

PATIENTS' & NURSES' PERCEPTIONS ABOUT HOPE & HOPE INTERVENTIONS IN FORENSIC & ACUTE MENTAL HEALTH SERVICES

**Mary-Lou Martin, Ruth Sahr, Gail Burns, Janet Landeen, Helen Kirkpatrick,
Samia Amer, Messiah Bautista, Sierra Martin**

St. Joseph's Healthcare Hamilton

martinm@stjoes.ca

St. Joseph's
Healthcare  Hamilton

WHAT IS HOPE?

- Is a multi-dimensional construct
- Important to psychological resilience & to well-being
- Contributes to change & gains in psychotherapy
- Hope is a skill that can be learnt (Flesaker & Larsen, 2012)
- It doesn't necessarily vanish with challenges such as untreatable illness
- Focused on future & meaning that activities & events have for a person
- A cognitive process of identifying goals may be involved or be based on feelings about life & what individuals would like to happen

BACKGROUND

- Hope has long been considered an important part of the human experience
- It has been reflected in mythology, philosophy & religion for centuries
- Karl Menninger (1959) suggested that mental health clinicians need to study hope
- Yalom (1995) suggested that hope was an essential component for clients so they could sustain their involvement in the therapeutic process
- Lack of clarity
- Insufficient evidence based

RESEARCH

- Hope plays an integral role in the process of recovery & in fact is essential to achieving the best possible outcome
- Hope is equally important for family members & other supporting people on their journey of recovery
- Hope had a positive or neutral impact on perceived coping abilities & a range of mental health difficulties (including depressive symptoms, anxiety, overall distress (Schrank et al, 2008)
- Lack of research exploring interaction between clinicians' beliefs about hope, personal hopefulness & strategies to inspire hope
- Lack of prospective research investigating the relationship between hope & outcomes
- Longitudinal research is needed to understand why & how hope is central to mental health recovery

PERSON CENTERED CARE

- **Valuing people**
Treating people with dignity & respect by being aware of & supporting personal perspectives, values, beliefs & preferences. Listening & working in partnership to design & deliver services.
- **Autonomy**
Provision of choice & respect for choices made. Balancing rights, risks & responsibilities. Optimising a person's control thru sharing of power & decision-making. Maximising independence by building on individual strengths, interest & abilities.
- **Life experience**
Supporting the sense of self by understanding the importance of a person's past, their present-day experience, **& their hopes for the future.**
- **Understanding relationships**
Collaborative relationships between provider & service user & carers & between staffing levels. Social connectedness thru the community through opportunities to engage in meaningful activities.
- **Environment**
Organizational values underpinned by person-centred principles. Responsive support that is responsive to individual needs. A planned, organization-wide effort to individual & organizational learning.

6 DIMENSIONS OF RECOVERY-ORIENTED PRACTICE

- **#1 Creating a Culture & Language of Hope**
- #2 Recovery is Personal
- #3 Recovery Occurs in the Context of One's Life
- #4 Responding to the Diverse Needs of Everyone Living in Canada

(Mental Health Commission of Canada (2015) Guidelines for Recovery Oriented Practice)

RESEARCH QUESTION

What are patients' & nurses' perceptions about hope & hope engendering interventions in Forensic Services & Acute Mental Health Services?

DEFINITIONS

- **Acute Mental Health Patient** is an individual admitted to an acute mental health service who has a significant & distressing symptoms of mental illness requiring immediate treatment
- **Forensic Patient** is an individual admitted to a forensic service who is under the authority of the Ontario Review Board
- **Hope** is a, “process of anticipation that involves the interaction of thinking, acting, feeling & relating, & is directed toward a future fulfillment that is personally meaningful” (Stephenson, 1991)

METHODOLOGY

- A mixed method qualitative & quantitative approach
- Purposive sampling
- Sample patients Total N= 56 (n=26 forensic pts; n=30 acute mental health pts)
- Sample nurses N=23
- Patients completed the Integrative Hope Scale (IHS), a demographic questionnaire & participated in an audio recorded interview
- Nurses are completing the Hope-Engendering Nurse Intervention – Nurse Version (HENI) questionnaire & a demographic questionnaire

INTEGRATIVE HOPE SCALE (IHS)

- Measures hope & its dimensions
- Created by combining 3 previous measures of Hope (The Miller Hope Scale, Herth Hope Index, & Snyder Hope Scale)
- 23 items measuring 4 dimensions of hope assessed on a 6 point Likert Scale ranging from Strongly Disagree (1) & Strongly Agree (6)
 - Total scores can range from 23 to 138
- Adequate convergent & divergent validity
- Satisfactory internal consistency reliability

(Schrank, Woppman, Sibtz & Lauber, 2010)

INTEGRATIVE HOPE SCALE (IHS)

Four dimensions of Integrative Hope Scale include:

- 1) trust & confidence
- 2) positive future orientation
- 3) social relations & personal value
- 4) lack of perspective

THE HOPE-ENGENDERING NURSE INTERVENTION (HENI) – NURSE VERSION

- Measures hope-engendering interventions
- Based on research by Herth (1995) who developed the Hope Intervention Questionnaire
- The 44 item instrument with a 5-point Likert Scale consists of 2 parts, Part A with ratings for the frequency of nurse actions & Part B for the effectiveness of nurse actions
- Reliable & valid

DATA ANALYSIS

Quantitative data

- Collected through REDCap
- Descriptive statistics

Qualitative data

- Audio recorded interviews transcribed
- Interpretive analysis (Thorne, 2008)
- Currently analyzing transcripts

DEMOGRAPHICS

- The majority of patient participants
 - male patients (n=28)
 - female patients (n=23)
- The majority patient participants were between the ages of 30 – 60 years (n=33)

INTEGRATED HOPE SCALE - PATIENTS

The Four Dimensions of the Integrative Hope Scale were ranked by patients from highest to lowest:

- 1) Positive Future Orientation
- 2) Trust & Confidence
- 3) Social Relations & Personal Value
- 4) Lack of Perspective

INTEGRATED HOPE SCALE

N=56	Integrative Hope Scale: Acute Care Mental Health & Forensic Patients	Total Score	Mean	SD
Positive Future Orientation	There are things I want to do in life.	306	5.464	0.990
	I intend to make the most of life.	283	5.054	1.313
	I look forward to doing things I enjoy.	272	4.857	1.354
	I make plans for my own future.	266	4.750	1.378

INTEGRATED HOPE SCALE

N=56	Integrative Hope Scale: Acute Care Mental Health & Forensic Patients	Total Score	Mean	SD
Trust & Confidence	I feel my life has value & worth.	272	4.857	1.182
	I have deep inner strength.	266	4.750	1.148
	I have a sense of direction.	252	4.500	1.401
	I have a faith that gives me comfort.	251	4.482	1.607
	I believe that each day has potential.	246	4.473	1.526
	I can see possibilities in the midst of difficulties.	239	4.268	1.483
	I've been pretty successful in life.	234	4.179	1.539
	My past experiences have prepared me well for my future	233	4.161	1.682
	Even when others get discouraged, I know I can find a way to solve the problem.	220	3.929	1.450

INTEGRATED HOPE SCALE

N=56	Integrative Hope Scale : Acute Care Mental Health & Forensic Patients	Total Score	Mean	SD
Social Relations & Personal Value	I feel loved.	260	4.643	1.327
	I have someone who shares my concerns.	248	4.429	1.399
	I am needed by others.	234	4.179	1.550
	I am valued for what I am.	217	3.945	1.520

INTEGRATED HOPE SCALE

N=56	Integrative Hope Scale: Acute Care Mental Health & Forensic Patients	Total Score	Mean	SD
Lack of Perspective	I am bothered by troubles that prevent my planning for the future.	235	4.196	1.542
	It is hard for me to keep up my interest in activities I used to enjoy.	216	3.857	1.700
	I am hopeless about some parts of my life.	203	3.625	1.835
	I find myself becoming uninvolved with most things in life.	191	3.411	1.593
	I feel trapped, pinned down.	188	3.418	1.833
	It seems as though all my support has been withdrawn.	142	2.582	1.499



IMPLICATIONS

- The results of the study add to the body of knowledge about hope for patients & nurses in forensic & acute care mental health settings
- The research has the potential to influence future outcomes of care, practice, education & policy



REFLECTING ON PROMOTING HOPE

Is Hope part of your therapeutic conversation?



**CONTACT INFORMATION:
MARY-LOU MARTIN**

martinm@stjoes.ca