Nursing Students' Views Toward Fostering Hope in Healthcare Practice

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Abstract

Nursing students experienced a range of situations during their clinical placements, particularly in confronting patients' health and illness. It is, however,not clear how hope is fosteredin healthcare practice by the nursing students.This study exploresBruneian nursing students' perception offostering hope in healthcare and how they managed their experiences. This study used a descriptive qualitative design.A total of twenty-seven students were interviewed in five focus-group discussions. Data were analysed using content analysis. Students identified three broad themes: hope offers emotional support, fostering individualised hope,and shared responsibility by the team. There was broad consensus among the students that fostering hope is an important aspect of providing emotional support to the patients. The findings indicate that nursing students are cognisant of the greater value of providing an individualised hope for each patient. Simultaneously, the students recognise the value of shared responsibility by the healthcare team to nurture hope in healthcare context.With these findings, it is recommended that students receive further support to learn and be sensitive to the language of hope, given the importance of hope in healthcare practice.

Keywords: *Students, nursing, hope, qualitative, Brunei, experiences, illness*

Introduction

Discussions of hope and hopelessness are common in clinical care,especially in the context of nursing practice. Hope as a concept is presented as fundamental to life and challenging to define. It has always been important in the context of diseases, injuries, or severe occurrences that require individual adjustment. It has also been suggested that "we know hope when we see it, and we feel it intensely when it is gone".[1]It is indeed difficult to explain in any case. In nursing, nurses play a critical role in recognising and nurturing optimism in the patients they care for.[2]

There are increasing reports that nurses are a critical source of support for vulnerable and sick people.[3]A nurse should be incredibly self-aware and optimistic in inspiring hope in others.[4]About breaking bad news, for example, much of the literature reaffirms how the delivery of such news can assist patients in their immediate and long-term coping with the news.[5]It takes skill, experience, and skills to provide information that helps patients assimilate and cope with what they are told.[6]The literature shows that nurses employ hope for intervention strategies. For example, hope has been defined in health care

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initiatives for older persons in acute and long-term care institutions as a general strategy to assisting patients in influencing one another's lives, relating to their inner selves, and developing interpersonal trust through time. All nurses in the study recognised hope as being central to older adults' lives. Their approaches to the facilitation of hope differed depending on the clinical context. For example, nurses talked to patients in intensive care environments and kept a positive attitude as successful techniques for inspiring hope. However, nurses working in long-term care facilities cited expressing love, affection, and empathy as effective hope-inspiring strategies.[7]The awareness and comprehension of health practitioners of a particular disease[8]and the potential for a cure are approaches that have established hope development during the patient care relationship.[9]It means that providers and patients should have good communication and keep the door open.[10]Patients' need to feel in control is a common goal, and it is also recognised as vital, allowing patients to regain independence after recovery.[11]Lightness and humour are also necessary to maintain positive and hopeful attitudes in patients.[12]

Although research on nurses' role in preserving or sustaining expectations to foster hope in the patients has started, it is unclear how nursing students experience putting hope into action. We know that nursing education involves situations where students engage in various clinical cases. According to published evidence, clinical placement is an intrinsic aspect of the undergraduate nursing program's preparing students for entry into the nursing profession,[13]as it provides undergraduate nursing students with the opportunity to learn in real-world clinical practice settings.[14]While these clinical placements provide rich opportunities to gain experience and develop skills, they are often the first time nursing students encounter the emotional component of nursing in practice.[15]For example, they may find themselves confronting death and dying. While students are introduced to these situations in the classroom, regulating their emotions in real-world practice can be a challenge for which they are unprepared.A study found that during early clinical placements, nursing students entered the clinical environment with limited forethought or planning about managing strong or negative emotions.[16]It is therefore important to explore these issues further in order to inform nursing educators. The research questions addressed in the study were: What kind of interaction do nursing students encounter when they foster hope in the patients? How did they manage their experiences?

Methods

Study design

This descriptive qualitative study was designed using focus group interviews to examine individual and shared perspectives among the nursing students of a university in Brunei Darussalam relating to fostering hope in healthcare practice and their challenges.

Participants' characteristics

Twenty-four female and three male students participated in the interview. They ranged in age from 20-43 years and consist of first-year (n=10), second-year (n=11) and fourth year (n=6)students. The researcher recruited them through the Coordinator of each Cohort. The students received study information during a scheduled recruitment lecture. Subsequently, students were invited to participate in the study and given participant information and a consent form for a single focus group interview.Recruitment for interviews continued to data saturation.[17]All of them reported that they had completed a health communication course in the first year of their University training and spent at least one month of clinical practice. The first and second years have clinical experiences in general wards, whereas the

final year uses general wards and specialities such as Emergency and Critical Care as elective courses.

Data collection

Five focus group interviews were carried out in the faculty meeting room. The reason for choosing FGD is to encourage the participantsto comment, explain, disagree, and share their views.[18]The researcher was the moderator and took notes during the session. The focus group discussion was also audio recorded with the permission of the students. Before dealing with the major questions, the moderator asked some opening and introductory questions to connect the group. After telling how they felt aboutthe meaning of hope, the students expressed their opinions about the experience and challenge of fostering hope in healthcare practice.They were then asked to share ideas for recommendations to improve the communication of hope. The conversation lasted approximately 40-50 minutes and might have continued further but was shortened to keep the discussion on track.

Data Analysis

Interview data obtained from the group discussion were analysed through qualitative content analysis. Qualitative content analysis is a way to classify the text from interviews into categories representing similar meanings.[19]Data were managed using Microsoft Word. Data were sorted into preliminary codes. It is further developed and reviewed, and categories were iteratively refined. The researcher and two volunteer participants collectively interpreted these categories' underlying meanings and formulated three main themes.Some minor changes were made upon the recommendations of the students.

The trustworthiness of study findings

There are four criteria to be met to provide a qualitative investigation: credibility, transferability, dependability, and confirmability.[20]Firstly, credibility is achieved through students' voluntarily participating in the study, whereby participants should have been given a chance to refuse to attend the study.[21] Secondly, transferability is achieved through a 'thick description',[22] whereby the researcher clarifies all the processes to let the reader compare the context to the others.[20]Thirdly, dependability is achieved when the researcher utilised the code-decode technique.[23]In this technique, the researcher codes the same data twice. The researcher waited for one week between each coding and adopted the findings accordingly to ensure the current study's dependability. Lastly, confirmability is achieved when the researcher shared the present study's findings with two participants and encouraged them to suggest changes if they were not content with her interpretation.

Ethical considerations

The University Research Ethics Committee approved the study design. Participation was informed and voluntary, requiring written consent. The students retained the right to withdraw their participation at any time. Confidentiality was assured, and all research data were analysed anonymously.

Findings

The data analysis culminated in three core themes: (1) Hope offers emotional support, (2) Fostering individualised hope, and (3) Shared responsibility by the team. The students also discussed the challenges of fostering hope subtly and sensitively.

Theme 1: Hope offers emotional support

The first theme revealed the unanimous understanding of fostering hope among the nursing students. Through the interactive discussion, a common view emerged that the students were unanimous in perceiving hope as an emotional aspect of caring that has a critical value in the nurse-patient

relationship. Citing a range of examples, the students described emotional support through fostering hope as encouraging patients to communicate about how they feel:

Some patients may feel nervous or worried about the whole process of becoming a patient and the future because of the illness they have. As a nurse, I have to talk with them, maybe informally and openly, asking them how they feel. (Year 2, Female, FGD 3)

Some students attributed emotional assistance to exploring emotional concerns, but this often meant helping patients avoid ineffective emotional care. For example, it was deemed critical that positivism should be advocated in healthcare practice. They also emphasised the need to avoid negative feelings, affecting the sense of hope in the patients.As one student said, in order to prevent the patient's feeling hopeless, which was correlated with the experience of illness, it was essential to support the patient by providing a sense of hope for getting better:

I acknowledge why it is not easy for an individual to accept a diagnosis and carry on. My task is to support them by helping them not to give up. (Year 2, Female, FGD3)

While offering emotional assistance to the patient, the students found the resilience of nurses to be crucial in providingadequate patient care. In the view of students, providing emotional help is an emotional task. It implies that it will often be possible for nurses to feel an emotional strain.

As much as I want to offer the patient a sense of hope, it is also an emotional task that needs a little perseverance. (Year 2, Female, FGD3)

Most of the students unanimously feel the challenge of fostering hope in patients with different cultural backgrounds. Thus, the need for transcultural nursing education to foster hope according to the patient's cultural needs was salient. Several students felt they lackedthe knowledge and skills to engage patients who appeared to be in a low mood or lose hope in getting better. The final year students highlighted the importance of teaching methods that facilitate communication skills. It appeared that training courses emphasising how to be foster hope might enhance the students' skill at interacting with people at risk for losing hope. In addition, the students generally emphasise the importance of providing an individualised hope which is meaningful to the patient during hospitalisation. This becomes the second theme.

Theme 2: Fostering individualised hope

Meanwhile, the second element to fostering hope is the process of offering hope in an individualised approach to patients. This dimension explored how students viewed and expressed hope in clinical practice. Most of the students argued that giving the patient a sense of hope usually occurs through subtle interaction because of its awkwardness. Several of them argued that such 'conversation' occurs whenever there is an opportunity for it—for example, the student would ask about the patient's wellbeing during the blood pressure measurement. Most students agreed that giving individualised hope should occur in a day-to-day nursing activity and usually happens naturally. The students,however, believed that nurses spent much of their time providing physical and technical care. As a consequence, students concluded that the delivery of hope, through action or interaction, appears to be hurried, regimented, and depersonalised:

Some nurses tell patients quickly that everything will be okay and ask them not to worry about it. I do not think this helps patient's feel better. This may lead to false hope. (Year 4, Female, FGD4)

The students strongly felt that an individualised hope in the interaction between nurses and patients is particularly critical.There was also an overwhelming response that honesty and truthfulness were essential. Being honest and using simple language were cited. Paralinguistic cues such as tone of voice were valued. Unlike the response to questions about the value of fostering hope, students did not generate as much discussion, nor was the responseenthusiastic. They were described as "sensitive communication" and not simply fostering hope. Students reported that nurses must be honest but sensitive in carrying hope messages.

We will know all about them by merely chatting informally with the patients, andmaybe they require either mental or emotional help. As nurses, we respond by giving a sense of hope that is appropriate and personalised. (Year 1, Female, FGD 1)

Notably, students proposed that an individualised strategy would occur only if all nurses and patients had a sense of shared trust in one another.

Not everyone can always be positive. The nurse should be genuine in supporting patients. This can be done by not simply dismissing what the patient has said. (Year 1, Male, FGD1)

Several students agreed that nurses must treat the patient as an individual to gain the patient's trust. They emphasised the importance of listening carefully and sympathetically to the individual, mainly when miscommunication is a possibility:

One must be sensitive and make no prior judgements when patients appear to be opening up about how they might feel about the disease.(Year 2, Female, FGD5)

Students elaborated the meaning of giving individualised hope, particularly in relation to being sensitive to what is being said and how it is said. This was illustrated in examples of caring for older persons.The majority of the students reckoned that individualised hope in the patients is essential for meeting the need of patients. Several students shared their experiences with common ways of fostering hope in hospital patients, such as "Everything will be all right" or "No need to worry". Delivering individualised hope messages to the right patient was also considered necessary. One student stated that "we cannot be saying the same thing to everyone really" should be thoroughly reflected by nurses. Overall, there was agreement that these sayings are giving false reassurance and hope to the patients. They consistently believe that fostering hope must be personalised. In addition, the students described the value and collective contributions of the healthcare team. This becomes the third theme.

Theme 3: Shared responsibility by the team

The third theme relates toshared responsibility by healthcare professionals towards fostering hope in the healthcare practice.While the students recognised the value of hope in givingemotional support, they also identified how discouragingit might be to promote and sustain the delivery ofhope withouta concerted effort. The students strongly urged that healthcare professionals must use consistent messages when fostering hope in the patients. Students were adamant that they did not think that fostering hope is not the exclusive responsibility of any healthcare professionals.

Patient-centred care is important. It will be a sharedaction from a multidisciplinary approach through which everyone relates to the patient's welfare.(Year 2, Female, FGD 5)

One noteworthy feature of highlighting the concept of hope in clinical practice was linked to the students' views concerning how the conversation of

hope would begin. As one student reflected:

Offering hope is such a delicate conversation in which you have to get a greater view of everything. For example, when patients inquire about the odds of feeling better, we cannot be positive. That might mean we need medical colleagues, for example, to open a discussion like this. The rest of the team will then follow up on this discussion. (Year 2, Male, FGD 5)

However, the shared responsibilityfrom healthcare professionals must also involve the patients. The students indicated that it is equally critical to carefully evaluate the patient's readiness to hear encouraging words from the healthcare professionals, meaning that hope delivery is adequately offered and provided. Another participant echoed:

While each of us can offer a sense of hope, patients must be prepared to accept the emotional supports themselves. (Year 1, Female, FGD 2)

By engaging other healthcare professionals within the framework of fostering hope, the students accepted that this would contribute to a cohesive strategy. The majority of the students also mentioned the critical role of nursing education. Students felt unprepared to foster patients hope in the theoretical courses, primarily based on transcultural knowledge. They anticipated that their nursing program would teach them the application of the hope concept in real clinical situations:

As students, we are inexperienced and lack transcultural knowledge; this causes fear, particularly when we needed to offer patients hope. This created confusion about unique cultural and emotional needs. We do not want to be supposed to offer an unwanted feeling of hope. There have been instances in which nurses advised nursing students to be careful and not get 'too interested' in instillingwith the patient hope. (Year 4, Female, FGD 4)

This account offers a valuable reminder of the importance of giving consistent hope messages to patients. Such consistency is central, that is, "everyone must be on the same page" when fostering hope. Thus, theresponsibility of the healthcare teamreflects the difficulties encountered by nursing students in creating a way of fostering hope in healthcare practice. The research thus illustrates the significance of looking for a cohesive approach by discussing certain facets of patient care in Brunei—in particular, hope in encouraging emotional support, fostering individualised hope to patients, and the responsibility of the healthcare team in fostering hope.

Discussion

The first theme illustrates the importance of evaluating the emotional needs of patients. This includes discussing psychological concerns and clarifying patients' emotional elements' perceptions.[24]At the same time, students have described how emotional care creates anxiety among students. This shows that nursing education must facilitate sensitivity and nurture the human spirit in clinical practice.[25]Nurses spend more time with their patients than most health professionals, which suggests that the emotional interests of patients must also be understood as a nursing domain.[26]It is also essential to recognise that students described such hope as central in making the patient realise an inner power to inculcate hope during patient care. Such results concur with other studies whereby various individuals may follow specific coping strategies to, for example, remain hopeful for a better day.[9] Such results further reinforce the claim that hope has value because it is a source of motivation for an individual, helps them embrace the rest of their lives to the fullest, and will protect them from depression.[27]

Referring to the second theme, the students' narratives focused on the value of fostering individualised hope. According to them, the interaction between the nurses and the patients requires individualised hope. They express fear about giving false hope to patients, and thus for many of them, it is crucial and essential to reconcile hope and integrity in attempting to give patients hope. The students also strongly emphasised a dilemma of fostering hope, particularly when determining what to tell and how to promote confidence in the patients. Nurses may be cautious about the impact information has on a patient, and this careful attitude can lead to ineffective communication, such as providing too little or too many details.[28]

Meanwhile, with regard to the third theme, the students in this study called healthcare team responsibility in fostering patients hope. This study shows that fostering hope without concerted responsibility from the healthcare team may be challenging to implement and sustain. Thus, interdisciplinary inputs are seen by patients and families as a critical element for good and effective communication.[29]In this study, the findings also clearly indicate that students expected that the healthcare team caring for the patient should have a consistent approach when fostering hope so that everyone is "speaking the same language of hope." Inability to provide truthful and accurate information while maintaining patients' hope can lead to adopting approaches that lead healthcare professionals to avoid discussing prognosis or end-of-life issues.[30]Improved healthcare team communication might offer an opportunity to overcome this common but problematic approach.

Limitations

The present qualitative study only presents the perspectives of several groups of nursing students in the context and culture of Brunei. This study was conducted in a single university which is a limitation of the study. Another limitation would be that only one researcher moderates the focus group discussion, which might pose bias. Therefore, the transferability of findings should be considered with caution and criticism, and the study should be compared with similar studies conducted in other contexts. Further studies on different cultures and contexts should be conducted to help us fully understand different aspects of giving hope to patients and improve our understanding of practices and challenges in real situations.

Conclusion and Recommendations

After interviewing twenty-seven students in a series of focus groups, the study shows that nursing students experience a range of situations for which they have attempted to foster hope in the healthcare practice. The students often feel that fostering hope is closely link with the delivery of emotional support. While they highlight the value of giving individualised hope to patients, the students also further reinforce shared responsibility by the healthcare team so that a cohesive approach to fostering hope can be provided. The findings also point to what the students wereexperiencing as they fostered hope. In essence, the study has to illuminate evidence of various aspects of nursing education for students. The findings suggested careful design of the contents used as a communication curriculum, emphasising fostering hope embedded in the clinical activities and interactions within the healthcare practice. The findings also suggest thateducational support could improve students' abilityto understandwhen and how to communicate hope in practice.Nurse educators should also be cognisant of inculcating the value of hope in health care contexts and strengthening the transcultural nursing knowledge of the students to guarantee meaningful communication of hope.With

these findings, it is also recommended that students receive further support to learn about interprofessional communication and be sensitive to the language of hope, given the importance of hope in healthcare practice.

Conflict of Interest: None

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