Editorial: The importance of optimism

Optimism describes a state in which one tends to look at the positive side of a situation and, in being optimistic, one holds an expectation of a favourable or positive outcome. Its opposite is pessimism, which refers to an inclination to expect a negative or poor outcome or a perception that situations are overwhelmingly bleak and unable to be salvaged. There are days when it appears as if a cloud of pessimism has cast its shadow over nursing. Some gatherings of nurses seem to feature very little in the way of optimism or positivity about nursing’s present and future. A glance at programmes for various conferences often reveals papers and session themes that are very problem focussed and, at such gatherings, an air of pessimism can prevail as we reflect at some considerable length on current problems and difficulties.

Of course, it is crucial to engage in discussion, reflection and robust critical debate about the problems and challenges that we are facing. However, it is also vitally important and necessary that we retain a sense of positivity and optimism about nursing and nursing work. The concepts of optimism and pessimism have been raised in the nursing literature in relation to patient care. In 1998, a case study of a severely ill psychiatric patient detailed the approaches to care as moving from optimistic, through to strategic and resigned care (Hellzen et al. 1998). In the intensive care context, optimism and pessimism have been raised in relation to the provision of curative treatment (Hov et al. 2006) and the use of technology (McGrath 2008).

Currently, in mental health nursing, the concept of ‘therapeutic optimism’ (Elsom & McCauley-Elsom 2008) is an idea that is attracting interest. Therapeutic optimism in this context refers to health professionals taking an optimistic and hopeful position in relation to people affected by mental illness (Elsom & McCauley-Elsom 2008). While it is not clear whether such optimism actually has a measurable effect on patient outcomes, it does follow that attempting to recover from an episode of serious mental illness in a climate of therapeutic pessimism and scepticism on the part of treating health professionals might be rather disheartening.

While the value and potential of optimism in contributing to therapeutic healing environments for patients is acknowledged (as is by implication, the potential harm and detriment that could occur in negative and pessimistic environments), there is little in the literature about the concept of professional optimism. That is, the idea that nurses too could likely benefit from professional cultures that are optimistic and positive about nursing’s present and future.

In the current climate, nurses are regularly confronted with matters that may lend themselves to fostering a pessimistic (rather than optimistic) stance. These matters are wide-ranging, but include issues associated with recruitment and retention and other workplace adversity issues such as workforce and resource shortages, industrial issues, workplace bullying and violence directed at nurses (Watson 2005, Yildirim & Yildirim 2007, Luck et al. 2008). In addition to these well known and generally accepted difficulties, nurses in many settings are likely also experiencing various forms of ‘change fatigue’ (Garside 2004) as the health and education sectors (both major employers of nurses) seemingly go from restructure to restructure, with all the attendant disruption, uncertainty and often imposed changes of leadership and strategic direction that such restructures can entail.

So, how can optimistic work environments be fostered in the face of so many seemingly insurmountable problems? And how can individual nurses contribute to a climate of therapeutic optimism for patients if they themselves are knee-deep in difficult, challenging and even pessimistic working cultures?

While we all have a role to play in promoting an optimistic professional milieu, effective leadership models are essential to fostering professional optimism for nurses and nursing. Effective leaders can actively contribute to the creation of positive and affirmative work environments in various ways. Actively identifying and initiating strategies to foster positivity and optimism through measures such as being inclusive, acknowledging and celebrating success and having the astuteness to be able to read and interpret situations, and the vision to see ways forward in difficult times, are all ways that leaders can help foster optimism (Jackson 2008). Taking an individual perspective, personal resilience or the ability to deal with adversity is an important quality for nurses in today’s world and has been associated with the concept of optimism (Jackson et al. 2007). Optimism has been identified as an element of resilience and when faced with adversity, resilient people are able to maintain their optimism rather than becoming overly negative, cynical or pessimistic (Tugade & Fredrickson 2004, Jackson et al. 2007).

Researchers too have the potential to foster optimism and a positive outlook for the future of nursing. However, some research reports about the professional and workplace aspects of nursing
can make for bleak reading. Carter (2008) has previously drawn attention to the tendency of some narrative researchers to highlight only negative and pessimistic accounts and raises the possibility of researchers acting as ‘horror magnets’ attracting bad news stories’, possibly at the expense of the more ‘neutral’ and ‘good’/‘good news’ stories’ (p. 1063). Carter goes on to explore some of the many implications of this, including the possibility of generating negative and distressing emotions such as anger and despair in readers and contributing to demoralisation of nursing and other professional staff (Carter 2008).

Obviously, the nature of research is that we do tend to have an interest in exploring areas that are viewed as being in some way challenging, difficult or problematic, rather than on the things we think are either going well or that we do not foresee any problem with. Nonetheless, as Carter (2008) highlights, methodological strategies can be adopted in our approaches to research and inquiry to also promote the visibility of some of the more positive or neutral accounts of a given event, phenomenon or situation. In addition to providing additional opportunities for learning and reflection, the use of such strategies could also help to contribute to a sense of optimism and hopefulness for the future, even when undertaking research in areas that may be inherently problematic, challenging or difficult.

We acknowledge the value of hopefulness and positivity in contributing to healing and curative environments for patients. However, if nurses are to create positive and optimistic therapeutic environments for patients, we also need to value the importance of optimistic, positive and affirming professional cultures for ourselves.

Debra Jackson
Editor, JCN
Email: debra.jackson@uws.edu.au

References