Positivity in healthcare: relation of optimism to performance
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Abstract

Purpose – The purpose of this paper is to explore the linkage between nurses’ levels of optimism and performance outcomes.

Design/methodology/approach – The study sample consisted of 78 nurses in all areas of a large healthcare facility (hospital) in the Midwestern United States. The participants completed surveys to determine their current state of optimism. Supervisory performance appraisal data were gathered in order to measure performance outcomes. Spearman correlations and a one-way ANOVA were used to analyze the data.

Findings – The results indicated a highly significant positive relationship between the nurses’ measured state of optimism and their supervisors’ ratings of their commitment to the mission of the hospital, a measure of contribution to increasing customer satisfaction, and an overall measure of work performance.

Research limitations/implications – This was an exploratory study. Larger sample sizes and longitudinal data would be beneficial because it is probable that state optimism levels will vary and that it might be more accurate to measure state optimism at several points over time in order to better predict performance outcomes. Finally, the study design does not imply causation.

Practical implications – Suggestions for effectively developing and managing nurses’ optimism to positively impact their performance are provided.

Originality/value – To date, there has been very little empirical evidence assessing the impact that positive psychological capacities such as optimism of key healthcare professionals may have on performance. This paper was designed to help begin to fill this void by examining the relationship between nurses’ self-reported optimism and their supervisors’ evaluations of their performance.

Keywords Nurses, United States of America, Performance levels, Motivation (psychology)

Paper type Research paper

Introduction

At present, all organizations, but especially those in the health-care industry, face unprecedented challenges and competitive pressures. The rising costs of health care, escalating technology, an aging society with diverse needs and care requirements, and new types of illnesses and other ailments have placed ever-higher demands on hospitals and their employees. On the front lines of this difficult and dynamic landscape are the nursing professionals who must deal with increased calls for efficiency gains, cost-cutting, and improved patient care, while at the same time coping with workplace stress, fatigue, and burnout. As a result, significant leadership and human resource management challenges regarding nurse selection, placement, development, and retention face hospital administrators and human resource managers. Recent data released by the US Bureau of Labor Statistics (BLS) helps to illustrate the current situation. For example, the BLS forecasts the demand for healthcare workers will exceed 14.5 million by 2012, with the demand for registered nurses anticipated to increase 27 percent by 2012 (Business Wire, 2005).
Instead of getting caught-up in the swirling negativity surrounding the health-care industry, we propose that a positive approach is needed for meeting the unprecedented challenges. Specifically, drawing from the recently emerging positive psychology movement and positive organizational behavior in particular, we suggest developing optimism within healthcare professionals may lead to desirable performance outcomes. To begin this journey of taking a positive approach to improve performance, the purpose of this study is to explore the specific relationship between nurses’ optimism and various measures of nursing performance in a large healthcare organization.

The background, meaning, and application of optimism
The recent positive psychology movement can be credited with placing an increasing awareness on the relative importance that positive strengths and capacities such as optimism can have on human functioning. Seligman and Csikszentmihalyi (2000) describe the positive psychology movement as a deliberate attempt to focus on building positive qualities and traits within individuals or institutions as opposed to focusing on just trying to fix what might be wrong with them. They then outline the need for more research involving positive psychological capacities such as optimism, hope, perseverance, wisdom, and resiliency as opposed to negative research topics such as the pathology of diseases including mental illness and suffering.

Positive psychology is a reaction to the preoccupation that psychology has traditionally had with negative, pathological aspects of human functioning. As evidence of this traditional approach, Sheldon and King (2001) reported finding 18,913 hits on the negative search terms of error and bias as opposed to 7,423 hits on the positive search terms of strength and virtue. In another example, a search of contemporary literature in psychology found approximately 200,000 published articles on the treatment of mental illness, 80,000 on depression, 65,000 on anxiety, and 10,000 on anger, as opposed to only 1,000 hits on the positive concepts and capabilities of people. The positive psychology movement emerged because not enough emphasis has been placed on researching strengths and other positive human characteristics. The emphasis of the positive psychology movement is on making people’s lives better, on nurturing, on flow and happiness, and on building on the strengths of the human spirit.

Building upon this positive psychology movement, Luthans (2002a, b) has described the need for a positive organizational behavior, or simply POB. The main thrust of this approach has been a call for research, which demonstrates the effectiveness and applicability of positive psychological strengths in the workplace. Luthans (2002b), p. 59) has defined POB as “the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace.”

The core constructs associated with POB include confidence (self-efficacy), hope, optimism, and resiliency (Luthans, 2002a; Luthans et al., 2004). When combined together, the POB states of confidence, hope, resiliency, and optimism form the higher order core factor for “positive psychological capital” or PsyCap (Luthans et al., 2004; Luthans and Youssef, 2004). Recent research has demonstrated a clear linkage between the core construct of PsyCap and desirable workplace outcomes. For example, Luthans et al. (2005) found the PsyCap of Chinese factory workers related to their rated performance. Luthans (2002b) has argued that these core constructs are based upon
considerable theory development and research backup and therefore meet the definitional criteria of being based on theory and research. This theory and research foundation separates POB states from the popular self-help literature. Luthans (2002b) has also argued that these constructs are state-like (as opposed to being fixed traits), and therefore are open to development and performance management. The relevance of these criteria is that these POB states can be learned, developed, and improved through training and development programs, or through on-the-job applications in order to improve workplace performance.

Using these very brief reviews of positive psychology, POB, and PsyCap as a point of departure, this study focuses on the POB state of optimism. Although all the criteria-meeting POB states might be relevant independently or when examined in combination (PsyCap), we suggest that optimism in nurses might be especially critical for performance improvement in today’s healthcare organizations. The next section outlines the meaning of optimism and reviews why optimism in particular might be especially related to desirable nursing performance outcomes.

The meaning of optimism

Tiger (1979) has offered the following definition of optimism:

A mood or attitude associated with an expectation about the social or material future, one which the evaluator regards as socially desirable, to his or her advantage, or for his or her pleasure.

This definition implies evaluation depending on cognition and emotions. Going further, optimism can be differentiated between “big” and “little” optimism (Peterson, 2000). Big optimism is biologically and culturally bound with socially acceptable norms (our country is on the verge of something great). Little optimism is described as idiosyncratic with specific and adaptive action (finding a convenient parking place). Other definitions and descriptions of optimism can also be offered.

Scheier and Carver (1985) have described dispositional optimism as an activity related to goal attainment and self-regulation. According to the definition, optimists plan ahead for handling obstacles that might thwart their goals. They also exhibit confidence, that in spite of difficult obstacles, they will still persist in achieving their goals.

Buchanan and Seligman (1995) have outlined optimism in terms of explanatory style, which has its roots in attribution theory. According to this approach, an optimistic explanatory style involves attributing favorable events to personal, permanent, and pervasive causes, and unfavorable events to external, temporary, and situation-specific causes. Conversely, a pessimistic explanatory style implies externalizing positive events and attributing them to temporary, situation-specific causes, while internalizing negative events and attributing them to permanent and pervasive causes. Seligman (1998) has also emphasized that optimism is a learnable state that can be developed over time and has documented the positive impact optimism can have in a variety of life domains including work, education, athletic performance, politics, and health. He has even gone so far as to suggest specific career fields where optimism is a must (sales) and other career fields where mild pessimists have a good fit (auditors).

Seligman (1998) and others (e.g. Peterson, 2000) have also described the importance of “flexible optimism,” which is the ability to use both optimistic and pessimistic
explanatory styles and the adaptive capacity that allows for the use of alternative explanatory styles depending on the situation. In other words, “flexible optimism” faces reality with a positive outlook without dwelling unduly on the negatives. Similarly, Seligman (1998) and others (e.g. Schneider, 2001) have also highlighted the importance of “realistic optimism,” which does not take an extreme in internalizing good events and externalizing negative ones. Importantly, this approach has recognized the importance of understanding that there can be a downside to too much and/or false optimism. Schneider (2001) has outlined three forms of “realistic optimism” which seem especially relevant for success in the nursing profession. These are:

1. **Leniency for the past**, or the benefit of the doubt principle (accepting what cannot now be changed, not second guessing yourself, and preventing the debilitating effects of perfectionism).
2. **Appreciation for the present**, or the “appreciate the moment” principle (staying alert to the positive aspects of the current situation).
3. **Opportunity-seeking for the future**, or the windows of opportunity principle (an assignment or project is viewed as a challenge, not a problem).

Finally, there is considerable evidence on the importance of optimism related to physical and psychological health (Seligman, 1998). Specifically, optimism has also been linked to desirable characteristics such as perseverance, achievement, health, and happiness (Peterson, 2000). Tuten and Neidermeyer (2004) have noted that life orientation (optimism) has a significant and inverse relationship with stress ($r = -0.45, p < 0.001$) and work/nonwork conflict ($r = -0.33, p < 0.001$). In addition, Kivimaki et al. (2005) have reported that optimism may reduce the risk of health problems and may be related to a faster recovery (fewer sick days) after a major life event (death or onset of severe illness in one’s family).

This research seems particularly relevant to high performance in the health care field in general and the nursing profession in particular. In order to meet the increasing demands and challenges in today’s healthcare industry, this body of research would suggest that nurses with higher levels of optimism are more likely to motivate themselves and the people around them to meet their daily challenges and perform well.

The positive impact of optimism on workplace performance

Conceptually, the idea that nurses’ optimism can be linked with their performance has considerable face validity. For example, it is not difficult to imagine (or personally experience) the negative impact of a pessimistic nurse or the positive impact of an optimistic nurse on patients and family. This face validity is supported with relevant research which has shown that optimists are more likely to formulate a plan of action for difficult situations (Strack et al., 1987), are less likely to give up (Seligman, 1998), and have a more positive outlook on stressful situations (Carver and Gaines, 1987). Beyond face validity and related and relevant research, there is also more direct empirical support, which has linked optimism to workplace performance. Perhaps the most famous example to date was Seligman’s (1998) study of the optimism of sales agents in the life insurance industry. In this comprehensive study, Seligman found that high optimism sales agents sold 37 percent more insurance their first two years on the job and had less turnover than their less optimistic counterparts. The Seligman studies
support the view that optimism may be related to higher productivity and lower turnover in the workplace.

There is also research on optimism more relevant to healthcare performance outcomes. For example, Hooker et al. (1992) found that optimism was associated with perceived stress and mental health among caregivers for spouses diagnosed with Alzheimer’s disease. Specifically, this research found that caregivers who scored higher on a scale of optimism rated themselves as less stressed, reported fewer symptoms of depression, and had higher psychological well being. Thus, caregivers with more positive expectations about their situation demonstrated better mental health than those with fewer positive expectations. Continuing with this stream of research, Shifren and Hooker (1995) demonstrated that caregivers with higher levels of optimism had lower levels of negative emotion. The implication being that caregivers who are more optimistic may be more likely than those who are less optimistic to put their negative affect aside and focus on ways to deal with their problems. Conversely, Lyons et al. (2004) have reported that high levels of caregiver pessimism was found to be related to depressive symptoms and a faster decline in physical health over a ten-year study.

There is also at least indirect evidence that optimism may be positively linked with affective measures of employee attitudes such as increased job satisfaction and organizational commitment. For example, Wanberg and Banas (2000) found that personal resilience (defined in this study as a composite of self-esteem, optimism, and perceived control) was related to higher levels of change acceptance and that lower levels of change acceptance were associated with less job satisfaction, more work irritation, and stronger intentions to quit. In addition, Agho (1993) reported that one of the major determinants of nurses’ job satisfaction was positive affectivity.

The relationship between optimism and job satisfaction and organizational commitment seems particularly important because of prior research which has demonstrated the positive impact these attitudinal states can have on nursing performance and turnover. For example, Lum et al. (1998) outlined the relationship between nurses’ turnover intent, job satisfaction, pay satisfaction, and organizational commitment. Results indicated a complex multistage process that included attitudinal, decisional, and behavioral components, which could be used to predict nursing turnover. In particular, job satisfaction was found to have an indirect effect on intent to quit while organizational commitment was found to have the strongest direct impact. Interestingly, organizational commitment was described in this study as a global attitude reflective of a general affective response (optimism or pessimism). Similar studies such as by Tzeng (2002) investigated the effect of nurses’ general job satisfaction, general job happiness, and overall satisfaction on their intention to quit. General job satisfaction and general job happiness along with other demographic factors were found to be significant predictors of nurse’s turnover intent.

There is also considerable anecdotal evidence of the value of nurses’ positive attitudes. For example, Kangas et al. (1999) reported an interview conducted with John Durant, MD, who is the vice-president for Health Affairs at the University of Alabama, Birmingham Hospital. In this interview, Durant noted that positive staff attitudes are the most consistent predictor of patient satisfaction. Finally, Alfredson and Annerstedt (1994) reported that empathetic ability and positive attitudes of nurses towards demented patients were correlated to lower staff burnout. They also suggested that
there is a hidden covert competence among nursing staff that is not always allowed to
develop into an optimal overt competence. Results of their study indicated increased
knowledge, insights, positive attitudes and behavior towards the patients subjected to
treatment interventions. A key implication from this study was the demonstration of
the state-like attribute of optimism that is amenable to development and training.

The linkage between employees’ optimism levels and positive workplace outcomes
seems clear. Beyond its face validity, however, it is also true that to date there is no
direct research supporting the relationship between nurses’ measured optimism and
their rated performance outcomes. Given the challenges faced by the health-care
industry and the importance of having high functioning nurses in order to meet the
growing demands within this industry, the following research question was
investigated in this study:

**RQ.** Is there a relationship between nurses’ optimism and their rated performance?

**Methodology**

To investigate the research question, a sample was drawn from nurses and supervisors
from all areas of a 200-bed hospital in the Midwestern United States. The ninety-two
nurses who volunteered to participate were informed verbally and in writing that the
survey they were taking would measure psychological variables. In the cover letter of
the questionnaire, the respondents were also informed that their participation was
strictly voluntary and that by filling out the survey they were providing their informed
consent. In addition, the participants were informed that their job-performance data
would be collected. Lastly, the survey participants were informed that if they chose not
to participate in the study they could simply return a blank questionnaire. Only two
blank surveys were submitted. Complete data for the overall performance rating and
scores on the optimism instrument were available for 78 nurses. The study participants
were reassured that the results of the survey and the job-performance data provided by
the Human Resource Management Department would be kept strictly confidential and
that the results would only be reported in the aggregate. In terms of descriptive
statistics related to the sample, the mean age of subjects was 41.8 years, mean service
was 12.9 years, and mean education was 17.2 years.

**Measures and instruments**

Participants were asked to rate themselves on several items of a scale that measured
their state of optimism. Scheier and Carver (1985) developed the Life Orientation Test
(LOT) to measure this construct. The LOT scale was later modified by Shifren and
Hooker (1995) to reflect a more current state of optimism. In particular, the wording of
the scale was changed from “In general” to “Right now” (e.g., “Right now I am
optimistic about the future”). This modified state-like scale was utilized for the purpose
of this study to meet the POB criterion of being open to development and performance
management. The twelve-item scale contained four positive direction statements (“I
always look on the bright side of things”), four negative (reversed-scored) direction
statements (“If something can go wrong for me, it will”), and four filler items. The
Cronbach’s Alpha for the original LOT scale was 0.76, which indicated good internal
consistency of the items. Scheier and Carver (1985) also ran correlations with other
scales measuring self-esteem, internal-external control, powerlessness, and other
constructs to check the convergent and discriminant validity of the scale. The modified LOT scale developed by Shifren and Hooker (1995) has also demonstrated good reliability (Cronbach’s alpha = 0.75). In the present study, a similar internal reliability coefficient of 0.78 was found.

Supervisory appraisal data were utilized to measure the nurses’ performance. The data were provided by the Human Resource Management Department. The three specific measures used in this study included an “Overall Performance” rating, a rating of the level of commitment to the hospital’s “Mission,” and a measure of contribution to increasing “Customer Satisfaction.” The Overall Performance measure was a combination of the Mission measure (supports and is committed to the mission, values, and goals of the hospital), the Customer Satisfaction measure (contributes to increasing customer satisfaction by developing and maintaining positive relationships with co-workers, patients, and their families), and professional development/accountability measures (e.g., attendance, training, proper patient assessment). The Mission measure had a continuum of 0 to 2 from “Performance Needs Improvement” through “Meets Performance Expectations” to “Demonstrates Leadership”. Descriptions of satisfactory nurse performance within this measure included being responsive, courteous, respectful, and cooperative as well as being committed to the mission, values and goals of the organization. The Customer Satisfaction measure was on a similar continuum as the Mission measure. This particular measure rated the nurse’s ability to develop and maintain positive relationships with co-workers, patients and their families, medical staff, and visitors. Validation methods such as direct observation, employee records, clinical records, reports, and feedback from others were utilized by the nurse’s direct supervisor for each rating. An average of the Mission and Customer Satisfaction scores was used in the calculation of the Overall Performance measure along with professional development/accountability (assumes personal responsibility for professional development, practice and education and maintains a professional and safe work environment) and assessment (assesses patient and family needs).

**Results**

Since the performance measures are truncated (the range for all performance measures is from 0 to 2), and, thus, not normally distributed, a Spearman’s Rho correlation test was utilized to examine the relationship between the nurses state optimism and the performance variables. The correlation of scores on the optimism measure with the three performance measures were all significant ($p < 0.001$). Customer satisfaction had the highest correlation of 0.41, then Mission at 0.39, and Overall performance at 0.32. Mission and Customer satisfaction were highly correlated with each other (0.81) and with Overall performance (0.79 with Mission and 0.76 with Customer satisfaction). When Overall performance ratings were arranged into segments of 1.25 or less, 1.26 to <= 1.50, 1.51 to <= 1.75, and 1.76 to <= 2.00, a one-way ANOVA was conducted. There was a statistically significant difference in the mean optimism scores for the four groups ($F = 4.15, p < 0.01$). The Scheffe all pair-wise comparison test indicated a statistical difference ($p < 0.05$) in the mean optimism scores of those with the highest performance ratings (mean = 31.78, $n = 18$) and those with the lowest performance ratings (mean = 27.15, $n = 13$). Although participants were allowed to decline to complete the questionnaires, almost as many of the lowest rated nurses (13) completed
the survey as the highest rated nurses (18). Most nurses were in the middle ranges of 1.26 to 1.50 (24) or 1.51 to 1.75 (23). Income per year was also correlated with the Overall performance rating (0.25, \( p < 0.05 \)), Customer satisfaction rating (0.32, \( p < 0.01 \)) and the Mission rating (0.25, \( p < 0.05 \)). Years of education was significantly correlated with optimism (0.29, \( p < 0.05 \)).

**Discussion**

Although exploratory rather than a causal experimental study, this research did find a strong relationship between nurses’ optimism and their supervisors’ ratings of various performance outcomes important to this hospital. There are implications from these results that future, possibly experimental, studies can expand upon. For example, it might be possible that optimism could be an effective coping mechanism for nurses dealing with the “emotional labor” aspects of their jobs. Defined as the effort involved when employees “regulate their emotional display in an attempt to meet organizationally based expectations specific to their roles” (Brotherridge and Lee, 2003, p. 365), emotional labor has been linked with higher levels of stress within nursing professionals (Mann and Cowburn, 2005). Therefore, it might be important to investigate the potential impact that optimism within nurses has on their emotional labor and occupational stress levels.

Other potential moderators also need to be examined in order to fully understand the relationship between optimism and performance. For example, since most of the nurses were female, there were not enough males to study separately. Results from a more diverse data set might reveal moderating gender effects. Also, other POB states besides optimism need to be examined to determine their strengths relative to optimism. Ideally, research would test developed optimism as an intervention in a pretest-posttest experimental design compared to a randomly assigned control group that did not receive the intervention. This would help determine if optimism causes performance improvement.

Another limitation of the study was the fact that the level of state optimism in nurses was only measured at a single point in time. According to Shifren and Hooker (1995), p.60), this might be problematic, “because simply taking measurements at one or two points in time does not allow for the manifestation of lability in psychological processes”. In other words, it is probable that state optimism levels will vary and that it might be more accurate to measure state optimism at several points over time in order to better predict performance outcomes.

Given these limitations, this study did reveal that measured state optimism (modified LOT) was significantly correlated with three important outcomes for nurses’ performance in this hospital. Increasing Customer satisfaction had the strongest relationship with the nurses’ optimism. Since this is a measure of how well nurses develop and maintain positive relationships with co-workers, patients and others, an optimistic perspective might be expected to lead to such higher ratings. The second performance outcome measure of meeting the Mission, values and goals of the organization also involves characteristics that could be related to optimism such as being cooperative and courteous. These two measures were averaged and added to more objective performance data to determine the Overall performance rating. This measure, although significant, had the relatively lowest correlation with optimism. An ANOVA and subsequent multiple comparison test found that those with the highest
performance ratings scored higher on the average on optimism than those with the lowest performance ratings. The only other variable that was related to any of the performance outcomes was annual salary. Perhaps those with higher salaries are more likely to build positive relationships (Customer satisfaction). However, higher salaries were not found to be significantly related to optimism. On the other hand, years of education was found to be positively related with optimism. This finding seems to support the notion that optimism can be developed (i.e. through education and training) and highlights the importance of future research linking education and development to optimism.

Conclusions and recommendations

The results from this study found a significant relationship between self-reported optimism and supervisory rated performance outcomes. In combining the results from this exploratory study with previous empirical research, which has shown a strong linkage between optimism and work performance (e.g. see Seligman, 1998), the following supported guidelines can be offered for the effective management of hospital human resources. The first would be for healthcare organizations to consider proactively developing and managing for realistic and flexible optimism within their nurse Corp. in order to obtain better performance results. Past research has indicated that optimism has a state-like quality and is therefore open to change and development (e.g. see Luthans, 2002b; Luthans and Youssef, 2004). Seligman (1998), in his widely recognized book “Learned Optimism”, offers a specific framework for developing realistic optimism. He refers to this framework as an ABCDE Model for changing your internal dialogue. To summarize, this approach to develop optimism suggests that first one needs to reflect, diagnose, and identify self-defeating beliefs when faced by adversity. Next, one needs to reflect and evaluate the accuracy of their beliefs. Finally, if one’s beliefs are discounted or questioned, they should be replaced with more realistic, constructive, and accurate beliefs. This systematic approach to develop and manage optimism could be implemented and facilitated by mentoring and training programs with corrective feedback provided by a 360-degree feedback program.

Another recommendation would involve the placement of nurses with high levels of optimism in areas of the healthcare organization that “fit” their psychological strengths. In his comprehensive review concerning the future of optimism, Peterson (2000) noted that people high in optimism tend to have better moods and are more likely to persevere and be successful. Results from the present study demonstrated a significant relationship between optimism and nursing performance measures. Given these results, the ability to manage stress and to be persistent in completing difficult tasks would seem to be consistent with high performance in especially difficult and high stress healthcare jobs (e.g. child delivery, oncology, and emergency room trauma).

The challenges faced by the healthcare industry are immense with no end in sight. As mentioned, expanding technology, exponentially increasing health care costs, the aging of the baby boom generation, and the emergence of new types of illnesses are just a few of the pressures faced by this industry. The nursing professionals on the firing line who are impacted by such pressures and the constancy of change must deal with increased calls for efficiency gains, cost-cutting, and improved patient care while still coping with workplace stress and burnout. We are “optimistic” that the results from this study can contribute in at least a small way, and for sure in a positive way, as
one approach for meeting the complex challenges that lie ahead, not only for nurses’ performance, but also human resources in general.

References


Further reading


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