

CONCEPT ANALYSIS: HOPELESSNESS

by

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ABSTRACT

Hopelessness is one of the human responses to health care problems addressed by nursing interventions. Nurses can promote quality care and improve patient outcomes through assessment for and development of interventions to treat hopelessness. Concepts such as hopelessness grow, change, and need to be developed in order to enhance the knowledge base of nursing. The concept hopelessness needs to be clear and useful. The goal is for the researcher to become comfortable with the use of the concept by various disciplines. Well developed concepts provide a solid foundation for further nursing research and practice.

The defining characteristic of hopelessness is negative expectations about the future. Depression has been identified as both an antecedent and consequence of hopelessness. When depression is present an assessment for hopelessness is always appropriate. Lack of coping skills in children or impairment of coping skills in the medically compromised adult can lead to hopelessness. Nursing needs to focus on developing these coping skills in children and preserving, acquiring, or strengthening such skills in adults.

CHAPTER 1

INTRODUCTION

The concept hopelessness has been investigated by researchers from various disciplines over the last decade. Definitions of hopelessness include an emotional state which displays the sense of impossibility (Beyea & Peters, 1986), negative expectations about the future (Quinless & Nelson, 1988), pessimistic expectations concerning one's present self (Page, Allen, Moore, & Hewitt, 1993), suicidal ideation (Beck, Steer, & Brown, 1993), and depression (Beebe, 1994). Hockley (1993) stated that hopelessness may lead to the patient's giving up the will to live due to the feeling of despair or loss of control. Beebe (1994) noted that hopelessness can contribute to or exacerbate an existing depression. Brandt (1987) concluded that depression in hospitalized patients was an important predictor of suicidal behavior.

Hopelessness is one of the human responses to health care problems addressed by nursing interventions. Studies of sustained hopelessness and its relationship to illnesses and increased mortality are particularly important for the profession of nursing. Nurses can promote quality care and

improve patient outcomes through their response to a patient's hopelessness.

Concepts such as hopelessness grow, change, and need to be developed in order to enhance the knowledge base of nursing. This is accomplished by providing the discipline of nursing with concepts that are clear and useful and resolve any existing conceptual problems. The result will be an improvement in the quality of patient/client care.

Vague concepts that are prevalent in nursing practice need to be analyzed so they are used consistently. Nursing views human beings and nursing phenomena as constantly changing, with overlapping and interrelated elements. The goal of the analysis is not only for the researcher to become comfortable with the use of the concept by various disciplines, but also to recognize attributes, antecedents, consequences, references, surrogate terms, and related concepts. The result will be a solid foundation for future theory development, research, and practice.

Assessment, the first step of the nursing process is an important component of nursing care. An assessment for hopelessness may result in the nurse and patient feeling more in control, improve the quality of care, and possibly prevent or predict suicidal ideation or attempts.

Nursing interventions that address hopelessness need to be developed. Their focus should be the alleviation of painful despair, promotion of healing, and the creation of

positive expectations about the future. Current interventions include involving the family and the patient in the planning and provision of nursing care, being positive, and utilizing good communication skills. Early intervention may help to reinforce adaptive coping skills and thus contribute to the prevention of the consequences of hopelessness such as suicidal ideation or attempt.

Awareness of the potential benefits of timely interventions may be particularly helpful with rural populations. The defining characteristics of rural populations are low population density, areas of sparse settlements, and remoteness (Bushy, 1992; Lee, 1991; Long, 1993; Magilvy, Congdan, & Martinez, 1994; Nichols, 1989; Puskar, Hamb, & Bartolovic, 1993). Literature suggests this rural environment contributes to the development of coping skills characterized by independence, hardiness, and self-reliance in its residents (Bushy, 1992; Magilvy et al., 1994; Long, 1993; Long & Weinert, 1989). Yet these same characteristics may also be threatened if hopelessness undermines the ability to sustain them.

The objectives of the analysis will be (1) to clarify the current status of the concept hopelessness through identification of a consensus between disciplines, (2) to examine the historical or evolutionary background of the concept, and (3) to discover areas of disagreement or

agreement in relation to use of the concept among diverse disciplines.

CHAPTER 2

LITERATURE REVIEW

Review of the literature is considered a key step in concept development. Literature used in the analysis of hopelessness was obtained through databases from CINAHL, ERIC, and MEDLINE. The disciplines explored were nursing, medicine, education, and psychology. Several themes emerged during the literature review which included suicide, depression, developmental issues, gender, diagnoses, stress, and interventions.

Suicide

ERIC (Education)

A relationship between hopelessness and suicide has been identified in the literature.

Psychology/Psychiatry. A study conducted by Topal and Reznikoff (1982) explained that both males and females who feel they have little if any control over their environment felt more hopelessness. A study by Schotte and Clum (1987) revealed that college students who reported high levels of negative life stress and poor interpersonal problem-solving skills also displayed the highest level of hopelessness and

suicidal intent. According to Schotte, Cools, and Payvar (1990), having poor interpersonal problem-solving skills predisposes a person under stress to depression, hopelessness, and suicidal ideation.

Holden and Mendonca (1984) stated that one of the reasons the relationship of hopelessness to suicidal behavior remains unclear is that researchers have not studied the concept hopelessness by itself. Holden, Mendonca, and Serin (1989) reported that both hopelessness and one component of social desirability, the person having a sense of capability, are important for the prediction of suicidal behavior. Social desirability was defined as the tendency to give socially desirable responses when asked about self. As hopelessness increases, the sense of capability decreases and suicidal behavior can result.

According to Kazdin, French, Unis, Dawson, and Sherick (1983), hopelessness can be assessed in psychiatrically impaired children and possibly predict future suicidal behavior. Orbach and Joseph (1993) looked at the impact of a suicide prevention program for adolescents and found that the program did reduce feelings of hopelessness.

Adolescents who initially scored high on hopelessness in the suicidal tendency scale benefited more from the program. Rich, Kirkpatrick-Smith, Bonner, and Jans (1992) studied psychological vulnerability and substance abuse and their relationship to suicide among adolescents. The

results showed that substance abuse was related to hopelessness and should be considered a risk factor when assessing for suicidal behavior.

Education. "Hopelessness and depression are important indicators that should alert clinicians to suicidal ideation. Hopelessness may be superimposed on dysfunctional attitudes held by the patient and intensify a patient's sense of resignation to committing suicide" (Beck et al., 1993, p. 19). Beck, Brown, and Steer (1989) examined the prediction of eventual suicide in psychiatric patients and concluded that even though a history of a past suicide attempt and hopelessness are the two most important variables that identify people who are considering attempting suicide they should not be considered the only important indicators. The assessment of suicide risk needs to include a history of drug, alcohol, and family suicide, as well as age, sex, and ethnicity.

Charlifue and Gerhart (1991) studied the predictors of suicide following a spinal cord injury. The behavior patterns identified that alert the caregiver to possible suicide risk included a history of pre-injury family fragmentation and post-injury despondency, alcohol abuse, apathy, or withdrawal.

Sociology. Ivanoff and Jang (1991) stated that when assessing for suicidal behavior both hopelessness and

social desirability need to be examined. Hopelessness interacts with social desirability in influencing suicidal behavior.

Counseling. Hanna (1991) states that hopelessness often manifests as a result of all-or-none thinking patterns. These people tend to amplify the difficulties of their problems and potential solutions. The intention to escape a life with a high degree of hopelessness can lead to suicide.

CINAHL (Nursing)

Duffy (1993) studied the nurse's role in the prevention of suicide. The importance of a thorough, comprehensive risk assessment could alert the care provider to suicidal behavior. One component of the assessment should be hopelessness or negative expectations about the future.

MEDLINE (Medicine)

Hopelessness is regarded as a stronger predictor of suicide than depression.

Psychiatry. According to Steer, Kumar, and Beck (1993), the most frequent indication of suicidal thinking was elevated hopelessness in people. In a study of people attempting suicide after acute treatment for major depression, Rifai, George, Stack, Mann, and Reynolds (1994)

noted a correlation between the intensity of hopelessness and a history of suicidal behavior. In schizophrenic patients studied by Meltzer and Okayli (1995) depression and hopelessness were the most frequently cited features of those who had committed suicide. According to Rudd, Dahm, and Rajab (1993) people who had a mood disorder along with a panic disorder had the highest levels of hopelessness and suicidal ideation.

Adam, Overholser, and Lehnert (1994) looked at the relationship that family functioning plays in adolescent suicidal behavior. Results showed that suicide ideators and suicide attempters did not differ on measures of hopelessness. Cohen, Lavelle, Rich, and Bromet (1994) looked at patients with psychosis and identified depression, hopelessness, and severity of illness as clinical risk factors associated with suicide.

Psychology. Beck, Steer, Beck, and Newman (1993) studied the relationship between hopelessness, depression, and suicidal ideation. Results showed that a higher level of suicidal ideation was positively associated with being diagnosed with mood disorders, depression, and increasing levels of negative expectations about the future. A study conducted by Morano, Cisler, and Lemerond (1993) reported that adolescents who attempted suicide were more hopeless than those adolescents who did not attempt suicide.

Kral (1994) explained that a combination of risk factors such as depression, agitation, alienation, and hopelessness sends an individual beyond his/her personal threshold of endurance towards suicide. According to Eddins and Jobes (1994) suicidal people often consult caregivers who may avoid the topic of suicide but still profess their ability to assess for suicide. Hopelessness is seen as a construct that underlies suicide.

Nursing. Valente (1989) studied assessment and intervention in relation to adolescent suicide and stated that suicide risk peaks as depression lifts. They went on to point out that moods of hopelessness, helplessness, and lack of meaning were warning signals of suicide.

Depression

ERIC (Education)

Nursing. According to Coyne et al. (1987) hopelessness is a depressive symptom.

Psychiatry. McCauley, Mitchell, Burke, and Moss (1988) studied cognitive attributes of depression in children and adolescents and found that those who were depressed had lower self-esteem, hopelessness, and less of a sense of control.

Psychology. Whisman, Miller, Norman, and Keitner (1991) looked at the effect of cognitive therapy with

depressed patients and stated that patients who had treatment reported less hopelessness.

MEDLINE (Medicine)

Psychiatry. Perry (1994) reported that care providers need to provide effective antidepressant medications when depression is present in order to counter feelings of hopelessness.

Developmental Issues

ERIC (Education)

Psychology. Beck, Shaw, and Steer (1984) noted that alcohol and heroin dependent women had moderate to high levels of hopelessness. They went on to say that alcoholic women believe they have a better chance of succeeding in the future than heroin addicted women and possibly will be more receptive to interventions. Kline and Short (1991) studied gifted adolescent females and found that many of these girls experienced hopeless thoughts that could have a negative influence on their school years. "When any person, male or female, lacks a vision for the future and how it can encompass their uniqueness and dreams, they are emotionally at risk" (pp. 120-121).

Psychiatry. Various developmental issues can impact hopelessness. In a study that addressed the levels of

hopelessness in children and adolescents, Kashani, Reid, and Rosenberg (1989) showed that from preadolescence through adolescence hopelessness did not increase with age. The study went on to state that children with high hopelessness scores reported more problems in school.

Education. The majority of literature pertaining to hopelessness addresses negative expectations about the future. However, Bokaer (1985) found that having adolescents verbalize their fears concerning nuclear war lead to discussions of trust and therefore the ability to think positively about the future. Development of trust through verbalization of fear may be an intervention that nurses can use when dealing with hopeless individuals. Hamer and Ampadu (1982) related feelings of hopelessness with unsuccessful attempts to develop alternative schools. The hopelessness was a result of unclear definition of terms and characteristics of alternative education. According to Page (1991), underweight adolescent females who perceive themselves to be fat are significantly lonelier and more hopeless.

Counseling. In a study conducted by Mitchell and Rosenthal (1992), the relationship between family dynamics and an adolescent's degree of hopelessness was examined. Results showed that families of suicidal adolescents were likely to deny difficulties and be more defensive. Suicidal

children become more aware of parental difficulty, resulting in their feeling more powerless and hopeless. Family therapy addressing specific issues of marital conflict and family interaction are valuable components in support of a plan for life.

CINAHL (Nursing)

Identified developmental issues related to hopelessness include trust, substance abuse, loneliness, and feelings about death. Beyea and Peters (1987) researched hopelessness and its defining characteristics. Three defining characteristics were identified: pessimism, withdrawal, and the feeling of being overwhelmed. The study identified that a lack of trust in or during early childhood experiences causes the child's coping strategies to become less effective, resulting in vulnerability to hopelessness. Page et al. (1993) explained that frequent illicit substance use and drinking to the point of intoxication by adolescents are important indicators of hopelessness. The frequency of getting drunk correlates positively to hopelessness. Hopelessness is also related to loneliness of the adolescent, and the risk is further increased through alcohol intoxication and substance abuse. Cotton and Range (1993) found that hopelessness is more of a concern with psychiatrically hospitalized children than normal children. When the child becomes less repulsed by

the thought of death, feelings of hopelessness increase and may lead to thoughts of suicide. Perhaps this is related to the fact that death becomes an attractive alternative.

The aging women assessed in Schorr, Farnham, and Ervin's (1991) study of the phenomenon of powerlessness were hopeful rather than depressed regarding their expectations for life. Nystrom and Segesten (1994) studied the source of powerlessness in nursing home life. The patients felt hopeless and powerless despite observations of love and affection between staff and patients.

Psychology. Mellott and Wagner (1993) studied the psychological adjustment of sexually abused girls. The results showed that victims who continued to experience problems with hopelessness were at increased risk for subsequent sexual assault. Hanson and Martin (1991) reported that when adolescent mothers perceived their social networks to be supportive they had more positive expectations of the future. Those who were more hopeless were at increased risk for health problems due to noncompliance with prescribed treatment.

MEDLINE (Medicine)

Hopelessness relates to adolescents, minority youths, and their developmental issues.

Psychology. According to Lubusko, Moore, Stambrook, and Gill (1994), hopelessness is related to stressful uncontrollable life events and difficulties in psychological well-being. Beebe (1994) examined bulimia nervosa and depression. Results showed that hopelessness is theoretically sufficient to lead to depression or exacerbate an already existing depression. Another study stated that hopelessness and despair could possibly lead to a terminally ill patient giving up the will to live (Hockley, 1993). According to Spangler, Simons, Monroe, and Thase (1993), achievement-oriented individuals are particularly vulnerable to hopelessness and depression when they encounter perceived failure or goal frustration in areas such as work, school, or finances. Upmanyu and Upmanyu (1994) stated that both male and female adolescents with high levels of hopelessness report a higher tendency for depression. Grizenko and Pawliuk (1994) examined how a lack of positive feedback from the social environment can create a sense of inefficiency and lead to feelings of depression and hopelessness.

Nursing. Adolescent hopelessness was studied by Page et al. (1993). They reported that frequent illicit substance use and getting drunk are important indicators of hopelessness in adolescents. Kempton, Van Hasselt, Burstein, and Null (1994) stated that a correlation exists

between cognitive errors and depression and hopelessness in adolescents.

Medicine. Goldenring, Baldwin, Barnett, and Tatem (1994) noted that one factor leading to the risky behaviors of youths is their having no hope for the future. Achievement of success of any kind can result in the reduction of risk-taking behaviors. Durant, Pendercrast, Cadenhead (1994) spoke about the hopelessness of social immobility and lack of role modeling in minority youth which leads to violent behavior.

Sociology. Botvin, Epstein, Schinke, and Diaz (1994) looked at predictors of cigarette smoking among minority youth. The results showed a positive relationship between high scores on the hopelessness scale and cigarette smoking. Both family structure and hopelessness predicted experimental smoking. In addition to hopelessness, low life-skill confidence and low self-esteem were related to cigarette smoking.

Gender

ERIC (Education)

Psychology. Rich et al. (1992) examined gender differences in suicidal ideation and found that males, even though depressed and feeling hopeless, may be less willing

to admit to suicidal thoughts than females. This relates to males perceiving suicidal ideation as a sign of weakness and inability to handle one's affairs.

MEDLINE (Medicine)

Psychology. Spirito et al. (1993) studied gender differences among suicide attempters and found that hopelessness was comparable in both sexes. Boyd (1993) found that battered women have a pervasive feeling of hopelessness that can result in their committing homicide.

Diagnoses

CINAHL (Nursing)

With respect to life-threatening conditions nursing literature has addressed the concept of hopelessness. The element of hopelessness or "giving up" is often noted prior to decline in health in the AIDS patient and is related to negative expectations (van Servellen, Padilla, Brecht, and Knoll, 1993). Ramsey (1990) states that hopelessness is frequently the most observed symptom of the depressive disorder of an individual infected with HIV.

Smith, Mayer, Parkhurst, Perkins, and Pingleton (1991) examined the concept hopelessness in relation to a patient requiring mechanical ventilation. Hopelessness concerning the ventilated patient's condition may also lead to negative feelings toward the care provider. Both the family

and patient need to be informed that the mechanical ventilation does not change the diagnosis or prognosis. Engberg (1991) stated that giving up and withdrawal by ventilator-treated patients can be interpreted as a sign that the patient is losing hope.

Steele (1991) examined hopelessness as an indicator of clinical depression when studying the dimensions of dyspnea in Chronic Obstructive Pulmonary Disease. When clinical depression improved, hopelessness also improved.

Skinn (1994) reports that a sense of hopelessness is one reason that cancer patients are attracted to unconventional treatment modalities. According to Rideout and Montemuro (1986), patients with chronic heart failure who are hopeful maintain their involvement in life regardless of physical limitations they may have. Brandt (1987) studied the relationship between hopelessness and selected variables in women receiving chemotherapy. Women who used religious beliefs to cope had less hopelessness. Two women who reported more hopelessness also had pain and fatigue at the time of the interview. These two symptoms could possibly have influenced the perception of hopelessness.

Health care providers can also experience hopelessness. One study focused on burn patients and the transition of the health care provider from a feeling of hope to hopelessness during care. "Hopelessness occurs on

the part of nurses and physicians when the patient is perceived as having no chance of survival" (Slater, Fassnacht-Hanrahan, Slater, & Goldfarb, 1991, p. 476). This perception of change in health status comes at various times for the health care workers. Varella and Utermohlen (1993) studied patients with renal failure and noted the distress care providers feel when patients no longer want to continue treatment.

Psychology. Payne (1990) looked at women who were receiving palliative chemotherapy for advanced cancer and their response to chemotherapy. Those who were hopeless became dependent, had others make decisions, and experienced acute anxiety. According to Rabkin, Remien, Katoff, and Williams (1993), long-term survivors of AIDS who felt comparatively more hopeless reported fewer supportive people available to them and experienced more frequent unpleasant or distressing social interactions.

Psychiatry. Lewin (1989) studied the concept hopelessness in one long-term psychiatric patient. "To bring about a reemergence of hope takes so much and so many different ingredients, probably the most important of which are latent capacities within the patient whose presence or absence is exceedingly difficult to assay in advance" (p. 86).

MEDLINE (Medicine)

Psychiatry. Rabkin, Rabkin, and Wagner (1994) reported that patients receiving fluoxetine treatment for depression had less hopelessness after 12 weeks of therapy.

Wolfersdorf, Konig, and Straub (1994) looked at the combined use of antidepressants and neuroleptics in treating depression. Results showed that hopelessness was significantly improved over time. Valente, Saunders, and Uman (1993) reported that hopelessness was more associated with a change to unhealthy self-care activities than was depression when studying people with HIV. Boone (1994) talks about the use of the hopelessness scale to assess for depression in psychiatric inpatients. Anda et al. (1993) reported that the risk of Ischemic Heart Disease increased with increasing severity of hopelessness.

Psychology. Tibben et al. (1993) studied people diagnosed with Huntington's Disease and reported that the person's perception of the future could be predicted before they had the laboratory test to diagnose Huntington's Disease. The more pessimistic they were prior to having the test the more likely they will be pessimistic about the future.

Nursing. According to van Servellen et al. (1993) more serious hopelessness in people with AIDS is associated with

less satisfaction with social support. Kim (1994) reported that family caregivers providing care to patients who had a stroke feel more isolated, depressed, and hopeless as the period of caregiving extends. A study conducted by Laskowski and Morse (1993) states that patients with spinal cord injuries need to express feelings of despair and hopelessness in order to complete the process of learning to accept a changed life. Willenberg (1994) studied patients who engaged in self-destructive behaviors. The therapist that works with the individual needs to accept the feelings of hopelessness experienced by the patient.

Interventions

CINAHL (Nursing)

Interventions to treat hopelessness are essential components of nursing care and have been identified in the literature. Wake and Miller (1992) talked about treatment for hopelessness and the nursing interventions that were utilized by nurses from six different countries. Hope-inspiring strategies suggested by nurses emphasized interpersonal use of self, family involvement, sharing success stories, progress reports, and empowerment of the patient/client. Rothlis (1984) reported the positive results of utilizing self-help groups to treat people diagnosed with reactive depression related to loss. It was noted that when a person loses his/her sources of security

he/she can develop a depressed condition that is characterized by feelings of hopelessness and helplessness. The experience of loss which results in feelings of both hopelessness and helplessness may be due to an obvious recent loss or a loss that the person experienced in childhood. Smith (1982) studied the use of a workshop in directed application of the use of imagery utilizing active imagination techniques and imagery conditioning. Results did not show any significant difference in hopelessness as a result of the guided imagery.

Padilla (1989) explained that observed human responses are categorized on the basis of descriptions of behavior that conform to a scale. Hopelessness is measured by the number of suicide attempts, observed decreases in affect, and increases in verbal clues. Quinless and Nelson (1988) developed a measure for learned helplessness. Hopelessness and diminished self-esteem were found to be related to helplessness. A study by Daly (1994) looked at the relationship of futility or having no chance of survival and associated it with hopelessness. Casey (1993) found a sense of hopelessness in workers who were laid off.

Sociology. Lebaron (1989) examined the role of imagery in the treatment of a patient with melanoma and found that imagery may encourage people to experience life more fully and perceive more meaning to life.

MEDLINE (Medicine)

Nursing. Rew and Shirejian (1993) studied sexually abused adolescents and found that when the adolescent began to make connections with the staff that were stable, levels of hopelessness decreased. Hunt (1993) explains the use of humor as a nursing intervention to prevent hopelessness.

Psychology. According to Thackston-Hawkins, Compton, and Kelly (1994), hopelessness is an important aspect of a depressed person's cognition that can be an impediment to therapy and predictor of suicidal behavior.

ERIC (Education)

Sociology. Bedics and Doelker (1992) utilized the hopelessness scale developed by Beck, Weissman, Lester, and Trexler (1974) to measure competence, helplessness, dependence, and self-determination. A study by Sundet and Mermelstein (1988) states that rural communities need to utilize crisis interventions that promote such things as emotional support, hope, and reassurance.

StressERIC (Education)

Psychology. Dixon, Rumford, Heppner, and Lips (1992) studied the relationship of stress to hopelessness. It was

found that negative life events were associated with increases in hopelessness and suicidal ideation. Hopelessness was found to be a critical link between stress and suicidal thoughts. In the absence of hopelessness, stress does not appear to be related to suicidal ideation. Dixon, Heppner, and Rudd (1994) stated that when people feel they cannot cope with life's problems, they are more prone to become hopeless about the future. The feeling of hopelessness puts them at risk for suicidal ideation.

MEDLINE (Medicine)

Psychology. Ursin (1994) studied the relationship between stress, distress, and immunity. Ursin stated that "concepts such as coping, control, helplessness, and hopelessness are required to understand how the immune responses are influenced by the brain and to establish the extent to which these mechanisms have any clinical validity in man and animals" (p. 207).

Summary

Upon completion of the literature review the researcher began to identify similarities, differences, patterns, and dates. MEDLINE literature was written between 1992-1995 and focused on suicide, depression, or specific illnesses. CINAHL literature from 1992-1994 focused on specific diseases and their relationship to hopelessness.

ERIC database begins in 1982-1994, with the majority written in the 1980s and focusing on suicide.

Prevention of hopelessness and nursing interventions that could be utilized in childhood/adolescence is an area that needs future research. Prevention is accomplished by interventions that focus on developing coping skills in the child and preserving, strengthening, or acquiring such skills in the medically compromised adult.

CHAPTER 3

METHODOLOGY

Evolutionary View of Concept Analysis

Hopelessness was chosen to be analyzed utilizing Beth Rodgers' Evolutionary View of Concept Analysis. According to Rodgers (1993), this evolutionary method of concept analysis involves the following primary activities:

1. Identify the concept of interest and associated expressions.
2. Identify and select an appropriate realm (setting and sample) for data collection.
3. Collect data regarding the attributes of the concept, along with surrogate terms, references, antecedents, and consequences.
4. Identify concepts related to the concept of interest.
5. Analyze data regarding the above characteristics of the concept.
6. Conduct interdisciplinary or temporal comparisons, or both, if desired.
7. Identify a model case of the concept, if appropriate.
8. Identify hypotheses and implications for further development.

Identify Concept of Interest

Initially both the concept of hope and hopelessness were identified by the researcher as concepts of interest. Computerized databases identified the indexed population of the literature. The databases included CINAHL, ERIC, MEDLINE, Social Sciences, General Sciences, and Humanities. Literature relating to animals was eliminated. The literature pertaining to the concept of hope included 3175 articles in MEDLINE, 855 in ERIC, 672 in CINAHL, 32 in Humanities, 12 in General Sciences, and 10 in Social Sciences. The concept of hopelessness by contrast yielded far fewer articles and presented a manageable sample.

Select Setting and Sample

ERIC, CINAHL, and MEDLINE were the databases utilized to obtain the literature for the analysis. The disciplines of education, nursing, and medicine were examined. Each discipline was treated as a separate population to facilitate interdisciplinary comparison of the concept hopelessness. Rodgers (1993) states that 30 articles or 20% of the total population from each database, whichever is greater, is necessary in order to identify a consensus in the discipline and substantiate the conclusions of the researcher. The samples for the analysis were: CINAHL n=30; ERIC N=30; MEDLINE n=44; Social Sciences n=6; Humanities n=0; General Sciences n=0. General Sciences, Humanities,

and the Social Sciences were eliminated due to the insufficient number of articles in the database. The sample was selected utilizing a stratified table of random numbers. The selection was made by going horizontally across the table until the correct number of articles was obtained. The setting for the analysis was 1982-1995.

Collect Data

The attributes of the concept constitute a real definition. Antecedents and consequences of the concept refers to the events, situations, or phenomena that precede or follow the concept. Surrogate terms are means of expressing the concept that differ from the word or expression the researcher has chosen. Related concepts bear some relationship to the concept of interest but do not have the same attributes (Rodgers, 1993).

Literature was obtained through interlibrary loan services. Each of the articles was assigned the letter C (CINAHL), M (MEDLINE), or E (ERIC). Each article was assigned a number until the appropriate sample size was obtained. Code sheets were developed to facilitate review of the literature and consisted of sections to help identify relevant data. The sections included the three main objectives of the study: (1) to analyze the concept hopelessness in order to add to the knowledge base of the profession of nursing, (2) to support nursing research by

providing a solid conceptual foundation for further study, and (3) to facilitate nursing research by identifying directions of further inquiry. Attributes, antecedents, consequences, surrogate terms, and references were noted and recorded.

Identify Related Concepts

During the analysis of the various articles, related concepts from the disciplines of nursing, education, sociology, psychology, and medicine were identified and recorded on the code sheets for future reference.

Analyze Data

Once data collection was complete, the researcher was able to begin the analysis. The literature was reviewed and general themes identified. Literature from the disciplines of nursing, medicine, sociology, psychology, and education were organized according to themes so that comparisons could be made between the disciplines. The analysis did not begin until all literature had been read and coded in order to avoid premature conclusions.

Conduct Comparisons

One objective of the analysis was to make interdisciplinary comparisons of the concept in order to increase awareness pertaining to how the concept is

currently utilized. This comparison is only possible once all the data has been collected and themes identified.

Identify a Model Case

A model case of the concept was not found in the literature.

Analysis of the Data

Analysis allows the researcher to examine the literature for areas of agreement and disagreement across disciplines or for insight into emerging trends related to the concept hopelessness. Categories of data such as attributes, antecedents, consequences, related concepts, and surrogate terms were examined separately to identify major themes in the literature. Similar points in the literature were organized and reorganized until accurate descriptors common to all three disciplines of nursing, education, and medicine were identified.

Although data collection and literature retrieval frequently occurred simultaneously, analysis was delayed until all data had been collected and recorded on the code sheets. This procedure avoided the possibility of the researcher making premature conclusions and allowed characteristics of the concept to emerge. Analysis focused on the disciplines of nursing, education, and medicine.

Setting and Sample

The setting, time period, and types of literature examined was from 1982-1995. Disciplines examined included nursing, education, and medicine. MEDLINE database provided literature from the discipline of medicine. All data was from 1992-1995, except for one article dated 1988. CINAHL, representing the discipline of nursing, provided literature from 1982-1994. Eight of the 30 articles were written in 1993. ERIC database, representing the discipline of education, provided literature from 1982-1994. Thirteen of the 30 articles were written in the 1980s.

Sample size was based on Rodgers (1993) and included 30 articles or 20%, whichever was greater, from the three disciplines. Thirty articles (39%) of the literature relating to the concept hopelessness from the CINAHL database were used. Forty-four articles (20%) from MEDLINE and 30 (22%) from ERIC were obtained in order to provide a sufficient sample and setting.

Table 1. Sample.

CINAHL (Nursing)		MEDLINE (Medicine)		ERIC (Education)	
N	%	N	%	N	%
30	39	44	20	30	22

Attributes

Attributes represent the real definition of the concept. Hopelessness is defined as negative expectations about the future by the three disciplines: nursing, education, and medicine. Education only defines hopelessness as negative expectations about the future. Medicine has additional attributes which include "giving up behavior" and pessimism. Nursing literature identifies barrier to quality life, no alternatives, no chance for survival, endpoint, and no personal choices as attributes in addition to negative expectations, "giving up behavior," and pessimism.

Table 2. Attributes.

ATTRIBUTES	CINAHL (Nursing)		MEDLINE (Medicine)		ERIC (Education)	
	N	%	N	%	N	%
Negative Expectations	8	27	12	27	10	33
Barrier to Quality of Life	1	3				
"Giving Up" Behavior	1	3	1	2		
No Alternative	1	3				
No Chance for Survival	1	3				
Pessimism	1	3	1	2		
No Personal Choice	1	3				
Endpoint	1	3				

Twenty-seven percent of the literature from nursing and medicine and 33% from the discipline of education identified negative expectations as the attribute of the concept hopelessness. "Giving up behavior" and pessimism were represented by 3% of the data from the discipline of nursing and 2% from medicine. Other attributes that were identified only by the discipline of nursing and represent 3% of the literature include barrier to quality life, no alternatives, no chance for survival, no personal choices, and endpoint.

Antecedents

Antecedents of the concept refer to situations, events, or phenomena that precede an example of the concept. Literature from the three disciplines of nursing, medicine, and education revealed that the primary antecedent preceding an instance of hopelessness was depression. Substance abuse was also identified by all three disciplines, but to a much lesser extent. Nursing and medicine found that chronic illness, despair, loss of work, isolation, and a decreased repulsion by death were antecedents to hopelessness. Education and medicine found that poor self-image, mental illness, dysfunctional family, and stress were antecedents. In addition to antecedents that were common to two disciplines or all three, each discipline identified their own.

Nursing revealed that a decline in health, lack of support, lack of involvement in care, complications of illness, lack of trust in childhood, sexual abuse, necessity for life support, lack of control, and the loss of work preceded hopelessness. Education found that antecedents to hopelessness include powerlessness, dichotomous thinking, spinal cord injury, lowered sense of capability, poor problem-solving skills, and poor economics. Medicine found that dependency, sex role confusion, negative life events, and self-harm were antecedents to hopelessness.

Table 3. Antecedents.

ANTECEDENTS	CINAHL (Nursing)		MEDLINE (Medicine)		ERIC (Education)	
	N	%	N	%	N	%
Depression	2	7	11	25	11	37
Substance Abuse	1	3	3	7	1	3
Chronic Illness	8	27	7	16		
Decline in Health	1	3				
Lack of Support	2	7				
Lack of Involvement in Care	5	17				
Complication of Illness	1	3				
Lack of Trust in Childhood	1	3				

Table 3. Continued.

ANTECEDENTS	CINAHL (Nursing)		MEDLINE (Medicine)		ERIC (Education)	
	N	%	N	%	N	%
Sexual Abuse	1	3				
Necessity for Life Support	2	7				
Lack of Control	1	3				
Despair	1	3	3	7		
Decreased Repulsion by Death	1	3	1	2		
Isolation	1	3	1	2		
Loss of Work	1	3				
Powerlessness					1	3
Poor Self-Esteem			1	2	1	3
Dichotomous					1	3
Mental Illness			5	11	1	3
Spinal Injury					1	3
Dysfunctional Family			3	7	2	7
Lowered Sense Capability					2	7
Stress			2	5	2	7
Poor Problem-Solving Skills					3	10
Dependency			1	2		
Sex Role Confusion			1	2		
Negative Life Event			3	7		
Self-Harm			1	2		
Poor Economic					2	7

Depression as an antecedent to hopelessness was identified in 7% of nursing literature, 25% medicine, and 37% education. Substance abuse was addressed by all three disciplines and was represented by nursing 3%, medicine 7%, and education 3%. Antecedents were identified by both nursing and medicine and include (1) chronic illness: nursing 27% and medicine 16%, (2) despair: nursing 3% and medicine 7%, (3) decreased repulsion by death: nursing 3% and medicine 2%, and (4) isolation: nursing 3% and medicine 2%.

Medicine and education also identified the same antecedents which include (1) poor self-esteem: medicine 2% and education 3%, (2) mental illness: medicine 11% and education 3%, (3) dysfunctional family: medicine 7% and education 7%, and (4) stress: medicine 5% and education 7%.

Medicine went on to note that sex role confusion, negative life event, and self-harm all were antecedents. Education had additional antecedents such as spinal cord injury, lowered sense of capability, poor problem-solving skills, and low economic conditions. Nursing literature has the most antecedents and lists decline in health, and the lack of support, involvement in care, trust, or control, events that precede hopelessness. Complications of an illness, sexual abuse, and life support are also identified in the nursing literature.

Consequences

The consequences of hopelessness, or situations that follow, were easily identified throughout the literature from nursing, education, and medicine. Suicide and depression were identified by all three disciplines as a consequence of hopelessness. Nursing and medicine both found powerlessness, despair, and a decline in health as consequences. Nursing also noted that an increase in mortality, social conflict, and lack of involvement in care were consequences to hopelessness. Medicine noted that additional consequences to hopelessness include substance abuse, violence, homicide, and self-harm. Education found that a lack of trust in childhood and school problems result from hopelessness.

Suicide was identified in 17% of nursing, 43% of medicine, and 60% of education as a consequence of hopelessness. Depression was also identified in 23% of nursing, 20% of education, and 27% of medicine. Five percent of the literature from the discipline of medicine identified substance abuse as a consequence, and violence, homicide, and self-harm all were present in 2% of the literature.

Education had the fewest identified consequences. In 60% of the literature suicide was noted as a result of hopelessness. Seven percent of the literature from

Table 4. Consequences.

CONSEQUENCES	CINAHL (Nursing)		MEDLINE (Medicine)		ERIC (Education)	
	N	%	N	%	N	%
Depression	7	23	12	27	6	20
Suicide	5	17	19	43	18	60
Increased Mortality	3	10				
Powerlessness	1	3	2	5		
Despair	2	7	1	2		
Social Conflict	1	3				
Decline in Health	1	3	4	11		
Pessimism	4	13			1	3
Lack of Involvement in Care	1	3				
Lack of Trust in Childhood					1	3
School Problems					2	7
Substance Abuse			2	5		
Violence			1	2		
Homicide			1	2		
Self-Harm			1	2		

education identifies school problems and 3% focus on lack of trust as results of hopelessness.

Ten percent of nursing literature looked at an increase in mortality as a result of hopelessness.

Pessimism was identified in 13% of the articles, social

conflict and lack of involvement of care were present in 3%.

Related Concepts

Related concepts bear some relationship to the concept of hopelessness but do not have the same set of attributes. The three disciplines of nursing, education, and medicine all identified helplessness, low self-esteem, and depression as concepts that were related to hopelessness.

Nursing and medicine both identified powerlessness as a related concept. Medicine and education found that pessimism and social isolation were related to hopelessness. Additional related concepts nursing literature identified include loss of control, passivity, apathy, non-curability of a disease, and resentment. Concepts which medicine related to hopelessness were despair and anxiety. Education literature revealed that poor problem-solving skills and stress are related concepts to hopelessness.

Depression was identified by 45% medicine, 37% education, and 11% nursing. Helplessness was found in 30% nursing, 9% medicine, and 3% education literature. Low self-esteem was identified by 3% nursing, 5% medicine, and 17% education as a related concept to hopelessness.

Nursing went on to note that loss of control, passivity, apathy, non-curability, and resentment were each

Table 5. Related Concepts.

RELATED CONCEPTS	CINAHL (Nursing)		MEDLINE (Medicine)		ERIC (Education)	
	N	%	N	%	N	%
Loss of Control	1	3				
Helplessness	9	30	4	9	1	3
Powerlessness	4	13	2	5		
Passivity	1	3				
Apathy	1	3				
Non-Curable	1	3				
Resentment	1	3				
Low Self-Esteem	1	3	2	5	5	17
Depression	5	17	20	45	11	37
Pessimism			1	2	2	7
Poor Problem-Solving Skills					1	3
Social Isolation			2	5	4	13
Stress					1	3
Despair			3	7		
Anxiety			3	7		

present in 3% of the literature. Despair and anxiety were both 7% of literature from medicine, and social isolation and powerlessness 5%. Three percent of educational literature identified stress and poor problem-solving skills as related concepts. Seven percent looked at pessimism and 13% social isolation.

Surrogate Terms

Surrogate terms are ways of expressing the concept other than the word hopelessness that was chosen by the researcher. Helplessness was identified as a surrogate term by nursing, medicine, and education. Nursing and medicine literature identified despair as a surrogate term. Medicine and education both found that pessimism is a surrogate term to hopelessness. Nursing literature went on to identify futility, and education found powerlessness.

Table 6. Surrogate Terms.

SURROGATE TERMS	CINAHL (Nursing)		MEDLINE (Medicine)		ERIC (Education)	
	N	%	N	%	N	%
Helplessness	4	13	2	5	1	3
Despair	1	3	1	3		
Futility	1	3				
Pessimism			2	5	1	3
Powerlessness					1	3

Helplessness was identified by 13% nursing, 5% medicine, and 3% of the education literature. Three percent of both nursing and medicine looked at despair as a surrogate term. Pessimism was identified by 5% of medicine and 3% education. Three percent of nursing addressed

futility and 3% of education saw powerlessness as surrogate terms to hopelessness.

CHAPTER 4

PROJECT OUTCOMES

Evaluation of Results

The findings of this concept analysis revealed that the majority of literature from the disciplines of nursing, education, and medicine identified negative expectations as the defining characteristic of hopelessness. Medicine and nursing described "giving up" behavior and pessimism as attributes along with negative expectations. In addition, nursing described several other attributes that also had negative connotations including barrier to quality life, no alternatives, no chance for survival, no personal choices, and endpoint.

Depression was identified by all three disciplines as an antecedent and a consequence. Another major antecedent was chronic illness. Additional antecedents mentioned were lack of involvement in care, lack of support, and necessity for life support. Antecedents identified by nursing were frequently related to patient/client physiological and mental health. Nursing literature also identified a lack of trust in childhood as an antecedent to hopelessness.

Education found that besides depression, poor problem-solving skills, dysfunctional families, stress, low self-esteem and a lowered sense of capability were some of the events that precede hopelessness. The majority of this literature focused on adolescence and not on other developmental stages.

Nursing literature produced a broader range of identified antecedents than either medicine or education and thus has provided a potentially rich base for additional research directed toward improving both patient care and outcomes.

Limitations

The analysis focused on hopelessness only within the specific time-frame of 1982-1995.

Implications

Analysis provided the following implications:

(a) Continued concept development utilizing the evolutionary view method should be undertaken examining literature from different time periods.

(b) Since impaired coping skills appear to correlate with the development of hopelessness in the medically compromised adult patient, interventions need to be developed that focus on preserving, strengthening, or acquiring such skills.

(c) Research studies on the effectiveness of teaching coping skills to children and the reduction of hopelessness need to be undertaken.

(d) When depression is present an assessment for hopelessness is appropriate. Accurate and thorough assessment and planned interventions can possibly deter suicidal behavior, the most frequently identified consequence of hopelessness.

(e) Further research regarding the development of trust and its impact on the child could lead to early interventions and possibly increase the coping skills needed to face the challenges of adolescence.

(f) Hopelessness needs to be addressed across the lifespan. Emphasis must focus on prevention through the development of assessment tools. Interventions can then be formulated that address particular coping functions.

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