness prognosis, they found that HCP’s related hope solely to a positive outcome. For them, hope was contrary to treatment failure. For the parents, however, maintaining hope and being aware of the poor prognosis coexisted.5 Indeed, for parents in...
this study, maintaining hope in the face of the poor prognosis seems to be an essential part of upholding morale and maintaining current functioning, in the face of conflicting pressures tending to despair. Hope thus emerged as central in our emergent theoretical formulation, as depicted in the Figure. What may seem surprising in these findings is that parents maintained a form of hope despite a poor prognosis. Relative to the extant literature, this study demonstrates "emergent fit."14(p51) in having points of resonance with earlier literature, yet it also builds on earlier conceptions of hope.

Findings across studies appear to suggest that HCPs need to consider the subtleties of parental hope oscillation, and how they can best help parents to keep some hope and maintain psychosocial balance. Good communication with parents is a key component in improving quality of life of dying children.6,15 As well, bereaved parents have reported that they find it most useful when HCPs are able to communicate difficult information in a sensitive and compassionate manner.3 Health-care professionals’ sensitive communication and support can help parents maintain hope under these difficult circumstances of caring for a child with a poor prognosis. When, how often, and who provides difficult information to parents are also an area to consider in terms of improving healthcare services to ensure that parents have all necessary information without overloading them. One study found that in a family-centered care model, parents were given a substantial amount of information about their child’s illness to pass on to other family members and as a result sometimes felt “burdened” by having to take the role of the expert when their child was sick. They wanted the HCPs to be more diligent with the information or to be the ones to pass it on to others.16 Thus, there is a need to balance “truth telling” and facing the child’s poor prognosis and outcomes.3,17 Healthcare professionals can schedule regular meetings to allow parents to ask questions regarding the child’s progress. Keeping parents informed with sensitivity and respect will help parents maintain hope. Finally, HCPs can help parents maintain hope by facilitating social support in the community, by making available psychosocial services within the treating center, and by encouraging parental self-care and help seeking to address their physical, social, and emotional needs. As others have indicated,18–22 social support is essential to caregiver well-being. Our study shows that social support can also substantially assist parents in maintaining hope. By maintaining physical and psychosocial health, parents can be better prepared to deal with their child’s condition and face the duality of their hope.

There are limitations to this study. First, the sample is from a single site reflecting the population served by this center. Further study from multiple centers would strengthen the examination of this concept of hope. Because of the importance of better understanding parental hope prospectively, this report examined only the initial data from the large longitudinal study. In a forthcoming report, this team will continue to examine parental perspectives of hope over time, considering changes in treatment/and child health outcomes.

This study of parental hope when facing childhood cancer with poor prognosis shortly after diagnosis generated a concept of hope that oscillates from tenacious to tenuous within the psychosocial context. Identifying the specific nature of parental hope early in the cancer journey, and its facilitators and barriers, represents a significant contribution to the field. Accordingly, these findings may guide HCPs to assist parents in keeping their hope balanced in their difficult journey of caring for a severely ill child who may not survive their disease.

ACKNOWLEDGMENTS

Dr Antle died during the early stages of data collection for this study in 2008. The authors acknowledge her contribution to this project and her efforts to understanding the concept of hope in the area of children and palliative care. Dr Antle has left a “legacy of hope” within the profession of social work and indeed across disciplines through her innovative research with children with chronic health conditions, disabilities, and serious illness.

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References


