Optimism: A Determinant of Health Behavior

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Nurses intuitively recognize an optimistic outlook as a personality component that has a positive impact on clients' health-related behavior. Optimism, however, has not been studied from the perspective of nursing. The author did a concept analysis of optimism (the first step in grounding the study of optimism in nursing practice); identified attributes, antecedents, and consequences; and developed a definition of optimism. A case study contrasts examples of a model, borderline, and contrary positions and illustrates their differences.

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directed behaviors in a variety of domains (Robbins, Spence, & Clark, 1991). Optimism, then, has implications for the manner in which people deal with the stresses of life.

Norem (1989) described a coping strategy, which she termed “illusory glow” optimism, in which individuals control situational anxiety and maintain self-esteem and a feeling of competence through anticipation of success. Individuals using “illusory glow” optimism set realistically high expectations based on past performance, feel that a successful outcome is within their control, and are not particularly fearful of failure. They protect their self-esteem by attributing their failure to a lack of control over a given situation.

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In studies of pessimistic attributional or explanatory style, pessimists’ explanations of failure have been contrasted with those of optimists. Optimists are described as attributing failure to external rather than to internal causes and as perceiving failure as situation specific rather than global (Lin & Peterson, 1990; Peterson, Seligman, & Vaillant, 1988).

Weinstein (1980, 1982, 1987) posited that many people tend to be unrealistically optimistic by focusing on those factors that increase their chance for positive outcomes while minimizing their risk for negative outcomes. He described unrealistic optimism as the existence of unwarranted positive outcome expectancies.

Optimism is based, in part, on illusion. The traditional belief that accurate perceptions of the self, the world, and the future are necessary components of mental health is increasingly difficult to maintain (Taylor & Brown, 1988). Recent research reveals that a degree of self-deception is necessary to mental health; Lazarus (1991) stated that all individual live in accordance with some degree of illusion and self-deception. Optimism, hope, and positive thinking drawn on illusions of reality are characteristic of psychologically sound people. People who experience pessimism, despair, and depression do not have illusions but instead focus on the stark reality, without self-deception. One danger related to an optimistic outlook is that unexpected negative outcomes may result in diminished coping ability. Optimists may restructure situations in the event of failure by denying control over the situation (Norem, 1989; Norem & Cantor, 1986). This cognitive restructuring and denial of control could result in passivity, which may impact health behavior. It is also possible that unrealistic optimism may result in the minimizing of health risks and imprudent health-related decision making (Weinstein, 1980, 1982, 1987).

Certain illusions such as unrealistically positive self-evaluations, exaggerated perceptions of control or mastery, and unrealistic optimism can serve a wide variety of adaptive cognitive, affective, and social functions. Positive illusions, in response to specific situations, may promote such aspects of mental health as happiness and contentment, the ability to care for others, and the capacity for productive, productive work (Taylor & Brown, 1988).

Optimism, then, may reflect realistic self-perceptions or be colored by some degree of illusion regarding one’s own ability and the situation itself. Realistic optimism is believed to serve an adaptive function. Unrealistic optimism, based on illusions of reality, may also promote well-being if it decreases anxiety, promotes goal-attainment efforts, and does not interfere with effective coping.

Hope and optimism are related but not identical constructs. Optimism is not the hope for a desirable event but the expectation of its occurrence (Scheier & Carver, 1985). Lazarus (1995) stated that when individuals are confident that things will work out positively they feel something akin to optimism, not hope. Optimism does not incorporate the components of yearning and uncertainty found in
other treatments to work.” In this example, her initial statement included the expectation of a positive future outcome, and a feeling of competence and control over the situation. In the second remark, a degree of doubt and fear was apparent, which weakened the intensity of the attributes of optimism that had been expressed.

Contrary case. A contrary case illustrates what the concept is not (Walker & Avant, 1988). Optimism was described by several authors as an antecedent of hope (Haase, Britt, Coward, Leidy & Penn, 1992; Lazarus, 1991). Hope, rather than optimism, was expressed by this same patient three years later. Her cancer had gone in and out of remission and had begun to progress steadily. She stated, “I hope I can live long enough for them to find a cure.” A positive outcome was expressed in terms of a hoped-for event rather than an expectation. The client no longer expressed feelings of competence and control over her situation.

Antecedents of Optimism

Antecedents or precursors of the attributes of optimism are not clearly defined in the literature, although optimism has been described being as necessary to survival as air (Tiger, 1979). Antecedents that have been identified include (Mishel, 1988; Reker & Wong, 1985; Scheier & carver, 1985; weinstein, 1982; 1987):

- Probability of success,
- Availability of alternatives,
- Presence of external resources,
- Sense of being lucky or favored by others,
- Increased self-esteem,
- Internal locus of control,
- Unrealistic assessment of personal risk,
- Unrealistic appraisal of ability and
- Uncertainty related to possible outcome.

Consequences of Optimism

An optimist can be expected to rely on coping strategies that differ from the strategies of someone with a pessimistic outlook and to deal more effectively with life stress (Wrack et al., 1987). The positive emotions associated with optimism may: (a) act as “breathers” allowing persons to take a break from coping (b) act as “sustainers” of action causing persons to persist in the act of adversity; and (c) act as “restorers” facilitating recovery (Lazarus, Kanner, & Folkman, 1980). Other consequences of optimism include (Haase et al., 1992; Lazarus, 1991; Scheier & Carver, 1985; Scheier et al., 1989):

- Ability to identify attainable goals,
- Persistence in goal attainment efforts,
- Problem-focused coping
- Seeking of social support,
- Emphasis on positive aspects of stressful situations,
- Attribution of failure to external causes, and
- Hope for a positive outcome.

In studies linking optimism with health outcomes, a negative correlation was found between optimism and reports of symptoms of physical illness (Scheier & Carver, 1985; Scheier et al., 1989). In a study of patients who were postmyocardial infarction, those who were optimistic scored significantly lower on perceived susceptibility to illness, perceived severity of illness, and sense of fear than did pessimists (Desharnais, Godin, Jobin, Valois, & Ross, 1990). Optimists also displayed increased resistance to the development of postpartum depressive symptoms (Carver & Gaines, 1987), showed significantly faster rates of
postoperative recovery (Scheier et al., 1989), and were more likely to take active steps to combat their physical illness (Lin & Peterson, 1990). Optimism was a significant predictor of successful completion of an aftercare program for treatment of alcohol dependence (ack et al., 1987)

Future Considerations for Research and Practice

Abundant evidence exists that some persons are optimists while others are pessimists (Lazarus, 1991). Optimists may transcend minor harm and threat, feel challenged rather than threatened by stress, and cope by adopting a positive appraisal style—they perceive stressful situations in a positive rather than a negative light (Lazarus).

Concept analysis of optimism has resulted in a definition that identifies the attributes of optimism as positive outcome expectancies, a sense of competency and control, and an orientation on the present and the future. This definition provides the first step in grounding the interrelationship between optimism and health behavior in nursing practice. Investigation of the effect of optimism on individual differences in health behavior from the perspective of nursing will serve to clarify further the concept of optimism, to broaden nursing knowledge, and to undergird nursing practice.

Nurses, traditionally, are proactive rather than reactive in their efforts to promote health, diminish the incidence of chronic illness, and ease adjustment to existing chronic illness. Nurses can expect optimism to have an impact on health-related behaviors, such as health-promotion activities, attentiveness to symptoms, and likelihood of seeking health care. Nurses also can expect optimism to have an impact on perceptions and responses to illness, including the ability to hope, which are an integral part of nursing practice. Nurses need to develop an awareness of the numerous antecedents of optimism, such as self-esteem, locus of control, and uncertainty. This knowledge will enable nurses to identify and implement interventions specifically designed to promote and support antecedents to an optimistic outlook in their patients.

References


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