

Assessment of Hope among Adult Palliative Patients with Cancer: An Evidence-Based Analysis

Khaldoon Aied Alnawafleh*, Walid Theib Mohammad

Princess Aisha Bint Al Hussein College for Nursing and Health Sciences, Al-Hussein Bin Talal University, Maan, Jordan

ABSTRACT

Aims: The purpose of this evidence-based review was to figure out which assessment tool is optimal for measuring hope in palliative adult patients.

Methods: Literature search were in: CINAHL, Science direct, MEDLINE, PubMed, MEDLINE, EMBASE, and Google search engine. Keywords were: cancer (oncology, malignancy), hope, assessment (tool and instrument) Only English language articles were accepted. All included studies were assessed for level of evidence.

Results: Ten articles were included: Three meta-analysis, two experimental and five descriptive cross-sectional studies. Results of included studies showed strong evidence that Hope Herth Index (HHI) is the most accurate and comprehensive tool to measure adult hope level among cancer patient in palliative setting.

Conclusion: The (HHI) appears to be a trustworthy measure of hope in adults with cancer in a palliative context, according to the findings. There is a need for more research into the (HHI) factor structure in adolescents and young adults.

Key words: Cancer, Palliative patient, Hope, Assessment

HOW TO CITE THIS ARTICLE: Khaldoon Aied Alnawafleh, Walid Theib Mohammad, Assessment of Hope among Adult Palliative Patients with Cancer: An Evidence-Based Analysis, J Res Med Dent Sci, 2022, 10 (12): 122-127.

Corresponding author: Khaldoon Aied Alnawafleh

e-mail✉: Khaldoon.nawafleh@ahu.edu.jo

Received: 22--Nov--2022, Manuscript No. JRMDS-22-78139;

Editor assigned: 24--Nov--2022, PreQC No. JRMDS-22-78139(PQ);

Reviewed: 08-Dec--2022, QC No. JRMDS-22-78139(Q);

Revised: 12-Dec--2022, Manuscript No. JRMDS-22-78139(R);

Published: 19-Dec--2022

INTRODUCTION

In serious illness, hope is a common feature, and it's linked to improved psycho-spiritual well-being and quality of life [1]. In oncology and palliative care, the balance between hope and hopelessness may influence how patients perceive their quality of life and death [2]. As a result, a cancer diagnosis is frequently viewed as a death sentence, and those who are diagnosed with cancer frequently feel physical and psychological pain. Furthermore, both patients and their caregivers' quality of life (QOL) can be greatly impacted by cancer [3]. More specifically, the prevalence of depression among Jordanian patients with cancer in 2020 was 34% [4].

Because of horror about a vague outlook, Patients with cancer frequently seek additional forms of support in order to cope with the burden of their illnesses [5].

Therefore, hope has been acknowledged as a vital resource in the lives of cancer patients, assisting them in coping during times of suffering and uncertainty [6]. Hope is regarded as an effective coping strategy for cancer patients, providing adaptive power to help them get through the difficult condition and achieve desired goals [7].

Despite the fact that pessimism is frequently misunderstood as the polar opposite of optimism, it is unclear if hope and hopelessness are opposed constructs on the same spectrum or if each represents a separate construct [8].

Significance of study

Cancer stays to the present day a challenge for health care providers. As a result of early detection and medical treatment, the lives of cancer patients have been extended [9]. As cancer patients' life expectancies have increased, the existence of psychosocial disorders and concerns has become a long-term worry. As a result, the focus of psychology study has shifted away from death and dying and toward healthy adaptation and increasing quality of life [10]. Additionally, Puchalski, et al. [11] recommended that whatever can be done to inspire effective coping will improve the patient's quality of life.

In order to test and use new approaches to modify

and enhance hope level, it is vital to standardize the assessment method in clinical setting to capture the real status of hope in many health related issue [12].

Nursing staff and health care providers must be aware of the many factors that influence patients' hope when they are diagnosed with cancer. Oncology nurse specialists' mission is to work as active members of a multidisciplinary team to help patients and their families cope with cancer [13]. This is necessary of nurses in order for them to be conversant with variables that may help to encourage and foster hope among cancer patients. Thus, identification of best tool to measure hope would help nurses to perform necessary assessments in order to identify patients at risk of hopelessness, premature death, or suicidal ideation [14]. Professionals should be able to devise suitable interventions to nurture hope in cancer patients if they can identify patients who are at risk for an increase in their sense of hopelessness. Furthermore, identifying individuals who are at risk of hopelessness can aid clinicians in anticipating difficulties and maximizing scarce resources [15].

In order to understand the phenomena of hope and choose the best tool to measure it, we must understand the elements and the factors that contribute to this phenomena.

The PICO summary and questions

P: The population of this review is adult palliative patients with cancer.

I: The intervention is assessment tool to measure hope level.

C: The comparison is between groups whom using Hope Herth Index (HHI) versus using other assessment tools.

O: The desired outcome is to identifying accurate and precise measurement of hope among adult palliative patients with cancer.

PICO questions

What is the most effective measure of hope among adult cancer palliative patients?

METHODS

Literature search for this evidence based review was carried out in CINAHL, Science direct, MEDLINE, PubMed, EMBASE and Google search. Keywords used were: cancer, oncology, malignancy; terms related to hope measurement: hope, hope assessment; terms related to survivors: living with cancer, curable. Inclusion criteria were:

The subjects of the study are adult palliative cancer patient.

Full text article.

Published article.

Include a measure of hope.

The article is in English. No restrictions for study design were applied.

All related articles were reviewed, selected articles were analyzed, and the following data were summarized for included studies: author and year, objectives, main outcome variables, design, setting, sample number, exercise, data collection instruments, and main results.

Instrument assessment

The level of evidence was assessed using a criteria summarized in Appendix A (Hocking and Cousins, 2003). The level of evidence for included studies was summarized in the next section, however the level of evidence for the majority of included studies was moderate to high.

RESULTS

Literature search

About 100 articles were results from the literature search, after title and abstract reviewing only 30 articles were selected for internal analyzes while the others were excluded because: It is not use the selected too to measure hope, not full text, or for pediatrics population, all duplicated articles which were included in systematic reviews or meta analyses were excluded to prevent redundancy, the final articles used in this review were ten articles: Three study with strong level of evidence (level I): Meta-analysis [16,17], two studies with moderate level of evidence (level II): Experimental trial [18,19], Five studies were with mild level (level III) which were a descriptive cross-sectional survey [20-23] included studies are summarized in Appendix B.

Assessment of hope

High-hope people use information about the cause of their illness to do more of what helps and less of what doesn't [24]; as a result of this study, nine randomized controlled trials were included, and the methodological quality of each randomized controlled trial (RCT) was evaluated; current evidence suggests that nursing intervention has a positive effect on hope in cancer patients. To corroborate these findings, more large-scale and high-quality randomized controlled trials are needed. Similarly [16] conducted a study to see if these hope-boosting tactics were linked to (a) Enhanced hopefulness, (b) Improved life satisfaction, and (c) Reduced psychological distress among participants, the outcome of these investigations These results of a meta-analysis of 27 research including 2,154 participants revealed substantial but minor impact sizes for hopefulness and life satisfaction, as well as no overall link between hope enhancement measures and reduced psychological distress. Because there is very limited evidence that hope enhancement tactics can boost hopefulness or life satisfaction, and no consistent evidence that hope enhancement strategies can decrease psychological distress, the current study is limited. Finally, a meta-analysis research [17] was conducted to better understand how hope and associated constructs are applied and quantified in

healthcare, particularly in cancer patients. Two types of targeted literature reviews were carried out: (1) Hope-related psychological assessments, and (2) Psychological function measures in cancer-related care, such as well-being and other positive psychological constructs. Cancer treatment and symptom remission are influenced by positive psychological notions. The measurement of these domains is a crucial part of treatment selection and outcome evaluation. However, the availability of psychometrically sound instruments established for this context of use is required for trustworthy and effective assessment of hope and related dimensions. Chan, et al. [19] employed the short hope intervention (BHI) to assess rehabilitation cancer patients' hope levels and psychological and physical health results (RCP). The BHI was made up of four one-on-one sessions: two (1-hour) face-to-face sessions and two (30-minute) telephone follow-up sessions. With tiny impact sizes, the increases in current hope and depression ratings were inconsequential. The BHI appeared to have the potential to provide both physical and psychological advantages in RCP patients. On the other hand, the short-term efficacy of a hope-based intervention program in enhancing hope levels and decreasing psychopathology among HCRC genetic testing participants was explored. Psychological questionnaires were given to participants immediately before and after the first and last sessions of the program to assess their levels of hope, anxiety, and depression. Our findings suggest that a hope-based intervention program could help HCRC genetic testing recipients feel more hopeful.

Hope aids oncology patients in adjusting to their sickness, regardless of their stage of cancer [22]. The goal of this study was to see how common hope is in a group of end-of-life patients, as well as look into the possible links between hope and a variety of clinical and psychosocial factors. Because hope is both a need and a tool for patients dealing with illness, it's critical to implement stage-specific and realistic hope-facilitating interventions, as well as to assist patients in their search for meaning, which improves spiritual well-being. Similarly, in a study conducted by [23] to investigate the relationships between personal resilience, hope, and other potential predictors of hope in advanced cancer patients, the findings were as follows: Given that resilience is a fluid, variable road that can lead to hope, resilience-enhancing medicines should be valued in palliative care settings and implemented as soon as possible with cancer patients. Such therapies will likely assist patients with advanced stages of non-malignant illnesses as well. Wnuk, et al. [25] explored the role of purpose of life, hope, and happiness on the happiness and life satisfaction of cancer patients during and after treatment. Cancer components were found to be adversely related to the loss of friends and six happiness and life satisfaction variables, showing that cancer treatment had a negative impact on patients' Patients in and out of treatment received psychological care at the cancer center. Despite the widespread use of the term "hope," the experience of hope in patients with chronic

or even life-threatening illnesses is usually disregarded due to a lack of well-designed and validated evaluation measures.

Instruments of hope

Different instruments were used to assess hope level, after profound search, four tools were found to be used in psychological and medical field which is; The Miller Hope Scale (MHS), The Herth Hope Scale (HHS), EuroQoL-5D and Trait hope.

Trait Hope Scale [26] it divided into eight items, four of which assess agency (e.g., "I work hard to achieve my goals") and pathways thinking (e.g., "There are many ways to solve any problem"). On a four-point scale, items are rated (from 1, definitely false to 4, definitely true). The overall hope score was used in this research. For the overall scale, Snyder, et al. [26] reported coefficient alphas ranging from.

The Miller Hope Scale (MHS) was created using important elements of hope identified in a literature review and an exploratory investigation of hope in people who had survived a serious illness. The MHS ratings range from 40 to 200, with higher levels suggesting greater hope. This healthy sample's mean hope score was 164.46 (SD = 16.31). The alpha coefficient for internal consistency ranged from 83 to 92. The MHS was compared to the Psychological Well-Being Scale to determine criterion-related construct validity [27].

The Herth Hope Index (HHI) is a multi-dimensional 12-item index that measures a worldwide, non-time oriented sense of hope. It has three dimensions: time and the future, positive readiness and expectation, and interconnectivity. The Herth Hope Scale has been condensed into the Herth Hope Index. Internal consistency analyses found a test-retest reliability of .94, showing consistency across time, alpha values ranging from . For each of the three components, and an alpha range of . for the overall HHI, which varied by education, age, weariness, and sickness phase [28,29].

EuroQoL-5D EQ-5D is a standardized health status measurement created by the EuroQoL Group to provide a simple, generic measure of health for clinical and economic evaluation [30,31]. Mobility, self-care, typical activities, pain/discomfort, and anxiety/depression are the five dimensions of the EQ-5D-3L description system. Each dimension has three levels: no issues, minor issues, and major issues. The respondent is asked to tick (or cross) the box next to the most appropriate statement in each of the five parameters to reflect his or her health status. Despite the small number of items, the instrument had a high level of internal consistency.

DISCUSSION

It is critical to understand what hope is in order to choose the appropriate technique for measuring hope among palliative adult cancer patients. The Herth Hope Index (HHI), Herth Hope Scale (HHS), Miller Hope Scale

(MHS), as well as a generic health-related quality of life tool (EQ-5D) and the Adult Trait Hope Scale, are all used to assess hope. As a result, five research [20,-23,25] have employed the Herth Hope Scale (HHS) to assess hope in various clinical settings. A Dufault, et al. [32] model will be used to guide and organize the literature review and the overall research plans. This model is argued to be particularly relevant to this subject. Hope is described as "a multidimensional dynamic life force characterized by a confident yet uncertain expectation of accomplishing a future benefit that is practically achievable and personally relevant to the hoping individual," according to this concept [32]. Aspects of hope, according to this paradigm, are affective, cognitive, behavioral, affiliative, temporal, and contextual. "Sensations and emotions that are part of the hoping process" are the focus of the emotional dimension. It entails a mix of confidence, ambiguity, and personal stakes in the outcome. "The processes by which persons wish, imagine, wonder, perceive, think, remember, learn, generalize, interpret, and judge in regard to hope" is the focus of the cognitive dimension. The behavioral dimension is concerned with "the hoping person's action orientation in connection to hope".

Praying or following religious practices are examples of actions that are either aimed to directly achieve a hope or are motivated by, but do not directly effect, the desired outcome. The affiliative dimension is concerned with "the hoping person's sense of relatedness or the involving person's experience of relatedness or engagement beyond self in relation to hope". This dimension is important in people's relationships with God, and it can be portrayed as a reliance on or openness to aid from others. The temporal dimension is concerned with the experience of time (past, present, and future) by the hoping individual in relation to hope and hoping. Hope is focused toward a better future, but it is also influenced by the past and present".

The contextual component is concerned with "those circumstances in one's life that surround, influence, and are a part of one's hope. The surroundings, in a way, serve as the circumstances that elicit hope, the opportunity for the hoping process to be triggered, or a situation in which hope is put to the test".

The trait hope scale is a brief scale that can save time and effort, but it can only be used for acute health problems and short-term illnesses. The reported coefficient alpha's range from 74 to 84, which is adequate but not sufficient for height. Furthermore, it excludes the emotive dimension, limiting its applicability to adult patients receiving palliative care.

Miller Hope is a short and thorough tool that covers all of the variations of hope in a simple and easy to use format. Its internal consistency alpha coefficient ranged from.83 to.92, which is considered quite high. It should be used in conjunction with other scales in order to cover the multi-dimensional status of hope, which makes it ineffective when used alone.

EuroQol-5D EQ-5D criteria measure hope only in the clinical area, which limits their use as a comprehensive and long-term tool in palliative care for cancer patients. Science it hasn't been used in many studies for cancer patients or other palliative conditions, so its reliability and validity haven't been captured, but it could be used in conjunction with other scales to cover this area specifically.

Finally, the Herth Hope Index (HHI) is a multi-dimensional index that measures a worldwide, non-time oriented sense of hope. It encompasses all hope losses. It can be used on the chronic diseases and it have height realibility and validity rate r- 0. 94 is the highest among the given assessment tools ,it been used constantly in cancer patient to capture hope level in many cultures, it easy to be followed however it is hard to be used in pediatric populations as this index measure diminutions that developing in the child personality and not mature yet to be measured.

CONCLUSIONS

Findings indicate that Herth Hope Index (HHI) is a trustworthy measure of hope in individuals with cancer in a palliative context. There is a need for more research into the (HHI) factor structure in adolescents and young adults.. Also further qualitative studies require capturing the factors that influence hope among cancer patient as unique population with consideration for the cultural and medical background.

RECOMMENDATIONS

For practice nurses

Encourage nurses in the clinical setting to use (HHI) as effective tool to measure hope among palliative patients with cancer to better understand and management this phenomena

For educators

Educators, and students need to know the most effective way to measure and capture hope among cancer survivors, more attention on these concepts can help to improve the nursing care process.

For researcher

More Randomized Control Trial (RCT) about the to evaluate and update the hope assessment tools among cancer patients of different types are needed.

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Appendix A: Assessment of evidence level criteria.

Level	Design
I	Systematic review or meta-analysis
II	Randomized double-blind controlled trials of sufficient size and consistency
III	Randomized clinical trial of moderate quality or insufficient size or other comparative trials (non-randomized, cohort studies, crossover studies)
IV	Non-comparative trial, observational study, case series, comparative trial with one patient (N of 1 trial)
V	Case report

Appendix B: Summary table of included studies.

Authors, year	Design	Setting	Sample	Intervention	Hope Instrument	Main outcome
Ho, et al.	Experimental study	Queen Mary Hospital, Department of Surgery	Two groups: Group 1: closed group therapy. Group 2: regular therapy.	Six weekly sessions make up the intervention program.	12-item Adult Trait Hope Scale	The program was successful in increasing participants' hope and decreasing their anxiety.
Abdi, et al.	descriptive cross-sectional survey	Tehran University of Medical Sciences,	descriptive cross-sectional research,	hope questionnaires	1. The (MHS) 2. The (HHS) 3. EuroQol-5D	superiority among these tools by Miller Hope Scale showed
Chan, et al.	Experimental study	RCP in Hong Kong Chinese	Chinese rehabilitating cancer patients	employed a one-group pre- and post-intervention strategy to see if BHI was feasible and had any preliminary effects.	brief hope intervention (BHI)	The BHI appeared to have the potential to provide both physical and psychological advantages in RCP patients.
Wnuk, et al.	descriptive cross-sectional survey	Multi sittings	In two Warsaw medical centers, 50 patients were questioned during their recovery.	Psychological support interventions	Herth Hope Scale (HHS)	Patients in and out of treatment benefited from psychological support at the cancer center.
Ripamont, et al.	descriptive cross-sectional survey	Multi settings	In four distinct settings, 266 patients with non-advanced cancer were treated.	Validated in Italian self-report assessments that address all facets of patient distress: physical, psychological, social, and spiritual/existential.	Herth Hope Scale (HHS).	The Italian version of HHI is a genuine and trustworthy evaluation tool that can be used to start a conversation with a problematic person.
Li, et al.	Meta-analysis	Multi settings studies	electronic databases	There were nine randomized controlled trials included in this study, and the methodological quality of each randomized controlled trial was assessed (RCT)	Meta-Analyses	Nursing involvement appears to have a favorable influence on cancer patients' hope, according to current studies.
Meyers, et al.	Meta-analysis	Multi settings studies	There were 876 abstracts on hope measurement and 639 abstracts on psychological measurement. function in	The instrument was then utilized to locate the original validation research, which was then used as the basis for the full text review of the paper.	Positive psychological constructs	Cancer treatment and symptom remission are influenced by positive psychological notions.
Bovero, et al.	cross-sectional analysis	Italian oncology patients	350 cancer patients nearing the end of their lives	During their first appointment with a psychologist, patients with a predicted life expectancy of 4 months or fewer and a Karnofsky Performance Status (KPS) of 50 or lower were given the Italian validated versions of a series of rating measures	Hospital Anxiety and Depression Scale (HADS), Herth Hope Index (HHI), Patient Dignity Inventory (PDI), Demoralization Scale (DS), Herth Hope Index (HHI) (HADS)	On the HHI, the sample scored moderate to high, with a high average level of spirituality.
Weis, et al.	Meta-analysis	Multi settings studies	A review of 27 trials with a total of 2,154 individuals	brief interventions delivered to students or persons selected from the community in a laboratory environment.	1. Miller Hope Scale (MHS) 2. Herth Hope Scale (HHS) 3. EuroQol-5D	There is simply a little evidence that hope enhancement tactics can promote hopefulness or life satisfaction.
Solano, et al.	A cross-sectional pilot study	Patients with CRC from a tertiary teaching hospital's department of Clinical Oncology were approached.	a convenience sample of 42 to 44 patients.	All participants gave their agreement to be study subjects and completed the questionnaires on their own in the presence of an interviewer who had given each study item and response alternatives to the patient beforehand (assisted application).	The Connor-Davidson Resilience Scale, the Herth Hope Index, and the Barthel Index are all measures of resilience.	In palliative care settings, resilience-building therapies should be prioritized and started as soon as possible with cancer patients.