

Construction of a test on optimism index: peroma™ perspective

Abstract

“PEROMA” is an acronym which has been coined by Dr. (Prof.) Padmakali Banerjee. PEROMA comprises of Positive Emotions: Affect, Engagement: Involvement, Relationship Network, Optimism, Meaningfulness: Purpose and Accomplishment/Achievement. The idea behind this concept is to develop an index on ‘Optimism’. This index will rate the ‘Optimism’ factor of the organization, group or an individual which will facilitate to know how focused and well directed the approach is to bring well being and happiness to life. The model will indicate how ‘Optimism’ can enhance the other variables of PEROMA. ‘Optimism’ signifies the driving force to move towards the achievement of other elements. It will act as a tool, as a construct and theory to comprehend and advance the factors affecting well being of the individual. The concept will be used in several connotations in the areas of Management and Psychology. It will have its implications at the industry at large and towards the development of well being, hope and resilience at an individual level.

Keywords: optimism, resilience, meaningfulness, accomplishment, index

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Introduction

“Two men looked out from the prison bars; One saw the mud; the other saw stars”.

Every person desires for a happy and flourishing life and the major aspects leading to satisfied life revolve around the dynamism of emotions, engagement, relationships, meaningfulness and achievement, to these PEROMA model brings “OPTIMISM” as a catalyst by which these factors get stimulated and energized. Everybody understands the importance of the factors but work efficiently towards them also requires a push which is provided by optimism, it makes a person to look forward, have hope and be resilient.

Positive emotion: affect

When someone asks whether one is satisfied with life or not, the answer depends majorly on the mood of the person at that moment. But when a person is optimistic the impact of emotions goes far beyond bringing smile to the face.

Engagement: involvement

Anyone cannot prosper by doing nothing but when we are occupied with our work and life, we become involved. Optimism here gives the momentum to leave the comfort zone and be immersed in the present moment.

Relationship network

All of us have a need to be loved and connected. Happiness is enhanced by developing strong networks of relationships around us. Optimism boosts the relationship by providing faith and hope to recognize the healthy relationships.

Meaningfulness: purpose

When a person is dedicated to something great it becomes very significant and consequential. Optimism strengthens that the work a person is involved in has purpose and is consistent with the values and beliefs.

Accomplishment/achievement

Achieving is not everything but everyone strives for attaining the goals and enjoy the journey. Optimism helps to anticipate and build hope for the future, to achieve well being and happiness with a sense of accomplishment.

Literature review

In the past few years, a significant number of researches have been carried out on optimism and its impact in the daily lives of an individual.

Scheier and Carver¹ mention about “dispositional optimism” which characterise the ways in which individuals deal with their past, present and future life. Optimistic individuals are positive about the way they deal with events. It was seen in their study that optimistic individuals are more resilient in their approaches of dealing with stress and they use appropriate coping mechanisms.

In studies carried out by Peterson and Seligman,² it was seen that Optimists believe that positive events are more stable and frequent than negative ones. They think that they can avoid problems in daily life and prevent them from happening, and therefore they cope with stressful situations more successfully than pessimists.^{3,4}

Cognitive distortion can occur in the form of unrealistic optimism. This so called optimistic bias may not be a personality disposition but just reflect an optimist’s conviction that he will be encountering lesser negative events than others because of his attitude. This may not necessarily be true. This optimistic bias may happen due to two factors occurring together. One may be that there may be lacunae in the information received by him leading to poor critical insight; the other could be defensive negation of the event due to over enthusiasm.^{5,6}

Research studies have explored the concept of optimism in relation to mental health, physical health, coping, quality of life etc. Let’s have a look at such studies.

Optimism and mental health

Research studies have found an inverse correlation between op-

timism and depressive symptoms,^{7,8} and also between optimism and suicidal ideation.⁹ As such, optimism seems to have an important moderating role in the association between feelings of loss of hope and suicidal ideation.¹⁰ Van der Velden et al.,¹¹ in his study found that compared to optimists, pessimists nurtured little hope for the future and were more at risk for depressive and anxiety disorders, with subsequent impairment of social functioning and quality of life. It has also been seen that even one single session of cognitive-behavioural therapy, targeted at enhancing the sense of control and coping with incapacitating disturbances that ensue after a natural disaster, may contribute to improving the well-being of the individual.¹²⁻¹⁶

Optimism and physical health

Researchers have shown a positive correlation between optimism and mental health. Matthews et al.,¹⁷ observed that in the three years following the menopause, carotid atherosclerosis tended to progress more slowly in optimistic women compared to their pessimistic peers. In reference to oncological patients, Schulz et al.,¹⁸ noted that high scores on the pessimism items of the LOT (a measure of dispositional optimism)¹ significantly predicted premature death in young patients with breast cancer. Among patients with neck or head cancer, optimists manifested significantly greater survival a year after diagnosis when compared to pessimists.¹⁹ In a recent study, Ironson et al.,²⁰ showed how dispositional optimism, less avoidant coping strategies and lower level of depression positively influence progression of the illness in patients suffering from AIDS.²¹⁻²⁵

Optimism and coping

Lazarus and Opton²⁶ Define coping as those mechanisms enacted by the individual as an adaptive response to reduce the stress derived from a threatening situation. In the work environment a positive association was observed between optimism and performance, mediated by the positive influence that optimism has on coping strategies.²⁷⁻³¹ Many studies have confirmed that optimists tend to use coping strategies that focalize on the problem more frequently compared to pessimists. When these strategies cannot be enacted, optimists resort to adaptive strategies that focalize on the emotions, for example, acceptance, humour and positive re-assessment of the situation.³²⁻³⁴

Optimism and Quality of life

Many studies have outlined the importance on quality of life of an individual's capacity to adapt and modify his/her own objectives according to different situations.^{32,34}

Schou et al.,³⁵ found that optimistic women presented coping strategies characterized by acceptance of the situation, emphasis of the positive aspects and attempts to alleviate their condition with a sense of humour, showing evident positive results on their quality of life. In contrast, the pessimistic women reacted with sentiments of impotence and loss of hope which significantly worsened their quality of life.³⁶⁻⁴⁰

To conclude, Optimism is a tendency or a predisposition to look at the brighter side of things even when things do not seem positive. Optimism is a mental attitude which determines how we cope with the conflicting demands of everyday life. This leads to better quality of life and higher productivity in personal and professional life.⁴¹⁻⁴⁴

Methodology

Phase I

In phase 1 of the work, on the basis of the 5 parameters identified, a test on Optimism Index was attempted. Approx. 30 questions in each

dimension were framed which seemingly measured the variables selected e.g. in the dimension of Meaningfulness, 30 questions which seemed to assess the meaningfulness/purpose were developed.⁴⁵ And similar work was done in the other dimensions of Positive emotions; engagement, Relationships and Accomplishment.

Phase 2 – Establishing Validity

In the second phase of the work, the items were shown to a few experts in the field to assess the suitability of the test items in terms of face and content validity of the OI (Optimism Index).

On the basis of the various expert's suggestions and reviews, certain items were deleted, modified and added which seemed more appropriate in the context of the variable being measured. Only those items were retained on which the experts had 100 percent concurrence with each other.^{46,47} Thus the face validity and content validity was achieved for the test.

The final test now contains 60 items with certain items to measure social desirability index as well. Social Desirability score will tell us the extent to which we can rely upon the responses given by the individual. They will also be a reflection of the subjective scores of the individual during the interventional phase as well.^{48,49}

For concurrent validity, other measures which seemingly measure optimism and positivity have been identified which will form part of another research study.

The final test has two parts:

- a) Part 1-Subjective test
- b) Part 2-Objective test

a) Subjective test

There are 8 items in this subtest which gives qualitative information about the variables being Assessed^{50,51}. These responses will play a very significant role when compared with the quantitative scores of the individual in different dimensions, especially during the interventional phase.

Set 1:

1. I feel Optimistic because
2. For me happiness is
3. Source of my inspiration is
4. Hope gives me
5. I handle crisis by
7. I visualize my future as
8. I would like to achieve

b) Objective Test

This has 60 items and the responses are given in terms of encircling the first answer which comes to one's mind while reading the statements which are responded in terms of :

- i. Strongly Disagree (SD)
- ii. Disagree (D)
- iii. Neutral (N)
- iv. Strongly Agree (SA)

v. Agree(A)

The items are given below.

SET 2: Instructions

Below is a list of statements dealing with your general feelings about yourself.

If you strongly agree circle SA,

If you agree with the statement circle A,

If you neither agree nor disagree circle N,

If you disagree circle D,

If you strongly disagree circle SD

1. I am confident of myself. **SA A N D SD**
2. I am able to concentrate well while accomplishing a challenging task. **SA A N D SD**
3. I feel happy while interacting with people. **SA A N D SD**
4. I believe that every task assigned to me in life is important. **SA A N D SD**
5. I like to excel in whatever I do. **SA A N D SD**
6. I am happy that I possess a set of good qualities. **SA A N D SD**
7. I feel energetic in pursuing my goals. **SA A N D SD**
8. I am confident of the quality of my relationships with others. **SA A N D SD**
9. For me time bound completion of task is essential. **SA A N D SD**
10. I firmly believe that man is the creator of his own destiny. **SA A N D SD**
11. I can shape my destiny. **SA A N D SD**
12. I keep devising ways to increase my competency and efficiency. **SA A N D SD**
13. I nurture relationships. **SA A N D SD**
14. I aim to be the best in my pursuits. **SA A N D SD**
15. Success is enhanced by one's attitude in life. **SA A N D SD**
16. I remain content in all kinds of situations. **SA A N D SD**
17. I encourage group activities. **SA A N D SD**
18. I feel valued and respected among my peers. **SA A N D SD**
19. I focus on the future while determining my goals. **SA A N D SD**
20. I am able to work persistently towards achieving a goal. **SA A N D SD**
21. I am able to solve problems objectively. **SA A N D SD**
22. I enjoy taking on new challenges. **SA A N D SD**
23. I consult others while making important decision. **SA A N D SD**
24. I try to meet the goals efficiently which I set for myself. **SA A N D SD**
25. I enjoy challenges, variety and change while accomplishing goals. **SA A N D SD**
26. I always look at the positive side of outcomes. **SA A N D SD**
27. Achievement is the driving force in my life. **SA A N D SD**
28. I always contribute to the happiness and well being of others. **SA A N D SD**
29. I enjoy doing the tasks at hand. **SA A N D SD**
30. I am competent and capable in performing the tasks entrusted to me. **SA A N D SD**
31. I can find positivity even in the most difficult situations. **SA A N D SD**
32. I see my life as a continuous process of learning, change and growth. **SA A N D SD**
33. I actively keep in touch with my friends and family. **SA A N D SD**
34. I am able to do a task well when I am able to connect with it. **SA A N D SD**
35. I am diligent and persistent while performing a task. **SA A N D SD**
36. I am in control of my behavior and feelings. **SA A N D SD**
37. I get a sense of fulfilment and relaxation when I am able to complete a task efficiently. **SA A N D SD**
38. My social relations are supportive and rewarding. **SA A N D SD**
39. I am methodical and exhaustive in my approach towards task completion. **SA A N D SD**
40. I achieve what I want by optimally using my strengths. **SA A N D SD**
41. I feel alive and vital. **SA A N D SD**
42. I feel productive and energetic. **SA A N D SD**
43. My peers see me as a reliable and responsible person. **SA A N D SD**
44. My life has a clear sense of purpose. **SA A N D SD**
45. I have been able to achieve the goals that I set for myself. **SA A N D SD**
46. I am resilient in my approach. **SA A N D SD**
47. I am able to get the most out of every situation. **SA A N D SD**
48. I believe in quality of relationships. **SA A N D SD**
49. I am very focused in my approach. **SA A N D SD**
50. I am able to serve people and society through my work. **SA A N D SD**
51. My grit and determination are my strength. **SA A N D SD**
52. I give up in tough situations. **SA A N D SD**
53. My positive relationships support my growth as a person. **SA A N D SD**
54. My work contributes to make a difference in the lives of the people. **SA A N D SD**
55. The positive feedback that I get about my work motivates me to aspire still higher. **SA A N D SD**

56. I can work continuously for long hours, happily engrossed in my work. **SAAN D SD**
57. I actively seek as much information as I can in a new situation. **SAAN D SD**
58. I am able to connect with people at various levels through my work. **SAAN D SD**
59. My work gives me a sense of worth. **SAAN D SD**
60. I have made much difference in the lives of many people through my work. **SAAN D SD**

This objective test contains dimensions of optimism like meaningfulness, engagement, relationship, positive emotion and accomplishment.

Pilot study

In the pilot study, the test was given to 40 different individuals of varying ages and occupations of either gender. No difficulty in understanding/comprehension was reported by any individual in terms of item content or item responding. More work needs to be done yet in terms of establishing its reliability and more psychometric sturdy validity, which will be reported in the next paper. Norms will be established on different ages, occupations and gender. Again, this will be shared in the next paper.

Discussion

Optimism is the very elixir of life. To be optimistic is to say yes to life; to opt life despite all provocations to the contrary. In fact, Optimism is actually a belief system with three major components. Firstly, it is the belief in our own powers to make our life and our future better; secondly, it's a strong belief that negative events happening in our life are not going to be permanent howsoever poignant they may seem at the moment and thirdly is a very strong conviction that positive events in our life are more permanent and personal.

Optimism helps us see the sun shining beyond the clouds. It helps us tell our aching heart:

Be still sad heart and cease repining

Behind the clouds is sun still shining.

Optimism works everywhere in every field in all walks of life in all age groups. Every corporate house need to have in-house workshops on developing optimism index in its employees. All educational institutes should make it the cult of their curriculum. Even in hospitals and clinics there is scope for developing optimism concept while interacting with clients. In fact, the concept of optimism should be integrated and ingrained in all treatment and prevention programs to improve the overall well being of the individual.

Thus we see that optimism is an attitude which can be learnt and inculcated. The good news is that optimism index can be enhanced with steady counseling interventions. But to measure pre and post interventional work on building up optimism there is a need to have a psychometric sturdy optimism scale. The authors are working on it. The present paper is an attempt to share some of the work done in this regard.

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Conflicts of interest

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References

1. Scheier MF, Carver CS. Optimism, coping, and health: assessment and implications of generalized outcome expectancies. *Health Psychol.* 1985;4(3):219–247.
2. Peterson C, Seligman ME. Explanatory style and illness. *J Pers.* 1987;55(2):237–265.
3. Aspinwall LG, Richter L, Hoffman RR. Understanding how optimism works: an examination of optimists' adaptive moderation of belief and behaviour. In: Chang EC (Ed.), *Optimism and pessimism. American Psychological Association*, Washington DC, USA. 2001. p.217–238.
4. Peterson C, De Avila ME. Optimistic explanatory style and the perception of health problems. *J Clin Psychol.* 1995;51(1):128–132.
5. Weinstein ND. Unrealistic optimism about future life events. *J Pers Soc Psychol.* 1980;39(5):806–820.
6. Weinstein ND. Why it won't happen to me: perception of risk factors and susceptibility. *Health Psychol.* 1984;3(5):431–457.
7. Chang EC, Sanna LJ. Optimism, pessimism, and positive and negative affectivity in middle-aged adults: a test of a cognitive-affective model of psychological adjustment. *Psychol Aging.* 2001;16(3):524–531.
8. Hart SL, Vella L, Mohr DC. Relationships among depressive symptoms, benefit-finding, optimism, and positive affect in multiple sclerosis patients after psychotherapy for depression. *Health Psychol.* 2008;27(2):230–238.
9. Hirsch JK, Conner KR, Duberstein PR. Optimism and suicide ideation among young adult college students. *Arch Suicide Res.* 2007;11(2):177–185.
10. Hirsch JK, Conner KR. Dispositional and explanatory style optimism as potential moderators of the relationship between hopelessness and suicidal ideation. *Suicide Life Threat Behav.* 2006;36(6):661–669.
11. Van der Velden PG, Kleber RJ, Fournier M, et al. The association between dispositional optimism and mental health problems among disaster victims and a comparison group: a prospective study. *J Affect Disord.* 2007;102(1–3):35–45.
12. Steele A, Wade TD. The contribution of optimism and quality of life to depression in an acute coronary syndrome population. *Eur J Cardiovasc Nurs.* 2004;3(3):231–237.
13. Giltay EJ, Kamphuis MH, Kalmijn S, et al. Dispositional optimism and the risk of cardiovascular death: the Zutphen Elderly Study. *Arch Intern Med.* 2006;166(4):431–436.
14. Basoglu M, Salcioglu E, Livanou M, et al. Single-session behavioral treatment of earthquake-related Post-traumatic Stress Disorder: a randomized waiting list controlled trial. *J Trauma Stress.* 2005;18(1):1–11.
15. Martínez-Correa A, Reyes del Paso GA, García-León A, et al. Relationship between dispositional optimism/pessimism and stress coping strategies. *Psicothema.* 2006;18(1):66–72.
16. Giltay EJ, Geleijnse JM, Zitman FG, et al. Dispositional optimism and all-cause and cardiovascular mortality in a prospective cohort of elderly dutch men and women. *Arch Gen Psychiatry.* 2004;61(11):1126–1135.
17. Matthews KA, Räikkönen K, Sutton-Tyrrell K, et al. Optimistic attitudes protect against progression of carotid atherosclerosis in healthy middle-aged women. *Psychosom Med.* 2004;66(5):640–644.

18. Schulz R, Bookwala J, Knapp JE, et al. Pessimism, age and cancer mortality. *Psychol Aging*. 1996;11(2):304–309.
19. Allison PJ, Guichard C, Fung K, et al. Dispositional optimism predicts survival status 1 year after diagnosis in head and neck cancer patients. *J Clin Oncol*. 2003;21(3):543–548.
20. Ironson G, Balbin E, Stuetzle R, et al. Dispositional optimism and the mechanisms by which it predicts slower disease progression in AIDS: proactive behavior, avoidant coping, and depression. *Int J Behav Med*. 2005;12(2):86–97.
21. Schofield P, Ball D, Smith JG, et al. Optimism and survival in lung cancer patients. *Cancer*. 2004;100(6):1276–1282.
22. Tomakowsky J, Lumley MA, Markowitz N, et al. Optimistic explanatory style and dispositional optimism in HIV-infected men. *J Psychosom Res*. 2001;51(4):577–587.
23. Milam JE, Richardson JL, Marks G, et al. The roles of dispositional optimism and pessimism in HIV disease progression. *Psychol Health*. 2004;19(2):167–181.
24. Segerstrom SC. Optimism and immunity: do positive thoughts always lead to positive effects? *Brain Behav Immun*. 2005;19(3):195–200.
25. Segerstrom SC. How does optimism suppress immunity?. Evaluation of three affective pathways. *Health Psychol*. 2006;25(5):653–657.
26. Lazarus RS, Opton EM. A study of psychological stress: a summary of the theoretical formulations and experimental findings. In: Spielberger CD (Ed.), *Anxiety and Behavior*. Academic Press, New York, USA. 1966. p.225–262.
27. Scheier MF, Weintraub JK, Carver CS. Coping with stress: divergent strategies of optimists and pessimists. *J Pers Soc Psychol*. 1986;51(6):1257–1264.
28. Nes LS, Segerstrom SC. Dispositional optimism and coping: a meta-analytic review. *Pers Soc Psychol Rev*. 2006;10(3):235–251.
29. Billingsley KD, Wachler CA, Hardin SI. Stability of optimism and choice of coping strategy. *Percept Mot Skills*. 1993;76(1):91–97.
30. Boman P, Yates GC. Optimism, hostility, and adjustment in the first year of high school. *Br J Educ Psychol*. 2001;71(3):401–411.
31. Strutton D, Lumpkin J. Relationship between optimism and coping strategies in the work environment. *Psychol Rep*. 1992;71(3 Pt 2):1179–1186.
32. Rasmussen HN, Wrosch C, Scheier MF, et al. Self-regulation processes and health: the importance of optimism and goal adjustment. *J Personal Disord*. 2006;74(6):1721–1748.
33. Scheier MF, Carver CS, Bridges MW. Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): a reevaluation of the life orientation test. *J Pers Soc Psychol*. 1994;67(6):1063–1078.
34. Wrosch C, Scheier MF. Personality and quality of life: the importance of optimism and goal adjustment. *Qual Life Res*. 2003;12(1):59–72.
35. Schou I, Ekeberg Ø, Ruland CM. The mediating role of appraisal and coping in the relationship between optimism-pessimism and quality of life. *Psychooncology*. 2005;14(9):718–727.
36. Cummins RA. Comprehensive quality of life scale: intellectual disability. (3rd edn), Psychology Research Centre, Deakin University, Melbourne. 1992.
37. Scheier MF, Carver CS. Effects of optimism on psychological and physical well-being: theoretical overview and empirical update. *Cogn Ther Res*. 1992;16(2):201–228.
38. Scheier MF, Carver CS. Self-regulatory processes and responses to health threats: effects of optimism on well-being. In: Suls J & Wallston KA (Eds.), *Social psychological foundations of health and illness*. Blackwell, Oxford. 2003. p.395–428.
39. Scheier MF, Matthews KA, Owens JF, et al. Dispositional optimism and recovery from coronary artery bypass surgery: the beneficial effects on physical and psychological well-being. *J Pers Soc Psychol*. 1989;57(6):1024–1040.
40. Pais-Ribeiro J, Da Silva AM, Meneses RF, et al. Relationship between optimism, disease variables, and health perception and quality of life in individuals with epilepsy. *Epilepsy Behav*. 2007;11(1):33–38.
41. Kung S, Rummans TA, Colligan RC, et al. Association of optimism-pessimism with quality of life in patients with head and neck and thyroid cancers. *Mayo Clin Proc*. 2006;81(12):1545–1552.
42. Hathaway SR, McKinley JC. The MMPI Manual. Psychological Corporation, New York, USA. 1940.
43. Ware JE Jr, Kosinski M, Keller SD. A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Med Care*. 1996;34(3):220–233.
44. Ware JE Jr. SF-36 Health survey: manual and interpretation guide. Nimrod Press, Boston. 1993.
45. Friedman LC, Kalidas M, Elledge R, et al. Optimism, social support and psychosocial functioning among women with breast cancer. *Psychooncology*. 2006;15(7):595–603.
46. Braverman MT. Research on resilience and its implications for tobacco prevention. *Nicotine Tob Res*. 1999;1(1):67–72.
47. Cooper ML, Russell M, Skinner JB, et al. Stress and alcohol use: moderating effects of gender, coping, and alcohol expectancies. *J Abnorm Psychol*. 1992;101(1):139–152.
48. Steptoe A, Wright C, Kunz-Ebrecht SR, et al. Dispositional optimism and health behavior in community-dwelling people: associations with healthy ageing. *Br J Health Psychol*. 2006;11(1):71–84.
49. Giltay EJ, Geleijnse JM, Zitman FG, et al. Lifestyle and dietary correlates of dispositional optimism in men: the Zutphen Elderly Study. *J Psychosom Res*. 2007;63(5):483–490.
50. Todesco P, Hillman SB. Risk perception: unrealistic optimism or realistic expectancy. *Psychol Rep*. 1999;84(3):731–738.
51. McKenna FP, Warburton DM, Winwood M. Exploring the limits of optimism: the case of smokers' decision making. *Br J Psychol*. 1993;84(3):389–394.