

Optimism and Positive about People: Key Traits to Hospital Leadership Success?

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Abstract

This study investigates how two traits, Optimism and Positive About People, in hospital directors are related to critical outcome measures of performance, engagement, and intent to stay. The study was conducted with 235 hospital directors from 31 hospital facilities.

Three research hypotheses were posed for both traits (Optimism and Positive About People). Higher levels of each trait were predicted to lead to (1) higher leader performance ratings, (2) higher leader engagement levels, and (3) higher levels of intent to stay. Study results supported one of these hypotheses: the Positive About People trait and higher levels of leader engagement. The study revealed no significant relationships between the study variables and the trait of Optimism. Lastly, through further exploratory analysis, the study suggests that the impact of Positive About People on the dependent variables is significant for nursing hospital leaders and not for non-nursing hospital leaders. Findings, implications, and limitations of the study are discussed.

The study contributes to the body of knowledge regarding positive organizational psychology, and specifically how the trait of Positive About People may be more aligned with hospital nursing leaders' success than non-nursing leaders within the same hospital work environment. This finding suggests opportunities for healthcare

organizations to leverage and integrate this insight into both selection and development practices for hospital nursing directors.

Dedication

“Gifted leadership occurs where heart and head—feeling and thought—meet. These are the two wings that allow a leader to soar.”

—Daniel Goleman

To all the leaders who have shown me what I don't want to be like, I thank you. To the few who have shown me what I strive to emulate, God bless you. In order to grow, each day we must choose to always strive to be better than the previous day; it's never easy and always requires effort—to make time to reflect, learn, stretch, give when you want to receive, laugh when you want to cry, and dance when you want to sit still. Before long, you will see a jewel in the reflection, learn something new to teach others, stretch to a new limit, learn that giving is receiving ten-fold, laughter will take over and you will forget why you wanted to cry, and why in the world would you sit when you could dance? Each day, however, we must all make a choice. Some days it is more difficult than others. On those days, consider it a responsibility to share joy instead of despair. Rely on your sense of duty until once again, you are reminded of the beautiful cycle of positivity. Spread hope, joy, encouragement, support, and most importantly, share love . . . in leadership and in life.

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Chapter 1: Introduction

The research area of positive psychology related to leadership effectiveness and business results is an under-researched phenomenon with little associated pragmatic context (Compton, 2005). The purpose of this study is to build upon this body of research, specifically in the healthcare arena with the focus on whether the traits of Optimism and Positive About People impact a leader's performance in a patient-care work environment. This study aims to bring empirical evidence to the association between the traits of Optimism and Positive About People as it pertains to leader behavior and critical business outcomes. By doing so, positive leadership models and their direct impact on job performance and business results will have more statistically tested merit and application. Additionally, this study goes one step further by focusing on the healthcare industry and the hospital environment in particular, also an under-researched application for positive psychology.

Healthcare Needs Positive and Optimistic Leadership

The healthcare industry is challenged with increasing costs, legislative reform, changing expectations regarding efficiency gains, escalating technology, an aging society with complex needs and care requirements, and increasing competition (Luthans, Lebsack, & Lebsack, 2008). This environment creates increased stress, fatigue, and burnout in healthcare workers, which manifests as lower employee

engagement and higher turnover within healthcare institutions (Luthans, Lebsack, & Lebsack, 2008). The organizational demands resulting from this are increased efforts to recruit the right healthcare employees in order to fill the increased number of vacancies, to reduce the associated increase in expensive contract labor costs, and to maintain competitive compensation programs and engagement strategies for all healthcare workers (Worthey & Riand, 2014).

Improving patient care and the patient experience while receiving care has always been a healthcare priority, but now, in addition to the mission of improving human life, patient satisfaction outcomes are tied directly to a hospital's reimbursement (Porter, 2010). The Center for Medicare and Medicaid Services (CMS) takes into account quality care and patient satisfaction measures to determine how much they will reimburse eligible providers (VanLare & Conway, 2012). Healthcare organizations continue to be pressed to do more with less; healthcare workers are facing increasingly stressful work environments with higher workloads (Davidson, Folcarelli, Crawford, Duprat, & Clifford, 1997). Fewer employees, tighter budgets for equipment purchases, and workflow changes contribute to intergroup and intragroup conflicts (Tomajan, 2012). When this is coupled with the uptick of retirement rates of key hospital leaders and projected workforce shortages (Rother & Lavizzo-Mourey, 2009), it becomes more important than ever for the healthcare industry to study and implement strategies to ensure effective leadership and optimal patient outcomes. This is true for every hospital leader within a patient-care setting, as every leader and

every employee play a vital role in the patient experience, be it through nursing or non-nursing responsibilities within the hospital. The application of positive psychology in the healthcare environment also has the potential to impact the high rates of substance abuse and suicide found in healthcare workers along with the elevated rates of depression and anxiety that have been linked to job stress for healthcare worker (Department of Health and Human Services, Centers for Disease Control and Prevention, & National Institute for Occupational Safety and Health, 2008).

Healthcare is Plagued with Higher Turnover and Lower Engagement

In a recent survey, one-third of physicians would not choose the field of medicine if given the choice to do it over again, and almost 60% would not recommend medicine as a career (Landon, 2006). Physician well-being is directly related to the quality of care given to patients as well as to the ability to interact effectively with hospital staff and patients (Bovier & Perneger, 2003). Nurses and other healthcare staff working in overcrowded and understaffed units are more likely to experience depression and absenteeism, thus increasing the burden on healthcare leaders and other healthcare workers (Larson, 2010). Nurses identify emotional distress from patient care, workload, fatigue, exhaustion, and an unfriendly and unsupportive work environment as reasons for leaving the profession (Gellasch, 2015). The ongoing pressure to do more with less continues to make what is already a highly stressful work environment even more so for physicians, nurses, other hospital employees, and hospital leadership

as well, leading to increased turnover and decreased engagement (Waldman et al., 2004).

Engagement and Turnover

Higher employee engagement leads to lower employee turnover

Understanding the relationship between turnover and employee engagement is essential groundwork for this study. A large healthcare organization that owns and operates over 165 hospitals conducted a study that focused on the difference between high (n = 17) and low (n = 16) turnover spectrum hospitals (out of a total of 165 hospitals) and how turnover related to engagement scores. Findings indicated that hospitals with lower turnover have almost 10% more of their workforce engaged and over 11% more of their RNs engaged (Worthey & Riand, 2014). The engagement ratios (calculated by number of highly engaged employees/number of disengaged employees) is different between high and low turnover hospitals. For example, the same study showed that hospitals with higher turnover had an average hospital staff engagement ratio of 1.78 versus lower turnover hospitals, which had an average engagement ratio of 4.84, meaning there were less than two highly engaged employees for every disengaged employee within the high turnover hospital, versus almost five highly engaged employees for every disengaged employee within the lower turnover hospitals. In addition to engagement, contract labor and financial performance were also different between the high and low turnover hospitals. The average high turnover hospital spent over \$3M more each year on contract labor than

the low turnover hospitals, and an average of \$26,662¹ lower EBDITA/FTE² performance (Worthey & Riand, 2014). This relationship between engagement, turnover, contract labor spending, and earnings, while logical and significant, does not address cause and effect.

Table 1: Turnover and Employee Engagement

Facility Bucket	% Engaged/ Highly Engaged (ALL FT/PT)	% Engaged / Highly Engaged (RN)	EE Ratio (All FT/PT Staff)	EE Ratio (RN)
Hi Turnover (N = 17)	53.62	47.46	1.78	1.18
Low Turnover (N = 16)	62.93	58.69	4.84	3.44

Source: Worthey & Riand, 2014

In addition to the increased contract labor associated with nurse turnover, the cost of losing a single nurse has been calculated to equal about twice the annual salary of a nurse (Atencio, Cohen, & Gorenberg, 2007). The average hospital is estimated to lose about \$300,000 per year for each percentage increase in annual nurse turnover (Pricewaterhouse Coopers, 2007). One healthcare organization with over 9,000 employees estimated that nursing turnover was contributing to a loss of over \$15 million per year (Zimmerman, 2004). There are also indirect costs associated with nurse turnover, including decreased quality of patient care (Dana, 2005), the

¹ Average EBDITA/FTE of \$67,567 (low turnover hospitals) - \$40,905 (high turnover hospitals) = \$26,662

² Earnings Before Depreciation, Interest, Taxes & Amortization / Full Time Equivalent (2080 hrs./year)

exacerbated cycle of nurse and hospital staff turnover due to increased workload for those who stay (Anderson & Corazzini, 2004), and increased accident and absenteeism (Glass, McKnight & Valdimarsdottir, 1993).

Engagement and Patient Satisfaction

Higher engagement is associated with higher patient satisfaction

The relationship between an engaged employee and a satisfied customer/patient is logical and intuitive. This association holds true for many industries, including healthcare, where interactions between healthcare employees and patients are a very important determinant of patient satisfaction (Harter, Schmidt, & Hayes, 2002; Terry, Martin, McCaffrey & Berkow, 2014). In healthcare, patients spend a significant amount of time with nursing staff during a hospital admission, making these interactions critical to shaping the patient and family experience (Dempsey, Reilly, & Buhlman, 2014). This, coupled with the fact that bedside nurses and other hospital staff engaged with the patient care lifecycle generally have lower engagement scores, creates a challenge for hospital leaders, especially those with nurses as direct reports (Dempsey et al., 2014). For this reason, healthcare organizations must find ways to improve the quality of patient satisfaction through employee and patient interactions, and employee engagement may be the single best way to make these improvements (Terry et al., 2014). To further highlight the strong relationship between employee engagement and patient satisfaction, note the survey results from an HR Solutions case study of nearly 29,000 healthcare employees (HealthcareSource, 2014):

- 85 percent of engaged employees displayed a genuinely caring attitude toward patients, compared to only 38 percent of disengaged employees.
- 91 percent of engaged employees recognize their workplace as dedicated to patient care, compared to only 42 percent of disengaged employees.
- 82 percent of engaged employees would want to use the facility where they work as a healthcare provider, compared to only 22 percent of disengaged employees. (para. 3)

The case study also supports other arguments that employee engagement should be the single most effective target upon which an organization should focus due to its empirical links to recruitment and intent to stay, lower turnover, lower absenteeism and lower staffing expenses within a hospital environment (Rossheim, 2012).

Leadership's Role in Engagement and Intent to Stay

Hospital leadership plays a significant role in stimulating and sustaining employee engagement (Northwestern University, 2008) and mitigating turnover (Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). The adage that “employees don’t quit companies but quit their bosses” may hold true for healthcare as well, as most of the issues driving turnover (noted in Table 2) are directly related to the behavior of nursing leaders (Hunt, 2009). Some leaders are more effective at creating work environments that support the needs of their nursing teams, such as clearly defining their job expectations, managing their workloads, and recognizing and rewarding them for their accomplishments. These more successful leaders may also have unique skills to help nurses cope with the highly stressful emotional and physical aspects of their work. The question that this study aims to answer is whether or not a leaders’ levels

of Optimism and Positive About People impact their own engagement and intent to stay, therefore potentially equipping them to better lead engagement and retention efforts among their respective teams, although this relationship would have to be further explored in future research.

Table 2: Factors Driving Nursing Turnover

<ul style="list-style-type: none">• Feeling overworked; not being able to manage workload• Lack of role clarity and low sense of control over job performance• Not feeling respected and valued for contributions and capabilities• Poor communication with management around critical issues affecting work• Not receiving recognition or rewards for accomplishments• Lack of career opportunities and support for career development• Lack of trust and effective collaboration with coworkers• Work schedule does not match job needs or expectations• Works is too physically demanding
--

Source: Hunt, 2009; Russell & Van Sell, 2007

While this current research, in aggregate, begins to sketch a conceptual framework of behaviors, attributes, and adjectives describing leadership styles that impact engagement, turnover, and ultimately, the patient experience, this area of study would benefit from an empirical trait analysis that could help build a solid framework around these behaviors so that consistent measurement and performance profiling can occur. Additionally, the intention of this study is to target specific traits associated

with leadership performance as demonstrated by positive organizational behaviors that resulted in positive organizational outcomes across 31 hospitals.

Specifically, the premise of this study is focused on how hospital leaders scoring high in the traits of Optimism and Positive About People can be a critical determinant of the degree to which the leader is perceived as a high performer and the degree to which the leader is engaged. Additionally, this study will analyze the relationship between the two traits noted and the corresponding leader's intent to stay. These premises lead to the following three central hypotheses:

- **Hypothesis 1a:** *Leader performance and Positive About People*—Hospital leaders who are more Positive About People are rated higher on performance by a group of senior leaders (annual talent review evaluation) and by their direct supervisors (online performance survey).
- **Hypothesis 1b:** *Leader performance and Optimism*—Hospital leaders who are more Optimistic are rated higher on performance by a group of senior leaders (annual talent review evaluation) and by their direct supervisors (online performance survey).
- **Hypothesis 2a:** *Leader engagement levels and Positive About People*—Hospital leaders who are more Positive About People have higher engagement levels than those with lower measured levels of this trait.

- **Hypothesis 2b:** *Leader engagement levels and Optimism*—Hospital leaders who are more Optimistic have higher engagement levels than those with lower measured levels of this trait.
- **Hypothesis 3a:** *Leader intent to stay and Positive About People*—Hospital leaders who are more Positive About People will report higher levels of intention to stay than those with lower measured levels of this trait.
- **Hypothesis 3b:** *Leader intent to stay and Optimism*—Hospital leaders who are more Optimistic will report higher levels of intention to stay than those with lower measured levels of this trait.

Significance of Research

The purpose of this dissertation is to build upon a growing body of research regarding positive organizational psychology, where the two traits of Positive About People and Optimism can be empirically tested against leader performance, leader engagement, and leader intent to stay. Gaining insight and understanding regarding if and how these leadership traits are associated with the noted dependent variables could contribute significantly to the body of knowledge in the space of positive psychology and healthcare leadership practices. Additionally, these findings could contribute to the creation constructs for talent management strategies for optimized selection, development, and succession planning for healthcare organizations.

The foundation of this research is built upon prior research and validation studies from Assess Systems, an industrial psychology consulting firm, which has established

definitions and valid measures for the independent variables of Positive About People and Optimism (Assess Systems, 2012). This study contributes to and fills existing gaps in this area of study in the following ways:

- Provides empirical research on key drivers of leadership performance and business outcomes, utilizing data collected by a large hospital system for hospital level directors.
- Provides insights from the perspective of 31 hospital facilities within nursing and non-nursing functions.
- Utilizes a validated measurement of Positive About People and Optimism that may provide a framework for a highly predictive and legally defensible hospital leadership success profile. This output could significantly contribute to a hospital's ability to recruit leaders who are intrinsically wired to exhibit the desired behavior that will achieve specific business outcomes pertaining to performance, employee engagement, and intent to stay.

Chapter 2: Literature Review

History and Evolution of Positive Psychology

Although leadership and positive psychology are relatively new fields of scientific inquiry, the study of leadership and happiness is as old as civilization itself. For thousands of years, historians have chronicled and analyzed the achievements of leaders such as Alexander the Great and Julius Caesar, and philosophers have debated the virtues of Aristotle's view of the good life (Maidique, 2013). Scientific inquiry and associated research rigor into leadership dates back to 1948 with Stogdill's work on the trait theory of leadership.

The same progression is seen in the study of human happiness, based on the emerging field of positive psychology, starting with Maslow's (1943) "A Theory of Human Motivation," which proposed the hierarchy of needs. In 1998, when Seligman, then President of the American Psychological Association, addressed the pessimism of psychology and how it focuses on what's wrong or deficient with people, he proposed a new branch of psychology that would focus on how people can adapt, excel, and thrive. Seligman first coined the term "positive psychology" in 1999 and suggested that this new realm of research would be comprised of three key areas of focus: positive emotions, positive traits, and positive institutions.

Seligman has written and edited many works (e.g. Seligman & Csikszentmihalyi, 2000) with other well-known research-oriented positive psychologists, such as

Diener, Peterson, and Snyder (Luthans, 2002), on this branch of positive psychology that focuses a shift away from what is wrong with people to what is right with people: a focus on strengths, resilience, and the pursuit of prosperity (Luthans, 2002).

Seligman (2000) argued that psychology, since the 1950s, has not focused on healing the sick, improving productivity, and developing strong and high potential talent.

Instead, it has used a disease model to understand how to treat depression, phobias, deviations, and deficits, generating little understanding as to why some people flourish in the family, in the workplace, and in the community at large, and why others fail or simply get by (Luthans, 2002). Seligman (2000) suggested there is untapped opportunity to identify and better understand the key characteristics or strengths that literally delineate between the “healthy” and the “ill”—characteristics such as courage, future mindedness, optimism, interpersonal skill, faith, work ethic, hope, happiness/positivity, honesty, and perseverance.

Seligman (2002) proposed a positive psychology that nurtures existing strengths such as optimism, kindness, generosity, originality and/or humor. He states that by “exercising these strengths frequently and wisely, we transform our lives to a higher and more positive plane” (p. 13). It was upon the foundation of this research that the field of positive psychology was built. Positive psychology proposes that people can become happier by embracing behavioral changes in how they think and act, which will ultimately allow them to thrive and achieve more success (Maidique, 2013).

From an organizational perspective, the positive factors that represent the practice of positive psychology can be broken down into positive affect, organizational citizenship behaviors, positive identity, engagement, satisfaction, psychological capital (which includes happiness/wellbeing and optimism), among other traits (Harter, Schmidt, & Keyes, 2002; Luthans, Youssef, & Avolio, 2007). Most of these factors have been integrated into frameworks posed by either or both Positive Organizational Behavior (POB) and Positive Organizational Scholarship (POS).

The purpose of this literature review is to review this movement of positive psychology, understand existing constructs for workplace relevance, and discuss whether there is conceptual and/or empirical support for this study's hypotheses that Positive About People and Optimism impact a leader's performance in a patient-centered work environment.

Existing Constructs for Positive Psychology

Positive organizational behavior (POB), positive organizational scholarship (POS), and psychological capital (PsyCap)

Drawing on the energy of the positive psychology movement, a number of organizational researchers noted a need for a more positive-based, proactive approach to organizational research (Quick & Quick, 2004; Roberts, 2006). Additionally, they integrated into the mission statement for positive psychology the need to focus on both human strengths and positive institutions (Seligman & Csikszentmihalyi, 2000). This approach has created a synergistic and collaborative framework for the holistic execution of positive psychology within organizations, which includes positive

organizational scholarship (POS) (Cameron, Dutton, & Quinn, 2003; Pratt & Ashforth, 2003; Wrzesniewski, 2003), positive organizational behavior (POB) (Luthans, 2002; Nelson & Cooper, 2007; Wright, 2003), and psychological capital (PsyCap), which is the way to measure the impact positive traits have on human capital development and business results within organizations (Nelson & Cooper, 2007).

POS exposes new or different mechanisms through which positive organizational dynamics and positive organizational processes can create extraordinary work experiences for employees who produce extraordinarily positive outcomes (Cameron et al., 2003). Luthans (2002) defined positive organizational behavior (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” (p. 59). Figure 1 outlines a research structure in an effort to integrate and delineate the two approaches of studying positive organizational research while integrating the measurement of traits. As illustrated in Figure 1, POS is aimed more at macro organizational issues and general theories of positive human potential (Cameron et al., 2003), while POB tends to focus more on micro-level issues related to employee development, performance, and measurements. Both constructs bring structure to the defined value proposition of integrating positive psychology into the workplace; there is recognized synergy and some overlap between the two approaches (Nelson & Cooper, 2007). Lastly,

psychological capital (PsyCap) provides a framework for empirical research in the space of positive psychology by bringing organizational context to traits that were otherwise considered primarily psychological in definition and ambiguous in consistent measurement (Luthans et al, 2007).

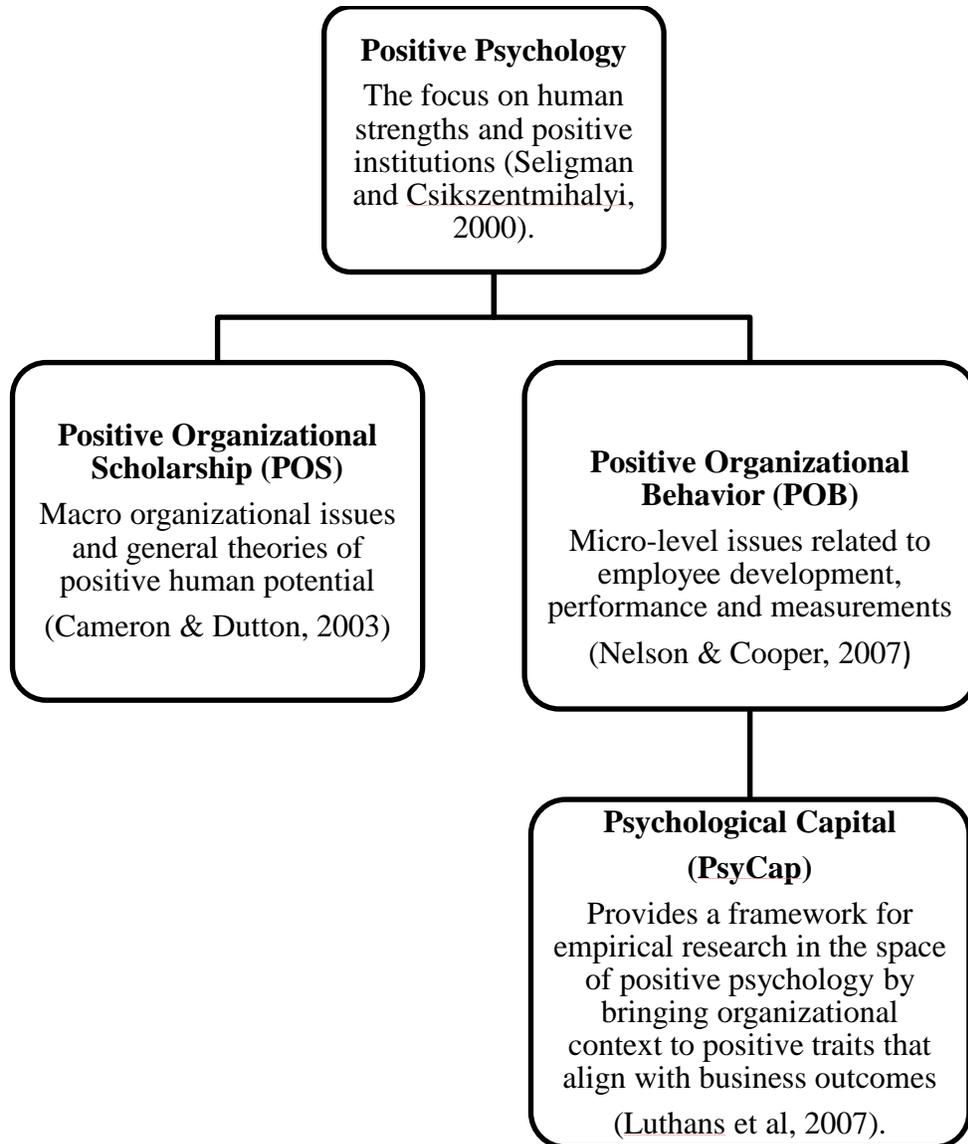


Figure 1: Research Streams for Positive Psychology

Positive organizational scholarship (POS)

POS is a growing discipline that emphasizes positive results at the individual, group, and organizational level. It is a framework built upon the foundation of positive psychology with a core principle of enhancing strengths in lieu of deficit reduction (Seligman & Csikszentmihalyi, 2000). Cameron et al. (2003) championed the field of POS in an effort to identify human strengths, producing resilience and restoration, fostering vitality, and cultivating extraordinary individuals (Mans, Cameron, Manz, & Marx, 2008). Building on research in positive psychology and appreciative inquiry (AI), among other fields (Havens, 2011), POS is an emerging movement that urges researchers to understand human excellence in business, education, and health services (Cameron et al., 2003). Simply defined, POS is “the study of that which is positive, flourishing and life giving in organizations” (Cameron & Caza, 2004, p. 731). POS seeks to understand human excellence and exceptional organizational performance by studying positive outcomes, practices, and attributes of organizations and its members as a newly defined best practice and standard mode of operating (Cameron, Mora, Leutscher, & Calarco, 2011). In positive psychology, the term “positive” reflects factors that make life worth living (Seligman & Csikszentmihalyi, 2000) as well as what ultimately leads to happiness (Seligman, 2002).

In POS, the meaning of the term “positive” is attached to such adjectives as “excellence,” “thriving,” “flourishing,” “abundance,” “resilience,” or “virtuousness” (Cameron et al., 2003). The credibility of this field and framework hinges on how

positive psychology in organizational practice impacts organizational performance and change (Cameron et al., 2011). In a healthcare setting, POS represents a science-based approach to fostering positive organizational factors, such as collaboration, vitality, trust, resilience, and respect in the work environment, yielding positive outcomes associated with employee engagement, patient satisfaction, and quality outcomes (Knott, 2011).

POS in healthcare

POS has been proven to be an effective framework for testing whether or not positivity fosters organizational effectiveness in a healthcare setting, and for testing whether positivity and organizational outcomes are related in hospital environments (Cameron et al., 2011). Much like this current study, Cameron et al. (2011) took a deep look into multiple nursing units in an effort to determine the extent to which positive practices are indicators of performance, as measured by metrics such as overall satisfaction, willingness to recommend the hospital, voluntary employee turnover, patient satisfaction with pain management, and other hospital specific outcomes. This study paves the path for future research to utilize not only the POS framework for measuring positive practices as they relate to organizational outcomes in a healthcare setting, but also a blended definition of positivity which departs from previously defined measures.

Positive organizational behavior

Luthans (2002) devised an effective framework for positive psychology applied to an organizational setting, and he coined the context as “positive organizational behavior”

(POB). The argument for developing POB was that the organizational behavior field needed a more proactive, positive approach to emphasize strengths in a manner that emphasized research and theory (Luthans, 2002). Positive leadership was defined as “positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace” (Luthans, 2002, p. 59). Luthans’s definition of positive leadership is a solid foundation upon which this research can be built, as the measurability, sustainability and positive impact on the organization’s outcomes is the critical and notable differentiator and contribution of this research to the field.

Positive organizational behavior (POB) has been the primary producer of social science research on positive organizations, personal growth, interpersonal connection, and worker-employer optimization and engagement (Nelson & Cooper, 2007). Until this field of research began and associated constructs were introduced, organizations tended to operate with the performance philosophy of focusing on improving deficiencies and optimizing inefficiencies in lieu of leveraging existing strengths and enhancing positioning strategies that match key talents with key organizational needs (Luthans et al., 2007).

Psychological capital (PsyCap)

The core construct for measuring positive traits in leaders for the purpose of development and performance impact began with the notion of psychological capital (PsyCap) (Luthans et al., 2007; Luthans & Youssef, 2004). This trait framework has

four major components—confidence/efficacy, hope, optimism and resiliency—and can be developed and managed for performance impact and competitive advantage in today's organizations (Nelson & Cooper, 2007).

The comprehensive definition of PsyCap is as follows:

An individual's positive psychological state of development that is characterized by: (1) having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about succeeding now and in the future; (3) persevering towards goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success. (Luthans et al., 2007, p. 3)

The trait composition of PsyCap creates measurability of positive traits on work-related performance, supported by statistical methodologies that enhance the predictive implications positive traits have on human capital development and business results within organizations (Nelson & Cooper, 2007). The resulting framework opens the floodgates to empirical research in the space of positive psychology by bringing organizational context to traits that were otherwise considered primarily psychological in definition and ambiguous in consistent measurement (Luthans et al, 2007).

PsyCap trait definitions

For today's workplace, Luthans (2002) notes a five-concept framework for POB, which includes the following traits and associated definitions:

- **Confidence/Self-Efficacy**—one’s belief in being able to successfully execute a specific task in a given context. (Sources: mastery experiences, vicarious learning/modeling, social persuasion, physiological/ psychological arousal)
- **Hope**—one who sets goals, figures out how to achieve them, and is self-motivated to accomplish them, i.e., has willpower and way-power. (Beyond feelings of things will work out for the best; valid measures show **positive** link with goal expectancies, perceived control, self-esteem, **positive** emotions, coping, and achievement)
- **Optimism**—**positive** outcome expectancy and/or a **positive** causal attribution but is still emotional and linked with happiness, perseverance, and success. (Beyond “Power of **Positive** Thinking”; both motivated and motivating; Seligman’s optimistic explanatory style of bad event: external, unstable, specific)
- **Subjective Well-Being**—beyond happiness emotion, how people cognitively process and evaluate their lives, the satisfaction with their lives. (Beyond demographics to when and why people are happy; components: life satisfaction, satisfaction with important domains such as the workplace, and **positive** affect)
- **Emotional Intelligence**—capacity for recognizing and managing one’s own and others’ emotions—self-awareness, self-motivation, being empathetic, and having social skills.

Conceptual trait definitions for this study

This study builds upon the framework of PsyCap and focuses on the two traits of Positive About People and Optimism as independent variables in the hospital work

environment. These two traits will be measured using a validated psychometric assessment, which defines the two traits as follows:

Positive About People

This conceptual view of positivity was developed by Assess Systems and is defined as “the tendency to be trusting and optimistic in one’s outlook toward people, as opposed to being critical or cynical” (Assess Systems, 2012, p. 3).

Low and high scores in this trait would characterize behavior defined as follows:

- Low scores—May be skeptical in the evaluation of people in general and cautious in trusting others.
- High scores—Likely to give people the “benefit of the doubt” and take people at their word. Tend to concentrate most on the positive attributes in them.

The tool measures 22 additional traits in the domain areas of (1) Thinking, (2) Working, and (3) Relating. Both Positive About People and Optimism fall within the Relating domain.

Positive About People brings a slightly new measure into the construct of positive psychology that hinges on positive outlook or perception of others. While positive outlook is associated with both PsyCap traits of Optimism and Happiness/Well-Being, the trait focuses heavily not only on having a positive or optimistic outlook but also the absence of a negative or pessimistic outlook. The definition of the trait notes the spectrum of behavior, ranging from “the tendency to be trusting,” and “taking people at their word,” to “cynical in outlook” and “skeptical in evaluating other

people” (Assess Systems, n.d.). In addition, the specific items used to measure this trait encompass questions aligned with trusting vs. untrusting behavior that ranges from “believing that all people try to do the right thing” to “believing that most people tell lies to be successful.” Having a positive outlook and believing the best about people, or disbelieving the worst about people as a leadership attribute is the fundamental measurement of this trait.

Optimism

The conceptual definition of this trait, also developed by Assess Systems, is defined as “the tendency to have an optimistic and positive outlook under most circumstances, as opposed to having a more negative or pessimistic outlook” (Assess Systems, 2012, p. 3).

- Low scores in this trait would characterize behavior described as follows: May have a pessimistic outlook or be prone to worry.
- High scores in this trait would characterize behavior described as follows: Tend to have a positive outlook.

The items that measure Optimism in the Assess instrument include the relating or optimistic explanatory style referenced in PsyCap in addition to having items within the survey that measure positive affect (being cheerful, others desiring to be as positive as you are, not getting frustrated, discouraged, or upset easily, etc.). For this reason, positive affect will be associated with the discussion surrounding Optimism. Lastly, the key delineator between the two traits, as they both have positive cognitive

processing (or the absence of negative cognitive processing) at the core of their definition, is that Positive About People focuses on having a positive outlook about others, while Optimism focuses on a generally positive stance. Both traits suggest the display of positive behaviors or the absence of displaying negative behaviors, while the trait definition of Optimism draws a more direct line between trait measurement and corresponding displays of behavior.

A deeper look into Positive About People

As discussed earlier, the independent measure of Positive About People will be discussed, for the remainder of this study, in the context of having a positive cognitive processing ability—an intuitive belief in the good of all people and their intentions. Much like optimism, Positive About People has a lot to do with having a positive outlook, including a leader’s trust propensity in their team and others, and other social outputs of positivity that help mold leader behavior.

A person’s cognitive philosophy, be it positive or negative, influences the way he/she determines values (Goleman, Boyatzis, & McKee, 2009). The central theme of a humanistic philosophical view, as noted by Goleman, Boyatzis, and McKee (2009), is that “close, personal relationships give meaning to life” and that people with this philosophy are “committed to human values” (p. 9). A leader’s outlook influences group behavior and the degree to which employees are willing to expend effort on behalf of a leader or team (Nooteboom & Six, 2003).

A deeper look into Optimism

The study of optimism began primarily in health contexts by way of finding positive associations between optimism and markers of better psychological and physical health (Carver & Scheier, 2014); more resilience and faster recovery after major life events, such as death or severe family illness (Kivimaki et al, 2005); and more effective pain management (Geers, Wellman, Fowler, Helfer, & France, 2010; Goodin, et al., 2013). More recently and more frequently, however, the construct of optimism has been studied as a social science concept relating to leadership behavior (Tombaugh, 2005). Tiger (1979) 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” (p. 18).

Later, Seligman (1998) defined optimism as an attributional style that explains positive events in terms of internal, consistent, and personal causes as well as negative events in terms of fleeting, situation-specific, and externally based. A negative or pessimistic cognitive explanatory process would do the opposite, therefore diminishing the positive impact of successes and intensifying the potentially damaging impact of a failure (Youssef & Luthans, 2007). Additionally, this trait can be validly measured and has proven performance impact in work settings (Luthans, Avolio, Walumbwa, 2005; Seligman, 1998). The fact that optimism is part of the POB and PsyCap framework and meets associated criteria means that it is believed that this trait can be learned, developed, and improved through training and

development programs in order to improve workplace performance (Luthans et al., 2008). While this provides hope for development within existing leadership who may intrinsically be lacking in these traits, research would assert that naturally possessing these traits will yield higher and more consistent return within those individuals who naturally possess them (Goleman, Boyatzis, & McKee, 2013).

Optimism is a cognitive construct that also relates to motivation; optimistic people exert effort, whereas pessimistic people disengage from effort (Carver & Scheier, 2014). Additionally, the scientific study of optimism has extended to the realm of social relations: new evidence indicates that optimists have better social connections, partly because they work harder at them (Smith, Ruiz, Cundiff, Baron, & Moore, 2013). Dispositional optimism has been described by Carver and Scheier (1985) as an activity related to goal attainment and self-regulation. According to this definition, the optimist plans ahead for handling obstacles that might impede his or her goals and exhibits confidence that will allow him or her to persist, even through obstacles, towards goal attainment (Luthans et al., 2008).

Optimism has been linked to valuable leadership characteristics, such as perseverance, achievement, health, and happiness (Peterson, 2000). Optimism has also been shown to have a significant and inverse relationship with stress and work/non-work conflict (Tuten & Neidermeyer, 2004). The more descriptive this trait becomes, the more obvious it is that this would seemingly be an invaluable trait for

leaders, especially those in the challenging healthcare environment of today.

“Realistic optimism” was noted by Seligman (1998) as essential, as it recognizes the potential downside to too much optimism or false optimism. Schneider (2001) took this concept one step further and outlined five forms of “realistic optimism,” which seem particularly important for leaders in the healthcare field:

- Leniency for the past, or the benefit of the doubt principle (accepting what cannot now be changed, not second guessing yourself, and preventing debilitating effects of perfectionism);
- Appreciation for the present, or the “appreciate the moment” principle (staying alert to the positive aspects of the current situation);
- Opportunity-seeking for the future, or the windows of opportunity principle (an assignment or project is viewed as a challenge, not a problem);
- Positive thought patterns (e.g., self-talk of accomplishment vs. defeat”); and
- Resistance to stress (e.g., stress is encountered with confidence and assurance vs. expected failure and burnout).

People who are optimistic tend to weigh, evaluate, and integrate information about their perceived capabilities, which, incidentally, has little to do with individuals’ abilities or resources and more to do with how they perceive or believe they can use these abilities and resources to accomplish the given task (Luthans, 2002). A positive evaluation/perception leads to the expectation of personal efficacy, which in turn leads to positive choices, motivational effort, and perseverance (Luthans, 2002).

It becomes very clear why the trait of Optimism is critical for hospital leaders to possess in order to meet the increasing demands and challenges in today's evolving and complex healthcare environment. The trait of Optimism is theorized to be a particularly important one for healthcare leaders to possess to ensure they motivate themselves and their teams to meet their daily challenges and perform well.

The behavioral display of Optimism and Positive About People through affect

Attitudes and feelings elicited by positive leader behavior are fueled by innate happiness. Positive psychologists, including Ben-Shahar, Haidt, and Seligman (2002), have defined a progression of happiness that leads from pleasure to engagement to true meaning. The purpose of this section is to explore the component of the definition of optimism and positivity that references positive affect or the demonstrated and observed demeanor representing this emotional state of positivity.

There is an abundance of empirical evidence regarding the value of positive affect in the workplace (Lyubomirsky, King, & Diener, 2005). Positive affect carries multiple interrelated benefits beyond the pleasant subjective feel, positive emotions, positive moods, and positive sentiments. First, these good feelings alter people's mindsets: experiments have shown that positive affect widens the scope of attention (Fredrickson & Branigan, 2005), increases intuition (Bolte, Goschkey, & Kuhl, 2003) and creativity (Isen, Daubman, & Nowicki, 1987). Second, positive affect from

leaders can positively influence the affect of their followers (Macik-Frey, Quick, & Cooper, 2009), which provides an area for potential future study. Third, good feelings alter people's bodily systems and improve health: for example, experiments have shown that positive affect speeds up recovery from cardiovascular aftereffects of negative affect (Fredrickson, Mancuso, Brankigan, & Tugade, 2000). Positive affect also alters frontal brain asymmetry and increases immune function (Davidson et al., 2003). Fourth, good feelings predict positive mental and physical health outcomes: prospective studies have shown that frequent positive affect predicts resilience to adversity (Fredrickson, Tugade, Waugh, & Larkin, 2003), increases happiness (Fredrickson & Joiner, 2002), psychological growth (Fredrickson et al., 2003), lowers levels of cortisol (Stentoe, Wardle & Marmot, 2005), reduces inflammatory responses to stress (Stephoe et al., 2005), reduces subsequent-day physical pain (Gil et al., 2004), offers resistance to rhinoviruses (Cohen, Doyle, Turner, Alper, & Skoner, 2003), and contributes to reductions in stroke (Ostir, Markides, Peek & Goodwin, 2001). In summary, positive affect is a variable that predicts how well and how long people live: several well-controlled longitudinal studies document a clear link between frequent positive affect and longevity (Danner, Snowdon, & Friesen, 2001; Levy, Slade, Kunkel, & Kasik, 2002; Moskowitz, 2003; Ostir, Markides, Black, & Goodwin, 2000). Considering the physical and emotional stress and corresponding ailments noted in the previous chapter for healthcare workers, it becomes evident how vital this trait is for longevity and success in the healthcare industry.

Positive affect is a direct result of an outlook or philosophy about life that is generated primarily from personality traits like optimism and Positive About People (Emmons & Diener, 1985). It can be manifested as feeling states, which are in-the-moment, short-term affective experiences; and feeling traits, which are more stable tendencies to feel and act in certain ways consistently (Watson & Clark, 1984). The spectrum from state-like (momentary) to state-like (consistent) may be described as ranging from discrete emotions, such as excitement; to moods, such as being cheerful and happy; to dispositional and consistent traits, such as always being helpful, supportive, or enthusiastic (Barsade & Gibson, 2007). This is important to delineate because in practice, consistency is essential for sustainability. Without consistency, a culture of positivity cannot be cultivated or sustained. A negative nurse leader may be in a good mood and appear cheerful only occasionally, whereas a positive and optimistic nurse leader may have a bad day and appear frustrated only occasionally, while generally demonstrating cheerful and engaging behavior. The psychology of affect is powerful and influences people's opinion in very brief moments. For example, people are more likely to change their mind and vote for a political candidate if the candidate demonstrates non-verbal behavior noted as happy and reassuring (Sullivan & Masters, 1988).

Optimism and Positive About People – From state-like to trait-like

Supplementary to this notion of short-term feelings vs. more stable tendencies,

Fredrickson and Losada (2005) go one step further and assert that a key predictor of

flourishing as a leader is the ratio of positive to negative affect. Affect represents the aggregate of emotions, moods, sentiments, and attitudes. They define positive affect and positivity interchangeably as feelings of gratitude, being upbeat, and expressing appreciation or liking. They define negative affect as feelings of contemptuousness, irritability, and the expression of disdain or disliking. Based on the trait measures for this study, the absence of these behaviors is measured in addition to the measure of the positive perceptions/behaviors. Defining trait-like vs. state-like is essentially breaking down a leader's behavior into a ratio that can be calculated as positive outlook and positive behavioral displays divided by negative outlook and negative behavioral displays (Fredrickson & Losada, 2005). This means that the smaller the denominator (the fewer negative behavioral displays), the more consistent the positive trait, as it becomes more stable and consistent. The larger the denominator (the more negative displays of behavior compared to positive displays), the less stable and more state-like the positive behavior. The value of a higher ratio of positive display seems rather intuitive and logical when applied to a hospital scenario. If a nurse leader is consistently grateful and enthusiastic, versus another that is consistently irritable and contemptuous, the better work environment for nurses becomes fairly obvious, and the role leaders play in creating that environment becomes even clearer. This study aims to capture insight into the trait-like behavior, capturing a consistent and stable measure of a leader's optimism and outlook as measured by Positive About People.

This begins to synthesize the association between individuals possessing the traits of positivity and optimism to the associated behaviors of positive affect and ultimately, to the powerful domino effect on team, work environment, customer experience, and organizational results. In short, when leaders drive positive emotions, they bring out everyone's best efforts in the work environment (Goleman et al., 2002).

Relationship Between Positive About People and Optimism and Performance

Organizational performance

There is a small but growing body of research within the areas of positive organizational behavior and positive psychology suggesting that individuals, teams, and organizations who practice positive organizational behavior contribute more significantly to the outcomes of an organization (Youssef & Luthans, 2007). Value analyses have conservatively estimated that companies with the most employees with high levels of positivity and well-being report dramatically higher monetary returns than companies in the lowest quartile of employee positivity and well-being (Keyes, Hysom & Lupo, 2000). Reviews of the Gallup studies of organizational functioning (Harter, Schmidt, & Creglow, 1998; Harter, Schmidt, & Keyes, in press) reveal a relationship between indicators of employee overall positivity and an array of business-unit outcomes. Implementing positive practices for Hunter Douglas resulted in 30.1% more sales, 55% less goods returned, 52.2% less employee turnover, and 97% on-time deliveries (Meyer, 2015). Companies in which employees report greater workplace satisfaction, personal development through work, and friendships at work,

for example, report higher levels of customer satisfaction and loyalty, profitability, and productivity, as well as greater employee intent to stay. Cameron et al. (2011) revealed that within multiple nursing units, positive practices were associated with higher levels of organizational effectiveness, improvement in patient satisfaction with pain management, and more willingness to recommend the organization for care. The same study revealed that positive practices yielded higher scores in foundations for quality care, support of nurses by managers, better nurse-physician relations, and overall climate (Cameron et al., 2011).

In addition to overall organizational performance and profitability, growing evidence also suggests that positive leadership can lead to successful organizational change (Tombaugh, 2005). The ever-changing healthcare industry must optimize strategies to obtain and maintain a committed and motivated workforce that is open to learning, growing, and changing. Positive leaders with traits such as optimism, self-confidence, compassion, emotional intelligence, loyalty, and trustworthiness help create a culture that emphasizes possibilities and solutions rather than problems (Tombaugh, 2005), which aims at the heart of why positive leadership is essential as the foundation for selection and development of all organizational leaders.

When employees as a collective are creatively emphasizing possibilities and solutions rather than problems (Tombaugh, 2005), extraordinary positive performance can be achieved, to the degree where it is actually classified as positively deviant

performance (Spreitzer & Sonenshein, 2004). Performance is considered positively deviant when a result or outcome dramatically exceeds typical, common, or expected performance levels (Cameron et al., 2011). The association of positive deviance with performance, and how they associate with the Optimism and Positive About People traits, is that the results from positive deviant practices are explained by amplifying the heliotropic effects of positivity in individuals, teams, and human systems (Cameron et al., 2011). Positive deviance can only truly be identified when two business units or other business entities within the same organization have the same culture, policies, processes, resources and environment, as all other entities but still prosper in extraordinary ways by way of leveraging positivity (Havens, 2011).

Positive organizational research is an emerging area of focus that explores the key domains of the most positive workplaces. The question that this field attempts to answer is, “How does an organization within which people are able to flourish differ from those in which they merely survive or indeed languish?” (Lewis, 2012, p. 63). These positive workplaces are defined as those where exceptional organizational performance is achieved. Research in this area even demonstrates where positive work environments recover more quickly from downsizing (Gittell, Cameron, & Lim, 2006). These organizations have a reserve of social and financial capital, organizational resilience, and goodwill (Lewis, 2012).

In healthcare, a notable example of extraordinary performance or positive deviance is a study by Marra et al, in 2010, which discusses two units within the same healthcare facility that embarked upon an initiative to reduce Hospital Acquired Infections (HAIs) with a hand hygiene approach. At the conclusion of the study, there were 62,000 hand hygiene episodes per 1,000 patient-days in the east unit and 33,570 hand hygiene episodes per 1,000 patient-days in the west unit ($P < .01$). The incidence density of HAIs per 1,000 patient-days was 6.5 in the east unit and 12.7 in the west unit ($p = .04$). This outcome, which shows one unit significantly outperforming another, was also associated with a decrease in the overall incidence of Hospital Acquired Infections on the one floor that was focused on finding solutions and solving problems, (Marra et al., 2010), which is directly associated with the positive psychological processing associated with optimism (Luthans, 2002) and general positivity (Seligman, 1999).

Cameron (2012) describes examples of extraordinarily performing organizations in order to identify four interrelated leadership strategies that reach beyond the ordinary and achieve off-the-charts success. These strategies include creating positive climate, relationships, communication, and meaning. These positive strategies are successfully achieved by the collective contribution of positive individual leaders (Avey et al., 2011).

Individual and team performance

In a work setting, employees with measurably higher levels of positive traits have been proven to demonstrate more effort than those with lower levels of positive traits, including optimism (Avey et al., 2011). This notion logically aligns with better performance, as when employees try harder, they are more likely to be successful. While motivated effort to succeed is not the only predictor of performance, it is argued to be a very important predictor of high performance (Campbell, 1993). Individuals with higher levels of positive traits, including optimism, are more energized to put forth effort, which is then manifested as not only higher performance but sustainable performance over extended periods of time (Avey et al., 2011). The same study notes that the positive outlook generated from the higher levels of positive traits paves the path for better goal execution because there is a strong belief that those with a positive outlook are capable of achieving their goals, resulting in better performance.

A practical example of a leader's positive outlook will be extracted from a Positive About People example written by Youssef and Luthans (2007), which poetically links all traits associated with Optimism and Positive About People (as they have been defined primarily relating to positive outlook) into one real-life leadership performance application:

An ambitious manager may capitalize on his or her optimistic explanatory style or attribute an unfavorable situation, such as an undesirable transfer, to external (e.g., the department he or she is leaving was overstaffed), temporary (e.g., once the economy recovers,

I can go back), and situation-specific (e.g., it is just a one-time event) causes. He or she may even interpret the situation more positively, attributing it to internal causes (e.g., they must have needed someone really good, and that's why they transferred me), therefore perceiving the change as an opportunity for additional exposure and growth, rather than feeling cynical about the intentions, and skeptical about the change. As a result, he or she is more likely to have the resilience to bounce back from the undesirable assignment and possibly even beyond by using it as a stepping stone for new networking and advancement. Most importantly, he or she is likely to use his or her hope pathways to find creative ways to apply his or her successful past experiences to the new position. (p. 780)

Other research shows the association between positive leadership and performance.

One study references how when leader positivity among aerospace engineers increased, so did the follower positivity and performance as well as their ability to solve complex problems (Avey, Avolio, & Luthans, 2011). Leader positivity has been a predictor of multiple measures of performance, including rated performance scores (Walumbwa, Peterson, Avolio, and Hartnell, 2010), self-reporting, supervisor evaluations, and performance perception (Avey, Reichard, Luthans, & Mhatre, 2011).

While there is need for more research demonstrating empirical links between leader positivity and performance, studies have shown that leader positive moods not only directly enhanced team performance, but also indirectly drove team performance through explicit and implicit mediating processes (Chi, Chung & Tsai, 2011). Chi et al. (2011) suggested that firms should seek out team leaders who exude positive moods and provide settings that help enhance leader-team relationships as well as offer training to help leaders learn about the impact of positive moods in the

workplace. Goleman et al. (2002) suggested that when a leader is positive, his or her teams become more optimistic about their ability to reach their goal, their creativity is enhanced, and they become more helpful.

The research in this field suggests, and is beginning to make a research-centric argument, that human systems naturally gravitate to positive practices, which would suggest a natural alignment that organizational performance would be enhanced by optimistic leaders who exercise positive practices (Cameron et al., 2011). Rogow and Saxberg's (1991) work asserts, for example, that organizations are heliotropic in nature; they are inspired to realize their potential and reach excellence if guided by positive leaders who create vivid images of future promise, while exhibiting interactions characterized by a willingness to share, care, cooperate, collaborate, dream, and produce together (1991). The power of this approach has been demonstrated in healing systems, athletic performance, placebo effects, hypnosis, and cognitive psychotherapy (Rogow & Saxber, 1991).

The lens through which optimistic and positive leaders see their work environment allows them to facilitate and navigate day-to-day interactions in an intrinsically different manner than leaders who are not as optimistic or positive (Chi et al., 2011). For example, Bass (1990) noted that "successful leaders have revealed a more optimistic view of themselves and the world around them compared to those who have failed" (p. 155). Bass goes on to say that leaders who fail experience

“hopelessness, avoid responsibility, procrastinate about major decisions, and become passive and laissez-faire in their leadership style” (p. 158).

Positive emotions are linked to effective communication, engagement, and decision-making (Lyuborirsky et al, 2005). This leads to organizational environments and cultures that allow people to perform their best (Fairhurst, 2008). Studies demonstrate that individuals with more positive outlooks and in more positive states of mind think more efficiently and creatively and are more likely to engage in pro-social behaviors (Fredrickson, 1998; Isen et al., 1987). Employees flourish when leaders help them focus on what matters most, not only at work but in all aspects of their lives—at home, in their communities, and in their pursuit of physical, emotional, and spiritual well-being (Seligman, 2012). The happy result: committed people driving hard to achieve superior performance.

Relationship Between Optimism/Positive About People and Engagement

There is considerable research associating hospital employee engagement level with patient satisfaction (Decker, Mitchel & Rabat-Torki, 2016; Sherwood, 2013; Vahey et al., 2004). The patient experience is driven by every single employee in a hospital and spans the moment the patient and patient’s family enter the hospital and extends beyond discharge, into follow-up and continuity of care. Each and every distinct interaction a patient and his or her family have during the hospital experience contributes to their overall experience. It is logical to conclude that if a patient

interacts with an employee who demonstrates the destructive behaviors of a disengaged employee (cynical, apathetic, not willing to go above and beyond, disconnected) (Luthans, Norman, Avolio & Avey, 2008), then their experience will suffer accordingly. Conversely, if a patient interacts with an employee who is highly engaged (enthusiastic, willing to go above and beyond, feels true meaning and purpose in their work) (Sherwood, 2013), the patients' experience is more likely to be more positive. In a hospital environment, an engaged employee is focused on mastering the enhancement of the patient experience, while a disengaged employee is focused on preventing errors and accomplishing required tasks (Decker, Mitchel, & Rabat-Torki, 2016). Improvements in nurses' work environments in hospitals have the potential to simultaneously reduce nurses' high levels of job dissatisfaction and risk of turnover while increasing patient satisfaction (Vahey et al., 2004)

Engagement is an emotional and intellectual commitment to put forth extra discretionary effort for the job or organization (Sherwood, 2013). It can be simplified as the demonstration of passion for one's work. The importance of engaged employees has long been assumed to impact organizational culture and performance, and more recently, has been empirically proven as a key contributor to organizational success (Sweetman & Luthans, 2010). The statistics regarding the benefits of employee engagement suggest that, to succeed in the ever-changing healthcare environment, hospitals and health systems need to find ways to attract and retain more engaged leaders and employees (Sherwood, 2013). Despite the now known

importance of engagement, Gallup surveys consistently find that most employees in all types of organizations across the world are not fully engaged in their work (Luthans et al., 2005). In fact, only 44% of U. S. hospital workers overall are “highly engaged” in their work (Sherwood, 2013).

Optimism encompasses positive cognitions and emotions that “result in a subjective sense of well-being and general life satisfaction,” which includes job satisfaction (Youssef & Luthans, 2007, p. 783). Optimism, in fact, has been found to be a strong predictor of job satisfaction (Judge & Watanable, 1993) as well as work happiness and performance (Youssef & Luthans, 2007), and it is linked with personal striving and more effective coping with stress (Diener & Fujita, 1995).

Finding true meaning in work

Research suggests that people view their work from one of three perspectives; as a job, a career, or a calling (Wrzesniewski, 2003). When people adopt the first view, they focus on the material and financial gains for their employment. If they see it as a career, they realize the benefit of self-worth, esteem, or associated higher social standing. For those who view their job as their true calling, however, the sense of meaning can be very rewarding. Research concludes that people who are more optimistic and positive are more energized and motivated to find their true calling and therefore more likely to find true meaning in their work compared to less optimistic and positive people (Damon, 2009). A calling is defined as a “deep desire to devote oneself to serving people according to the high values of the task or profession”

(Raatikainen, 1997). People who view their work in this way believe their work helps make the world a better place. Having a sense of purpose in life and believing your work to be meaningful are both positively associated with authentic happiness and the satisfaction of a well lived life (Seligman, 2006). In addition to having greater overall happiness with life, this sense of meaning is also associated with less work/life conflict, greater certainty and self-efficacy about career decisions, and more intrinsic motivation (Lewis, 2012), all of which are essential for engagement.

Studies have shown that among professionals, finding meaning in work translates into greater job satisfaction, higher productivity, lower turnover, and increased loyalty (Harter, Schmit & Keyes, 2003). The benefits also include feelings of being a part of something that contributes to the greater good, which generate a deeper sense of meaning, exacerbating the virtuous cycle (Lyubomirsky et al., 2005). Finding meaning in work helped some female leaders interviewed in one study take new paths and accept the personal risks implicit in their goals (Wrzesniewski, 2003). Research also reveals that employees who are more satisfied with their lives and aspects of their work are more cooperative and helpful to their colleagues, more punctual, report fewer sick days, and remain employed for longer periods of time as compared to dissatisfied employees (Spector, 1997; Warr, 1999). When people feel good, they work at their best. Feeling good lubricates mental efficiency, making people better at understanding information and using decision rules in complex judgments as well as being more flexible in their thinking (Goleman, Boyatzis, & McKee, 2004).

Gallup has taken a leading role in developing the idea of focusing on strengths after analyzing the results of its engagement survey of a number of organizations. It identified that organizations that scored highly on the statement “At work, I have the opportunity to do what I do best every day” showed higher levels of productivity, customer loyalty, and employee intent to stay (Fairhurst, 2008). One of the five measures in this study’s engagement level variable includes the question “My work gives me a feeling of personal accomplishment.” It is also important to note that strengths are not just things at which people perform well; they are things that energize them as well, so in addition to delivering high performance, by allowing people to play to their strengths, it is likely that they will bring much more energy to their leadership style and work. They will consequently be more engaged with work and with those they are leading. As Katharine Graham, the first female CEO of a Fortune 500 enterprise (the Washington Post Company), famously said, “To love what you do and feel that it matters — how could anything be more fun?” (Barsh & Davidson, 2008, p. 36).

In healthcare, Raatikainen (1997) showed that nurses who experienced more commitment and engagement towards their career and experienced their job as a calling demonstrated the following behavior:

- They had good knowledge about the unspoken needs and offered good sources of support for their patients.

- They intrinsically understood the importance of family ties and offered support to their patients' families.
- They were aware of the needs of dying patients and their concern with spiritual questions and satisfied these needs well.
- It was characteristic for them to collaborate closely within a team, to experience the content of their work as enriching and to possess proficient professional abilities. They demonstrated a deep understanding of the whole process of patient care.

Leadership impact on employee engagement

Leaders contribute to their team's work environment by setting the tone for daily interactions and modeling the behavior that shapes the culture to build a committed, engaged, and focused team (Sherwood, 2013). When leaders can build a culture where employees feel free to express their questions, fears, and doubts; accept and apply constructive feedback; and participate creatively, then more engagement in work is the result (Decker et al., 2016). Conversely, when employees observe their managers avoiding confrontation, being inconsistent, not hiring the right people, micromanaging, and blaming others for their own mistakes, they withdraw, becoming apathetic and unmotivated (Sherwood, 2013). Also, when leaders believe they are always too busy or rushed, their effort to continuously learn and improve is less, as is their effort to interact and engage with employees. For example, when walking through a department on the way to meetings and other leadership activities, it is easy for leaders to say, "I don't have time to get to know my employees" and hurry

through. Leaders with this attitude end up not knowing employees' wishes—ultimately leading to employee disengagement.

The Relationship Between Optimism and Positive About People with Intent to Stay

All hospital leadership, especially nursing and clinical leaders, feel the pain caused by hospital employee turnover. Some of the cause of turnover is preventable and mostly linked to leadership practices that would be addressed more effectively with optimistic and positive leadership. Recruitment and intent to stay of strong nursing talent is extremely challenging for nurse leaders but becoming ever more critical in an effort to provide continuity of care, reduction in expenses for recruitment, orientation and contract labor, and a more stable work environment. Additionally, nurse turnover is costly to hospitals, as just the amount of money it takes to orient a nurse to a unit is said to be between \$42,000 and \$60,000 (Fredrich, 2001). This does not include the costs associated with productivity losses, increased contract labor, and organizational inefficiencies due to staff instability.

A nurse's decision to leave is preceded by withdrawal behavior from their current job, which negatively impacts work engagement. Nurse satisfaction and work engagement have been proven as among the strongest predictors of their corresponding intent to leave (Larrabee et al., 2003; Mendes & Stander, 2011). For this reason, the measures of engagement and intent to stay are not only synergistic but actually connected.

Additionally, when the combined relationship between engagement and performance is considered, as noted earlier in this chapter, the trilogy between engagement, intent to stay, and performance becomes evident.

Positive leadership leads to a positive work environment, which is associated with higher intent to stay

Nurses leave hospitals when they feel that they're being prevented from accomplishing personal mission (Ribelin, 2003) and when they feel they are not provided with enough information, support, resources, and opportunities to improve their own status within the organization (Taunton, 1997).

Supportive work environments (characterized by culture, trust, teamwork, open communication, and higher engagement) significantly impact employee attitudes and intent to stay (Gregory, Way, LeFort, Barrett, & Parfrey, 2007). Group cohesion has been noted to decrease job stress and increase work engagement among nurses, and engagement has been shown to be directly linked with intent to stay (Boyle, Bott, Hansen, Woods & Taunton, 1999). Studies reference emotional climate as a big component of culture and collaborative relations as significant contributors to the defined supportive work environment that would positively impact intent to stay (Gregory et al., 2007), and these things have all been positively associated with positive leadership traits and behaviors. Additionally, research asserts that turnover is less likely within healthcare organizations perceived to be strong employers-of-choice (Rondeau, Williams, & Wagar, 2008) and/or characterized as having “workgroup friendliness and warmth” (Hwang & Chang, 2009).

Optimism and positive leadership traits have also been found to be negatively related to undesirable attitudes, such as cynicism towards change and turnover intentions (Avey, Reichard, et al., 2011). Additionally, Avey, Luthans, and Youssef (2010) note that positive traits like optimism lead to “agentic thinking which has a motivating impact that can enhance internalization, determination, and pathways thinking, which contradict with the ‘giving up’ and despair associated with cynicism” (p. 439). Due to being less likely to give up, it could be argued that leaders with more positive traits are less likely to have turnover intentions (Avey et al., 2011).

Nurses’ levels of satisfaction with their managers’ leadership styles are critical to their work environment. Researchers found that the opinions of the employee’s immediate supervisor carried more impact on the employee than overall company policies or procedures (Fredrich, 2001). Having the right hospital leadership in place is essential, as an employee’s relationship with their immediate manager determines their productivity levels and their length of stay in the organization (Ribelin, 2003), reinforcing the adage: nurses don’t leave hospitals; they leave their managers.

Putting positivity to practice for engagement and intent to stay

Positive leaders who exercise authority in ways that promote employees’ positivity and well-being, will create conditions and relationships that will generate more positive feelings in their employees and should promote more positive functioning among their teams (Keyes et al., 2000). These leaders with higher levels of positive

traits will also inspire feelings of empowerment amongst their teams, which has been proven to positively impact their intent to stay (Avey et al., 2008).

Emotions are a contagion, and a successful leader is one from whom people “catch” positive feelings: “The fundamental task of leaders is to prime good feelings in those they lead” (Goleman et al., 2004, p. 6). When leaders drive emotions positively, they bring out everyone’s best. Conversely, when leaders occupy a position of authority but are not demonstrating behaviors associated with positive traits, Keyes et al. (2000) find that these leaders are likely to behave in ways (e.g., controlling and territorial) that “generate negative feelings among employees and possibly hinder employees’ psychological well-being or social well-being (p. 151). Optimistic, enthusiastic leaders are not only more likely to be retained themselves, but they also more easily retain their people as well, compared with those bosses who tend to display more negative behavior (Luthans et al., 2007).

In healthcare, one study found that hospital leaders who promoted the positive perceptions of their hospital enhanced their teams’ job satisfaction, commitment, and intent to stay (Taunton, 1997). Positive leadership models for promoting positive perceptions involve offering staff members an opportunity to reflect on the existing strengths within the organization, which leads them to recognize strengths of what exists while building a collective vision of the preferred future (Challis, 2009). These kinds of practices can yield substantial positive outcomes, but in order to be effective,

require the right leadership team capable of building a culture that fosters shared decision-making, open communication, and generation of innovative ideas while building positive, trusting relationships. Another study found that positive leader attributes resulted in valuing input from staff more, promoting a work environment where information is freely shared, and promoting staff-level decision making. These behaviors resulting from positive leadership traits encouraged job satisfaction and sustained organizational commitment and intent to stay (Boyle et al., 1999).

Higher levels of optimism in patient's family members also have a strong association with stronger feelings of affiliation with physicians and nurses and lower levels of emotional distress after patient discharge (Frazier, Berman, & Steward, 2001). It may seem intuitive that hospital leadership traits of optimism and other positive leadership traits would aid employees and leaders in effectively navigating the patient care experience for both the patient and the patient's family. For example, one study shows that along with clarity of communication, the most important feature of receiving bad news in a trauma unit was the attitude of the news giver (Jurkovich, Pierce, Pananen, & Rivara, 2000). Attitude was more important than knowledge or ability to answer questions.

A systematic review of 25 studies (Di Blasi, Harkness, Ernst, Georgiou, & Kleijnen, 2001) showed that physicians and practitioners who exuded a warm, friendly, and reassuring manner had better patient-physician relationships than those who kept

consultations formal, leading to improved patient-physician relationships. Another study (Berrios-Rivera et al., 2006) argued that a physician's sensitivity to concerns, reassurance and support, and patient centeredness are positively related to the patient-physician relationship.

There is noteworthy research highlighting leadership styles and attributes that impact organizational outcomes in healthcare facilities. Leadership dynamics with positive organizational impact for CNOs at magnet hospitals³ with low turnover, high engagement, and stronger patient experience are noted as being mainly attributed to education and engagement (Clavelle, Drenkard, Tullai-McGuinness, & Fitzpatrick, 2012). Leadership behaviors resulting in demonstrated positive practices (categorized by gratitude, dignity and respect, support/compassion, caring/concern, meaningfulness and purpose, inspiration and positive energy, forgiveness and understanding, and trust and integrity), have been highly associated with strong outcomes within a healthcare environment (Cameron et al., 2011). Upenieks (2003) noted that accessible nursing leadership; better support by leadership for autonomous decision making; and greater access to opportunity, information, and resources are what most significantly contributed to higher engagement scores within magnet hospitals. Communication (Daniel, 2010), supportive leadership (Wong, 2015), the quality of leadership's interpersonal skills, leaders' facilitation of healthy working

³ Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing.

conditions, as well as leaders' engagement in leadership behaviors that inspire nursing teams to higher levels of performance are all important predictors of improved patient satisfaction (Wong & Cummings, 2007).

Summary

Positive people who create positive teams, which create positive cultures within institutions, promise to improve quality of life. While this is important for all organizational frameworks, one could argue that it is at the core of the healthcare arena, whose sole purpose is to improve the quality of human life. Healthcare should lead the way in the movement toward integrating positive psychology into its DNA at all levels of function. According to Dutton, Glynn, and Spreitzer (2006), "human goodness and excellence are as authentic as disease, disorder, and distress" (p. 16), and these dynamics within organizations "produce extraordinary outcomes both for organizations and for their individual members" (p. 163). In healthcare, this perspective could promote prioritizing positive patient, employee, and organizational outcomes. This would be executed by way of building high-quality relationships among healthcare providers and staff and patients, being laser focused on compassionate care for patients, and helping nurses feel empowered by their practice (Sullivan, 2011). In order to achieve this desired future state, the right people with the right traits must be in the right roles to lead the movement. Positive psychology at the individual level is about the composition of traits of positivity and optimism and at the group level is about multiple people with the right traits creating teams and ultimately organizations that move individuals toward building cultures of

responsibility, civility, altruism, moderation, tolerance, and work-ethic (Seligman & Csikszentmihalyi, 2014).

In summary, these studies contend that happy, optimistic individuals are successful across multiple life domains, including relationships (personal and work), income, work enjoyment, work performance, and physical health. Seligman (2005) asserted that this happiness-success link exists not only because success makes people happy, but also because positive affect engenders success. The referenced research reveals that being positive and optimistic is associated with and precedes numerous successful outcomes as well as behaviors paralleling success. Furthermore, the evidence suggests that positive affect—the hallmark and behavioral display of positivity and well-being—may be the cause of many of the desirable characteristics, resources, and successes correlated with happiness (Seligman, 2005).

Chapter 3: Methods

This section details the study design and research methodology that will be employed.

The following critical elements are discussed: 1) research sites, 2) sample participants, 3) measures, and 4) data analysis. This research was guided by the four hypotheses presented in the introduction and again listed here:

- **Hypothesis 1a:** *Leader performance and Positive About People*—Hospital leaders who are more Positive About People are rated higher on performance by a group of senior leaders (annual talent review evaluation) and by their direct supervisors (online performance survey).
- **Hypothesis 1b:** *Leader performance and Optimism*—Hospital leaders who are more Optimistic are rated higher on performance by a group of senior leaders (annual talent review evaluation) and by their direct supervisors (online performance survey).
- **Hypothesis 2a:** *Leader engagement levels and Positive About People*—Hospital leaders who are more Positive About People have higher engagement levels than those with lower measured levels of this trait.
- **Hypothesis 2b:** *Leader engagement levels and Optimism*—Hospital leaders who are more Optimistic have higher engagement levels than those with lower measured levels of this trait.

- **Hypothesis 3a:** *Leader intent to stay and Positive About People*—Hospital leaders who are more Positive About People will report higher levels of intention to stay than those with lower measured levels of this trait.
- **Hypothesis 3b:** *Leader intent to stay and Optimism*—Hospital leaders who are more Optimistic will report higher levels of intention to stay than those with lower measured levels of this trait.

Research Sites & Study Sample

Research sites

The research will be conducted in a large publicly traded for-profit operator of hospitals. The focus of this study will be on the hospital director-level leadership roles within 31 of its total 165 hospitals.

Selection of this sample is based on the organization's pre-hire selection assessment validation initiative, which was an effort to customize a pre-hire selection instrument for hospital director selection with the purpose to reduce leadership turnover and associated contract labor costs (Roy & Worthey, 2013). The organization conducted a two-step process, which included a thorough job analysis and criterion validation for hospital director roles, utilizing focus group interviews for the qualitative analysis and the deployment of a validated, trait-based psychometric assessment to obtain a success profile with predictive value for the use of hiring and selecting all hospital director-level leadership. In order to be part of this pilot, entry criteria included

having a formalized Talent Review Process in place for identifying performance and potential for all director-level leadership at the time of this pilot (Roy & Worthey, 2013). To complete the validation process, the director-level leaders from the sample of 31 hospitals meeting this criteria were the ones to which the subject psychometric assessments were administered. These directors were not compensated and were informed that their participation was voluntary and would aid the organization in collecting critical data for research to understand and enhance best practices.

The results from the multi-trait assessment serves as the data source for this study, using the trait-specific scores from this sample. While the assessment measures 24 unique traits within the three domains of thinking, working, and relating (as noted in Table 3), this study is extending this initial research in order to scrutinize the traits of Positive About People and Optimism. It is important to note that all UK-based hospitals were omitted from this study due to not being a part of the pre-hire selection pilot initiative, so all employee data are domestic.

Table 3: Personality Survey Scales

Thinking	Working	Relating
Reflective	Work-Pace	Assertiveness
Structured	Self-Reliance	Sociability
Serious-Minded/Restrained	Work Organization	Need to be Liked
Fact-Based	Multi-Tasking	Positive About People
Realistic	Need for Task Closure	Insight
	Acceptance of Control	Optimism

Thinking	Working	Relating
	Frustration Tolerance	Criticism Tolerance
	Need for Freedom	Self-Control
	Need for Recognition	Cultural Conformity
	Detail Orientation	

Study sample

The sample for this research includes hospital directors spanning allied health and clinical/non-clinical departments. These three categories have been aligned into two major job categories for the purpose of this study; non-nursing and nursing. As was indicated in Table 2, allied health includes directors in numerous supportive medical functions, including, for example, pharmacy, radiology, speech therapy, lab, rehab, etc. For the purposes of this study, allied health and non-clinical functions were categorized under non-nursing, while jobs within clinical departments that serve as a patient-facing or bedside function were categorized under nursing. Nursing was used to reflect the director's reports having bedside or personal contact with patients while non-nursing directors supervised employees without bedside responsibilities as part of their intrinsic job design and normal operating function.

It is also important to note that the leadership level identified as the sample for this study is director-level leaders based on title, not levels of influence. This is important because within this one title exists leaders with a broad variance of both scope of responsibility and span of control, depending on their respective hospital's size and structure. Leaders with the director title at smaller hospitals may have larger scopes of

responsibility, while leaders with the director title at larger hospitals may have larger spans of control with a focus in one functional area. Additionally, in smaller hospitals, a director level leader may be considered senior leadership depending on the size of the vertical organizational structure, while in larger hospitals, it is possible for the director level to be front-line or middle management.

Data collected

In addition to the Talent Review Process, which categorizes performance on a numeric scale ranging from 1–9, performance ratings from each director’s corresponding supervisor were also collected in an online tool. The directors within the sample were those in current roles within the 31 hospitals performing a formal Talent Review Process that rated all corresponding directors on a 1–9 scale based on a performance and potential matrix. This criteria means that the sample was not selected based on their spectrum of performance, tenure, age, and other demographic variables. The Assess Personality Survey (Assess Systems, 2012) was administered between May and July 2013. The demographic data collected for these 235 hospital directors were as follows:

- Gender
- Age
- Ethnicity
- Tenure with the organization
- Job category (Allied and non-clinical have been grouped as non-nursing; clinical has grouped as nursing—as illustrated on Table 4.)

Table 4: Nursing and Non-Nursing Categories

Allied Health & Non-Clinical Categories (Non-Nursing)			
Pharmacy	Occupational Therapy	Respiratory Therapy	Physical Therapy
Radiology/Imaging	Lab	Speech Therapy	Rehab
Food and Nutrition	Plant Operations	Environmental Services	IT&S
Clinical Categories (Nursing)			
ICU/CCU	Emergency Department	Surgical Services	Women's Services
Case Management	Medical/Surgical	Behavioral Health	Oncology

The study sample consists of a broad distribution of hospital sizes, as shown in Table 5, with annual net revenue ranging from less than \$60 million to over \$650 million. This distribution of hospital net revenue is noted for the sole purpose of demonstrating a diversified portfolio of acute care facilities represented in the study. The net revenue profile is not considered a variable that would interact with any of the hypotheses. Other volume and size metrics have been shown to be more reflective of dynamics that would impact a hospital work environment, and these should be considered for future study. Contextual and structural measures for future consideration that have been shown to have a more direct impact on work environment and work complexity (Bacon & Mark, 2009) would be the number of staffed beds; case mix index, designed to capture illness severity; unit size and staffing levels; and organizational lifecycle measured by an increase of 5% or more in admissions for two consecutive years (Mark et al., 2007).

Table 5: Study Sample by Hospital Size

Annual Net Revenue (millions)	(N)	(%)
<\$60	4	12.9%
\$60 - \$100	7	22.5%
\$100- \$175	6	19.3%
\$175 - \$280	3	9.6%
\$280 - \$400	5	16.1%
\$400 - \$650	5	16.1%
> \$650	1	3.2%

Sample size by facility size breakdown by net revenue),

Measures

In addition to the trait-specific measurement of Optimism and Positive About People, this study collected further archival data on the sample population in order to test the hypotheses set forth. These measures included two variables for leadership performance, leader engagement levels, and intent to stay.

Optimism and Positive About People

The Assess Pre-Hire Selection Assessment Instrument is a fully validated, commercially utilized trait-based behavioral competency psychometric assessment (Assess Systems, n.d.). This instrument consists of 297 questions structured as agree/disagree responses. It takes approximately 30–45 minutes to complete and measures the traits that were highlighted in Table 3. For this study, only the measures of Optimism and Positive About People were used.

Table 6 provides a breakdown of questionnaire items used to measure Optimism and Positive About People. There are fifteen questions that operationalized the measurement of Optimism, and fifteen questions that operationalized the measurement of Positive About People. All items on the survey used a two-point response format of A = agree and D = disagree. Positively worded questions to which respondents agreed were given a raw score of 1; if the respondent rated this as disagree, they were given a raw score of 0. Negatively worded questions, or reversed scaled items to which respondents disagreed were given a raw score of 1; if they agreed, a raw score of 0 was assigned. In Table 6, these reverse-scaled questionnaire items are noted with an “R.” For both scales, raw scores were summed and then averaged. These individual response scores are aggregated into a scale total score, ranging from 0–15. Thus, someone who scores 0 on Optimism would have endorsed none of the Optimism questions in the “Optimistic” direction, and someone scoring 15 on the scale would have endorsed all of the items in the “Optimistic” direction (i.e., they would have agreed with all positively worded Optimism statements and disagreed with all negatively worded Optimism statements).

Table 6: Trait Scale Definition

Optimism	Positive About People
You are often doubtful when faced with a challenge. (R)	Nearly all people try to do the right thing when given a chance.
People have told you that your negative attitude can sometimes annoy others. (R)	Most people will tell some lies to be successful in their work. (R)
You are often concerned about how things will turn out, (R)	At work, far too many people try to take as much as they can and give back as little as possible. (R)
You get upset easily at work (R)	Most people are successful in their work because they know the right people. (R)
Little annoyances tend to bother you. (R)	In general, supervisors will help to get the work done.
You get frustrated easily (R)	Most managers in the organization generally put employee interests ahead of their own.
When faced with a challenge, you like to think about the worst case scenario. (R)	The people you work with use politeness to hide their real intentions. (R)
You have usually been optimistic about your future.	In most work situations, people take more than they give. (R)
You usually remain cheerful in spite of trouble.	Most people fulfill their duties at work even when not being watched.
You often feel irritable. (R)	Many employees deserve higher pay than their bosses. (R)
You are often discouraged. (R)	Most people today want to do a good job and earn their pay.
Others tell you that they wish they were as positive as you are.	If you could, you would change a lot of things about the way people act at work.
Overall, you tend to think everything will work out.	Most employees know what to do without being told.
You always expect the best to happen, even though you are disappointed sometimes.	At work, most people do right rather than wrong only because they fear being caught. (R)
You do not worry about things that are out of your control.	At work, some people make things difficult for you on purpose. (R)

(R) = Reversed scored items

Intent to Stay

Intent to stay variable

The intent to stay variable was used to operationalize a retention measure and was derived from the leader's response to one question within the organization's annual employee engagement survey (an annually administered, 44-item, Likert-scale instrument). In particular, the "intent to stay" question asks the employee to respond on a scale of 1 = Strongly Disagree to 5 = Strongly Agree to the item "*I plan to be working in this organization one year from now.*"

In a 2013 company study of 21,285 employees who left employment of this organization, a logistic regression revealed that if an employee answered either strongly disagree or disagree to the intent to stay question, the probability of their attrition is 49.7% (strongly disagree) and 44.3% (disagree), respectively (Worthey & Riand, 2014). This number increases considerably for the highly engaged and engaged population, predicting attrition rates with probabilities of 71% (strongly disagree) and 69.5% (disagree), respectively. In addition to predicting attrition, this variable has also been associated with management support (Lacey et al. 2007), which can provide further insight into essential components of an effective patient-care work environment. For example, using Kanter's theory of Organizational Empowerment, nurse perceptions of access to empowerment structures (access to opportunity, information, resources and support) have implications for their corresponding intent to stay in a job (Nedd, 2006). The same study revealed that there is little relationship between intent to stay and other variables such as age, tenure, and

education. Hence, we will use this intent to stay question as a proxy variable to operationalize retention.

Leadership Performance—Two Performance Variables

Primary variable: Talent review data

The primary variable used to measure leadership performance is the Talent Review Process result. The Talent Review Process is a formal performance management evaluation conducted by a leadership calibration team for each director. The calibration process is a method of performance assessment whereby members of the hospital C-Suite, HR leaders, and key clinical/non-clinical leadership roles gather to identify the status of the hospital's leadership performance and bench strength. There are two primary scales of measurement, which are performance and potential. The performance measure has two categories with equal weight applied to both. Fifty percent of the director's performance is linked with his or her department's key business outcomes (which may vary slightly year to year based on organizational goals), and 50% is based on his or her demonstrated performance against key behavioral competencies as follows:

- Building strategic relationships,
- Building trust,
- Business acumen,
- Coaching and developing others,
- Compelling communication,
- Customer focus,

- Driving for execution, and
- Quality orientation

No formal scale is aligned with each competency; however, they provide the context by which the evaluators, through a consensus process, assign each director into one of nine behaviorally based categories.

The group consensus surrounding the matrix between employee performance and potential is designed to delineate between demonstrated and consistent performance, with demonstrated potential for performance. The purpose of completing a Talent Review Process is to ensure management considers their employees' performance and potential in the context of development as well as succession planning. In an effort to develop a score from these results for the purpose of quantitative analysis, a numeric, continuous scale that integrates both variables of potential and performance is noted in Table 7. The table also provides descriptions of the performance categories along the continuum of the 1–9 rating scale. Placement of talent into these performance categories range from leaders with a 1, who have the least amount of demonstrated potential and performance; to leaders with a 9, who are those with the most demonstrated potential and performance.

Table 7: Talent Review: Placement Descriptions

Scale (1–9)	1–9 Scale Placement Descriptions
1	At risk Employee: This category of employee has a low level of potential and demonstrated performance. Consider reassignment, reclassification to a lower level or exit from the organization. May have reached job potential and is underperforming.
2	Inconsistent Performer: This employee has a medium level of potential, and a low level of demonstrated performance. With coaching, could progress. Focus on stretch goals. Poor fit; may have lost pace with changes in organization and/or role.
3	Role Fit: This category of employee has a high level of potential with a low level of demonstrated performance. Strong ability and aspirations; capable of expanded role, but may be experiencing problems. May be job mismatch or newness to role.
4	Effective performer: This category of employee has a low level of potential and a medium level of demonstrated performance. Effective performer; may have reached career potential; coach employee to expand thinking and be proactive.
5	Subject matter expert: This category of employee has a low level of potential and a high level of demonstrated performance. Experienced and valued high performer; may have reached limit of career potential or may not aspire to broader role. Should be encouraged to mentor and share intellectual capital with others.
6	Solid Performer: This category of employee has a medium level of potential and a medium level of demonstrated performance. Steady and dependable performer. May be considered for role expansion; may need development.
7	Rising Star: This category of employee has a high level of potential and a medium level of demonstrated performance. Does well in current role with potential to do more; give stretch assignments to help prepare for next role.
8	High Performer: This category of employee has a medium level of potential and a high level of demonstrated performance. Current role may still provide opportunity for growth/development; strong tactical/operational performance; may need to develop big picture/strategic thinking.
9	Star: This category of employee has a high level of potential and a high level of demonstrated performance. Strong capacity for advancement. Consistently performs well in a variety of assignments. Big picture/strategic thinker; problem solver; highly motivated.

Secondary variable: Online performance survey

In addition to the Talent Review Process scores provided for all 235 directors in the sample, there was a secondary performance measure collected from the validation process. As part of the criterion validation for the Assess Pre-Hire Selection Tool discussed in previous sections, the direct supervisors of all participating hospital directors were asked to provide ratings for key behavioral competencies of their respective employees via an online tool. Since this was voluntary, only 159 ratings were collected from the sample set of 235 directors. In addition, the way the data were collected only allowed measures of Optimism and Positive About People to be associated with the supervisor's rating of their director. This means that while there is a connection in the data between the raw scores for both traits being studied and the corresponding supervisor rating for each of the key competencies noted in Table 8, these supervisor ratings cannot be connected to any other dependent variables. Due to this, the results between the raw scores of Optimism and Positive About People and the secondary performance variable are discussed in the "further exploration" section of Chapter 4.

Table 8 notes the measures and competencies included in the online performance tool:

Table 8: Online Supervisor Rating Competencies

- Building and Managing Strategic Relationships
- Coaching and Developing Others
- Compelling Communication
- Customer/Patient Focus
- Driving Execution for Results
- Facilitating and Championing Change
- Leading Team Performance for Success
- Operational Decision Making
- Planning and Organizing
- Teamwork and Collaboration
- Work Ethic

The Supervisor Rating scale used a 1–5 response format to categorize directors as follows:

- 1 = Struggles Overall (Bottom 10% in my Group)
- 2 = Not Quite as Good as Most (Bottom 25% in my Group)
- 3 = Competent (Comparable to Others)
- 4 = Better Than Most (Top 25% in my Group)
- 5 = Role Model (Top 5-10% in my Group)

Leader Engagement

The employee engagement survey is a 48-item survey that is administered to all employees annually. Participation in the survey is voluntary. The organization contracts with a private company to conduct the annual survey. The employee engagement survey is partially standardized for national benchmarking but mostly

customized to the organization's needs. The timeframe for administration is mid-year, and the data analyzed for this study was collected in May and June 2013. Five questions are used to measure employee engagement using a 1–5 scale, ranging from “(1) Strongly Disagree” to “(5) Strongly Agree.” Items were summed to create a raw score for engagement with the highest raw score being 25 and the lowest being 5. This raw score was then then averaged to create an engagement level value ranging from 1–5.

The five engagement questions are:

- *My work gives me a feeling of personal accomplishment.*
- *I am motivated to contribute more than what is expected of me in my job.*
- *People in my work group (organization) frequently go above and beyond the requirements of the job.*
- *I would recommend this facility as a great place to work.*
- *I am proud to be working for my company.*

These five items showed good internal reliability ($\alpha = .87$), and thus initial analyses employed a summative score of leader engagement (the mean of these five items) with 1 indicating the lowest levels of engagement and 5 indicating highest levels. In this sample, Leader Engagement ranged from 1 to 5 ($N = 217$) with a mean of 4.70 ($SD = 0.51$).

Data Analysis

Data analysis will be approached as follows:

1. Descriptive statistics are reported (variable means and standard deviations). In addition, the data were scanned for outliers or extreme responses as well as normality of sample distributions. Internal consistency reliability estimates were also assessed.
2. Pearson's correlations are performed to understand the intercorrelation among study variables (Positive About People, Optimism, Talent Review Process (primary performance variable), leader engagement, intent to stay, age, tenure, gender, ethnicity, and job category (nursing and non-nursing)).
3. Multiple stepwise regression analysis was used to test research hypotheses. In the regression analysis, the control variables were entered in Step 1 (age, gender, tenure, job category), and the trait variables of Positive About People and Optimism were entered in Step 2 to test each hypothesis against each dependent variable.
4. Further exploratory analyses were performed to uncover relationships among the secondary performance variable (online supervisor rating tool) and the independent variables, as well as to test variables that may be useful to future research.

Chapter 4: Results

Respondents

Data for this study were drawn from existing records within a large, publicly traded, for-profit owner and operator of hospitals. This organization collected basic personality data and performance data from employees as part of a pre-hire selection tool validation process. For this study, analyses were conducted on a sample of 235 employees from this validation pool of existing employees. Tables below present the data, representing a basic description of these respondents. The data in Table 9 indicate that the majority of respondents (64%) were between the ages of 40 and 59, with an average age of 53.7 years. Table 10 shows that over 20% of the sample have less than five years of tenure and over 41% have more than 15 years of tenure with the organization. The average tenure for this sample was 14.47 years. Table 11 shows that most of the sample (63%) were female and a significant majority (88%) were White (ethnicity shown on Table 12). There were 111 nursing hospital leaders (47.2%), and 124 non-nursing leaders (52.8%), as illustrated on Table 13. The distribution of employees within the nine categories of performance is also displayed in Table 14.

Table 9: Age Distribution of Respondents (*N* = 235)

Age Category	30-39	40-49	50-59	60 and over	Prefer not to say
Frequency	33	65	81	45	11
(% of sample)	(14%)	(27.7%)	(34.5%)	(19.1%)	(4.7%)

Table 10: Tenure Distribution of Respondents (N = 235)

Tenure Category	0-<1yr	1-<5yrs	5-<10yrs	10-<15yrs	15-<20yrs	20+yrs
Frequency	3	45	56	33	37	61
(% of sample)	(1.3%)	(19.1%)	(23.8%)	(14%)	(15.7%)	(26%)

Table 11: Gender Distribution of Respondents (N = 235)

Gender	Female	Male
Frequency	148	87
(% of sample)	(63%)	(37%)

Table 12: Race/Ethnicity of Respondents (N = 235)

Race/Ethnicity	African-American	Asian	Caucasian/White	Hispanic	Other	Prefer not to say
Frequency	6	4	209	4	1	11
(% of sample)	(2.6%)	(1.7%)	(88.9%)	(1.7%)	(.4%)	(4.7%)

Table 13: Nursing Leaders vs. Non-Nursing Leaders (N = 235)

Leader Classification	Nursing	Non-Nursing
Frequency	111	124
(% of sample)	(47.2%)	(52.8%)

Measures

Trait measures

The focus of this research is on how two fundamental individual traits, Optimism and Positive About People, may be related to important organizational performance variables. All hospital directors in this sample were administered the discussed psychometric assessment that includes measures of these two traits during a validation pilot in the summer of 2013. Within this sample, the Optimism variable ranged from 2 to 15 ($N = 235$) with a mean of 12.15 ($SD = 2.41$). The Positive About People variable ranged from 2 to 15 ($N = 235$) with a mean of 12.20 ($SD = 2.23$).

In a review of commonly used personality tests, Ones, Viswesvaran, and Reiss (1996) found that the mean internal consistency reliability of personality scales was .75. Peterson (2000) and Boyle et al. (1999) indicated that average reliabilities in published research are closer to .76. The scales used for this study (.70 for Optimism and .75 for Positive About People) fit clearly in this range.

Leader performance

Organizational data provided two measures of respondent performance. First, leaders' performance is annually evaluated using a Talent Review Process derived from a group calibration process. The scale for this measure ranges from 1 to 9 with 1 indicating very low performance and potential, and 9 indicating very high performance and potential. In this sample, the measure ranged from 1 to 9, as noted in Table 14, ($N = 235$), with a mean of 5.59 ($SD = 2.11$).

Table 14: Talent Review Placement Distribution (N = 235)

Talent Review Category (1–9)	Talent Review Placement Descriptions	Frequency	(% of Sample)
1	At risk Employee	9	(3.8%)
2	Inconsistent Performer	12	(5.1%)
3	Role Fit	25	(10.6%)
4	Effective performer	18	(7.7%)
5	Subject matter expert	45	(19.1%)
6	Solid Performer	39	(16.6%)
7	Rising Star	39	(16.6%)
8	High Performer	30	(12.8%)
9	Star	18	(7.7%)

The second performance measure is the result from an online survey administered to each direct supervisor of the sample director pool in order to collect his or her assessment of the corresponding directors' performance on a 1 to 5 scale on key behavioral competencies noted in Chapter 3. These data were only collected for 159 of the 235 leaders being studied and is not aligned with demographic data. For these reasons, it will be discussed later in this chapter in the section titled "Further Exploratory Analysis of Data."

Leader engagement

Existing data also included a 44-item employee engagement scale. Examination of the items within this scale revealed five individual items that comprise the organization's employee engagement level, which measure the level of engagement on a 5-point Likert scale. The figure below displays the five individual survey items encompassing

this measurement. These five items showed good internal reliability ($\alpha = .87$) thus initial analyses employed a summative score of leader engagement (the mean of these five items) with 1 indicating the lowest levels of engagement and 5 indicating highest levels. In this sample, leader engagement ranged from 1 to 5 ($N = 217$) with a mean of 4.70 ($SD = 0.51$).

Table 15: Items in Engagement Level Measure

My work gives me a feeling of personal accomplishment.

People in my workgroup frequently go above and beyond the requirements of the job.

I am motivated to contribute more than what is expected of me in my job.

I am proud to be working for my company.

I would recommend this facility as a great place to work.

Leader intent to stay (intent to stay)

Historically, a single item within the employee engagement data has proven to be a good predictor of employee intent to stay. The item “*I plan to be working in this organization one year from now*” was also used as a measure of leader intent to stay. It could potentially range from 1 (strongly disagree) to 5 (strongly agree). For this sample ($N = 212$), it ranged from 1 to 5 with a mean of 4.75 ($SD = 0.64$).

Control Variables

Individual-level demographic factors such as gender, tenure, age, race, and job category (nursing and non-nursing) were obtained and were entered as control

variables in regression analyses since they may have systematic relationships with the study measures.

Gender

Gender role theory maintains that societal gender roles may influence leader as well as group behavior (Eagly & Karau, 2012). This study contends that differences in leadership may primarily be due to role-induced tendencies for men to specialize more than women in behaviors strictly oriented to team tasks and for women to specialize more than men in socially facilitative behaviors. In this study, gender was self-reported as either male or female. In this sample ($N = 235$), 63% reported as female and 37% reported as male.

Tenure

Work experience has been shown to be positively related to work knowledge, skills, attitudes, and motivation, with a secondary impact on work performance (Tesluk & Jacobs, 1998). In this sample, the range of tenure spanned from 3 months to 46 years with an average of 14.46 years of service. The majority of the sample (55.7%) had a tenure level of 15 years or more with the organization.

Age

Age has also been found to contribute to the development of various positive psychological capacities over one's lifecycle (Peterson & Seligman, 2004). In this study, age is calculated by self-reported date of birth. The mean (53.78) and standard deviation (9.56) is calculated based on the employee's actual age. It is important to note that the average age of leadership within this organization is 47.7 years.

Distribution of age in this sample was categorized in one of five brackets (30–39, 40–49, 50–59, and 60 and over), as reported in Table 9. Data indicate 86% of the sample were age 40 or above.

Race

Research notes that ethnicity and culture may influence the way people interact, communicate, and prioritize goals in the workplace (Holmes, Marra, & Vine, 2011). For this study, race was self-reported and results are displayed in Table 12. Since 88.9% of the sample reported as being White, this variable was dummy-coded for the regression analyses as one for White and zero for all other races.

Job category: Nursing or non-nursing leader

The hypotheses in this study are based on the belief that all leaders within a hospital environment have direct responsibility for the patient experience, despite the fact that their corresponding teams may have a combination of direct and indirect contact with the patients. Whether the leader's team is focused on security, cleanliness, building operations, food, technology, or bedside patient care, all leaders are working towards the same goal of providing optimal patient service and care. That being said, this control variable is in place to regulate key differences in the general nature of these varying positions throughout the hospital. For example, some leaders have responsibilities that consist mainly of providing bedside care directly to patients. Others responsibilities certainly contribute to patient care but do not require bedside interaction with patients or ongoing interaction with their families (e.g., pharmacy and laboratory positions). Thus, a variable was created in the data set distinguishing

nursing positions from non-nursing positions. Overall, 111 of the 235 respondents (47%) were in nursing positions while 124 (53%) were in positions noted as non-nursing.

As a summary, Table 16 displays the means and standard deviations for all study variables.

Table 16: Variable Means and Standard Deviations

Variable	Mean	SD
Positive About People ($N = 235$)	12.20	2.24
Optimism ($N = 235$)	12.15	2.41
Talent Review Performance Rating ($N = 235$)	5.59	2.11
Leader Engagement ($N = 217$)	4.70	0.51
Leader Intent to stay (Intent to Stay) ($N = 212$)	4.75	0.64
Tenure ($N = 235$)	14.47	10.71
Age ($N = 235$)	53.78	9.56

Intercorrelation among study variables

Table 17 presents the intercorrelations among all study variables. In the correlation table, the N -size doesn't always equal 235, and the reason for that is because while all employees within the sample had corresponding trait scores via the psychometric assessment that was administered during the validation process, several other variables were self-reported and voluntarily collected. For example, 11 people did not provide age information, yielding an N value of 224 in lieu of 235. Additionally, the employee engagement survey is a voluntary survey, so the response rates vary and

data were not received from all directors. Therefore, the variables collected from this source (engagement level and intent to stay) have varying N values.

A quick review of Table 17 indicates a positive correlation exists between the trait of Optimism and leader engagement level ($r = .14$) as well as between the trait Positive About People and leader engagement level ($r = .28$), which is consistent with hypotheses 2a as well as 2b.

Table 17 also shows a negative correlation between leader performance and age ($r = -.19$; $p < .05$), meaning that as hospital leaders increase in age, the perception of their performance by senior leaders decreases. This may present an opportunity for future study.

Table 17: Intercorrelations of Study Variables

	Age	Optimism	Positive About People	Performance	Engagement	Intent to Stay	Tenure	Job Cat	Race
Optimism	.08 ($N=224$)								
Positive About People	.13 ($N=224$)	.22* ($N=235$)							
Performance	-.19* ($N=224$)	.04 ($N=235$)	.10 ($N=235$)						
Engagement	.09 ($N=206$)	.14* ($N=217$)	.28* ($N=217$)	.15* ($N=217$)					

	Age	Optimism	Positive About People	Performance	Engagement	Intent to Stay	Tenure	Job Cat	Race
Intent to Stay	.04 (N=203)	.13 (N=212)	.10 (N=212)	.12 (N=212)	.59** (N=212)				
Tenure	.43** (N=224)	-.09 (N=235)	-.01 (N=235)	-.16* (N=235)	.03 (N=217)	-.02 (N=212)			
Job Category	-.068 (N=235)	-.011 (N=235)	-.079 (N=235)	.009 (N=235)	-.063 (N=217)	.004 (N=212)	.134* (N=235)		
Race	.082 (N=235)	-.066 (N=235)	-.030 (N=235)	-.071 (N=235)	-.030 (N=217)	.040 (N=212)	.001 (N=235)	.125 (N=235)	.125 (N=235)
Gender	-.089 (N=235)	-.031 (N=235)	-.086 (N=235)	-.081 (N=235)	-.047 (N=217)	.038 (N=212)	-.068 (N=235)	.231** (N=235)	.198* (N=235)

* $p < .05$ ** $p < .01$

Tests of Hypotheses

Stepwise, multiple hierarchical regressions were used to test study hypotheses. Since it is important to control for demographic variables, differences in job responsibilities, and time of service in the organization, these variables were initially entered into the regression analysis. In step 2, the two main independent variables (Optimism and Positive About People) were entered into the equations simultaneously in order to focus on their combined and independent effects. This strategy constituted the main tests of the hypotheses.

Hypothesis 1

The first hypothesis predicted a positive relationship between leaders' levels on the two key trait measures (Positive About People and Optimism) and their Talent Review performance ratings. This hypothesis was tested through a hierarchical multiple regression procedure using the Talent Review Process performance rating score as the dependent variable. To control for the potential effects of demographic variables, respondent demographics (gender, age, and race) were entered in the first step of the regression along with the variables controlling for the respondents' job category and job tenure. The trait measures of Positive About People and Optimism were entered in the second step.

This procedure produced a significant final equation ($F_{7,216} = 2.82, p = .02$) with an R^2 of .07 (see Table 18). However, the change in R^2 from the first step to the second step, constituting the test of the hypothesis, was nonsignificant ($\Delta R^2 = .010, F_{2,216} = 1.19, p = .31$). The final equation indicated a significant effect only for the age variable ($t = -2.29, p = .02$) such that increases in age were associated with decreases in Talent Review Process performance ratings. There was also a marginally significant effect for gender such that females were inclined to receive higher ratings than males ($t = -1.68, p = .09$). The coefficients for Optimism and Positive About People were not significant. (For Positive About People the coefficients were $t = 1.34, p = .18$; and for Optimism, they were $t = .64, p = .64$). Thus, the regression results do not support the first hypothesis.

Table 18: Regression Results for Optimism and Positive About People on Talent Review (1–9) Performance Rating ($N = 224$)

	Model 1			Model 2		
	Beta	R ²	ΔR^2	Beta	R ²	ΔR^2
Race	0.036			0.03		
Gender	-0.118*			-0.107*		
Age	-3.042**			-0.216**		
Job Category	-0.648			-0.033		
Tenure	-0.116	.06**	.06**			
Optimism				0.043		
Positive About People				.098	.07**	.01

* $p < .01$ ** $p < .05$

Hypothesis 2

The second hypothesis predicted a positive relationship between leaders' levels on the two key trait measures (Positive About People and Optimism) and their levels of leader engagement. The analytic strategy for testing this hypothesis was parallel to that for the first hypothesis. A hierarchical multiple regression procedure was performed with the Leader Engagement measure as the dependent variable. Again, to control for the potential effects of demographic variables, respondent demographics (gender, age and race) were entered in the first step of the regression along with the variables controlling for the respondents' job classifications and job tenure. The trait measures of Positive About People and Optimism were entered in the second step.

This procedure produced a significant final equation ($F_{6,199} = 2.49, p = .02$) with an R^2 of .08 (see Table 19). Additionally, the change in R^2 from the first step to the second step, constituting the test of the hypothesis, was also significant ($\Delta R^2 = .065, F_{1,199} = 7.01, p = .001$). While the final equation indicated a nonsignificant effect for Optimism ($t = 1.07, p = .29$), the coefficient for Positive About People did make a significant contribution ($t = 3.26, p = .001$). No other variables made statistically significant contributions. Thus results provide support for hypothesis 2a.

Table 19: Regression Results for Optimism and Positive About People on Leader Engagement ($N = 206$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	-0.797			-0.050		
Gender	-0.826			-0.041		
Age	0.084			0.056		
Job Category	-0.037			-0.003		
Tenure	-0.016	.016	.016	0.017		
Optimism				0.075		
Positive About People				0.232***	.08***	.065***

*** $p < .001$

Hypothesis 3

The third hypothesis predicted a positive relationship between leaders' levels on the two key trait measures (Positive About People and Optimism) and the intent to stay variable based on the employee engagement survey question regarding whether or not they intend to be with the organization within 12 months of the survey. A hierarchical multiple regression procedure was performed with the leader's intent to stay item as the dependent variable. To control for the potential effects of demographic variables, respondent demographics (gender, age, and race) were entered in the first step of the regression along with the variables controlling for the respondents' job categories and job tenures. The trait measures of Positive About People and Optimism were entered in the second step.

This procedure produced a nonsignificant final equation ($F_{6, 196} = .705, p = .69$; see Table 20). Neither the coefficient for Optimism ($t = 1.38, p = .17$) or Positive About People ($t = 1.07, p = .29$) made significant contributions to the equation. Thus results provide no support for the third hypothesis.

Table 20: Regression Results for Optimism and Positive About People on Leader Intent to stay ($N = 203$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	-0.020			-0.009		
Gender	0.046			0.058		
Age	0.047			0.031		
Job Category	0.026			0.041		
Tenure	-0.037	.005	.005	-0.014		
Optimism				0.104		
Positive About People				0.080	.03	.020

No significant predictors

Further Exploratory Analysis of Data

While the stepwise regression analysis provided a valid and conservative test of the hypotheses, further exploration of the data was appropriate. Analysis on the secondary performance measure (supervisor online performance rating), using our regression model, was not possible due to data collection processes that only allowed these performance scores to be paired with the two measures of Optimism and Positive About People. The data could not be matched to the control variables,

demographic scores or other independent measures. Table 21 reports the correlations between the two traits and the performance dimensions rated by the supervisor.

Table 21: Intercorrelations between Online Supervisor Rating Competencies and Positive About People and Optimism

	Optimism	Positive About People
Optimism	1	.279**
	<i>N</i> = 159	<i>N</i> = 159
Positive About People	.279**	1
	<i>N</i> = 159	<i>N</i> = 159
Building and Managing Strategic Relationships	.010	.111
	<i>N</i> = 159	<i>N</i> = 159
Coaching and Developing	.039	.056
	<i>N</i> = 158	<i>N</i> = 158
Compelling Communication	.078	.103
	<i>N</i> = 159	<i>N</i> = 159
Customer/Patient Focus	.038	.192*
	<i>N</i> = 159	<i>N</i> = 159
Driving Execution for Results	-.049	.058
	<i>N</i> = 159	<i>N</i> = 159
Facilitating and Championing Change	-.142	.035
	<i>N</i> = 159	<i>N</i> = 159
Leading Team Performance for Success	.018	.172*
	<i>N</i> = 158	<i>N</i> = 158
Operational Decision Making	-.053	.060
	158	158
Planning and Organizing	-.037	-.042
	<i>N</i> = 159	<i>N</i> = 159
Teamwork and Collaboration	-.003	.065
	<i>N</i> = 159	<i>N</i> = 159

	Optimism	Positive About People
Work Ethic	-.082	.107
	<i>N</i> = 159	<i>N</i> = 159

Means comparison

In order to analyze the second performance measure (supervisor online survey) for which control variables were not available, means comparison was performed wherein all respondents were placed in groups determined by their scores on Optimism and Positive About People. That is, those in the lowest third of the distribution of Positive About People were placed in the low Positive About People group, those scoring in the middle third were placed in a medium Positive About People group and those in the top third were placed in a high Positive About People group. Optimism groups were created the same way. Group means on each dependent variable were compared across the three groups.

Means comparison—results

The table below displays the ANOVA results for Positive About People and the secondary performance metric (online performance survey) by each competency rating. Scheffe's contrasts were used to conduct planned comparison tests. This analysis revealed significant or marginally significant differences between groups in the following competency ratings collected from the supervisor online survey:

- Leading Team Performance for Success ($F_{2, 156} = 5.49, p < .05$): Scheffe's contrasts indicated the means for the high Positive About People group was significantly higher than the low Positive About People group ($p < .05$).
- Driving Execution for Results ($F_{2, 156} = 6.97, p < .01$): The mean between the high Positive About People group was significantly higher than the low group (ANOVA $F = 4.792, p < .05$). The difference between the medium Positive About People group and high Positive About People group was also significant ($p < .01$).
- Operational Decision Making ($F_{2, 156} = 11.2, p < .01$): The mean between the high Positive About People group was significantly higher than the medium Positive About People grouping ($p < .01$).

This further exploratory analysis (noted in Table 22) suggests that for three supervisory performance ratings (leading team for success, driving execution for results, and operational decision making), individuals scoring higher in the trait of Positive About People were rated more highly in these competencies as well. Eight dimensions of performance rated by supervisors (building and managing strategic relationships, coaching and developing, compelling communication, customer/patient focus, facilitating and championing change, planning and organizing, teamwork and collaboration, and work ethic) were not significantly different on the Positive About People trait.

These results for Positive About People suggest findings for three of the 11 dimensions of performance (leading team for success, driving execution for results, and operational decision making), and one additional competency correlating with Positive About People (Customer/Patient Satisfaction), suggesting support for hypothesis 1a.

Table 22: ANOVA Results for Positive About People

	Overall (<i>N</i> = 159)		Low POSITIVE ABOUT PEOPLE (<i>N</i> = 53)		Medium POSITIVE ABOUT PEOPLE (<i>N</i> = 57)		High POSITIVE ABOUT PEOPLE (<i>N</i> = 49)		F
	mean	<i>SD</i>	mean	<i>SD</i>	mean	<i>SD</i>	mean	<i>SD</i>	
Online Performance Survey									
Building Managing Strategic Relationships	3.48	0.95	3.32	1.03	3.53	0.91	3.59	0.91	0.016
Coaching and Developing	3.28	0.90	3.25	0.92	3.27	0.88	3.35	0.93	0.212
Compelling Communication	3.41	0.94	3.38	1.00	3.37	0.86	3.49	0.96	0.836
Customer/Patient Focus	3.75	0.88	3.57	0.72	3.74	1.01	3.98	0.83	3.292
Driving Execution for Results	3.74	1.01	3.72	1.03	3.65	1.16	3.88	0.78	6.97**
Facilitating and Championing Change	3.45	1.00	3.43	1.03	3.35	1.08	3.57	0.87	2.52
Leading Team Performance for Success	3.51	0.96	3.26	1.08	3.63	1.02	3.63	0.70	5.49*
Operational Decision	3.55	0.83	3.55	0.85	3.52	0.97	3.59	0.64	11.2**

	Overall (N = 159)		Low POSITIVE ABOUT PEOPLE (N = 53)		Medium POSITIVE ABOUT PEOPLE (N = 57)		High POSITIVE ABOUT PEOPLE (N = 49)		
Making									
Planning and Organizing	3.67	0.99	3.72	0.99	3.72	1.08	3.57	0.89	2.28
Teamwork and Collaboration	3.65	0.92	3.55	0.93	3.70	0.96	3.71	0.87	.436
Work Ethic	4.12	0.81	4.00	0.81	4.09	0.87	4.29	0.74	.537

* $p < .05$ ** $p < .01$

Table 23 presents the results for the ANOVA analyses for Optimism and all competency variables for the secondary performance measure as rated online by the supervisor. Results indicate no significant overall effects for Optimism at the conventional .05 level of probability. One of the secondary performance competency areas, leading teams to success, showed an F test just below a $p < .10$ ($F_{2, 214} = 4.5, p = .09$).

This result for Optimism suggests no significant findings, as only one of the 11 dimensions of performance was statistically significant; this is not sufficient to claim support for this hypothesis.

Table 23: ANOVA Results for Optimism

Overall (N = 159)	Low Optimism (N = 53)	Medium Optimism (N = 57)	High Optimism (N = 49)
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Online Performance Survey	Overall (N = 159)		Low Optimism (N = 53)		Medium Optimism (N = 57)		High Optimism (N = 49)		F
	mean	SD	mean	SD	mean	SD	mean	SD	
Building Managing Strategic Relationships	3.478	0.953	3.380	0.987	3.532	0.918	3.511	0.975	0.24
Coaching and Developing	3.285	0.903	3.245	0.947	3.323	0.864	3.277	0.926	0.00
Compelling Communication	3.409	0.936	3.220	1.075	3.468	0.863	3.532	0.856	0.01
Customer/Patient Focus	3.755	0.876	3.700	0.863	3.774	0.876	3.787	0.907	0.41
Driving Execution for Results	3.742	1.00	3.760	0.981	3.774	1.122	3.681	0.887	1.97
Facilitating and Championing Change	3.447	0.997	3.500	1.074	3.468	0.918	3.362	1.031	0.37
Leading Team Performance for Success	3.506	0.962	3.531	1.002	3.403	1.047	3.617	0.795	4.5*
Operational Decision Making	3.551	0.833	3.531	0.892	3.629	0.873	3.468	0.718	2.69
Planning and Organizing	3.673	0.990	3.660	0.982	3.758	1.035	3.574	0.950	0.47
Teamwork and Collaboration	3.654	0.920	3.560	0.929	3.710	0.876	3.681	0.980	1.92
Work Ethic	4.119	0.8142	4.160	0.842	4.210	0.750	3.957	0.859	0.041

* $p < .09$ ** $p < .01$

Other Noteworthy Findings

Nursing and non-nursing

While conducting the analysis, it was noted that data relationships between study variables differed between nursing respondents ($N = 111$) and non-nursing respondents ($N = 124$). Overall, the relationship between the two trait variables have no significant correlation within the non-nursing sample, yet there is a significant relationship ($r = .433$; $p < .01$) within the nursing leader sample. Also, within the non-nursing leader sample, Positive About People and Optimism had no significant correlations with any of the hypothesized variables (Talent Review performance, engagement level, and intent to stay) but showed significant correlations with these variables within the nursing leader sample. Table 24 demonstrates these relationships and compares the results between the two job categories.

Table 24: Job Category Intercorrelations:

Job Category	Non-Nursing		Nursing	
	Positive About People	Optimism	Positive About People	Optimism
Optimism	-.020	1	.433**	1
	($N = 124$)	($N = 124$)	($N = 111$)	($N = 111$)
Tenure	.042	-.008	-.114	-.203*
	($N = 124$)	($N = 124$)	($N = 111$)	($N = 111$)
Age	.078	.100	.143	.042
	($N = 124$)	($N = 124$)	($N = 111$)	($N = 111$)
Intent to Stay	-.120	.108	.295**	.142
	($N = 111$)	($N = 111$)	($N = 101$)	($N = 101$)

Job Category	Non-Nursing		Nursing	
	Positive About People	Optimism	Positive About People	Optimism
Engagement Level	.154	.115	.394**	.183
	(<i>N</i> = 114)	(<i>N</i> = 114)	(<i>N</i> = 103)	(<i>N</i> = 103)
Talent Review (1–9)	.112	-.126	.087	.200*
	(<i>N</i> = 124)	(<i>N</i> = 124)	(<i>N</i> = 111)	(<i>N</i> = 111)

** $p < .01$; * $p < .05$

Optimism and nursing leaders

For nursing leaders, Optimism was positively related to Talent Review performance ($r = .20$; $p < .05$) and negatively correlated with tenure ($r = -.203$; $p < .05$). This suggests that nursing leaders with higher levels of Optimism will also have higher Talent Review performance scores; however, regression analysis shows that this is not the case. Interestingly, the additional finding is that among this group of nursing leaders, the longer their respective tenure level with the organization, the lower their levels of Optimism. Both of these relationships with Optimism are unique to nursing leaders only in this sample, as they are not found within the non-nursing leaders. Understanding this impact of Optimism for nursing leaders requires additional research for further understanding.

Positive About People and nursing leaders

Within the nursing leader sample, a significant positive correlation existed between Positive About People and leader engagement ($r = .394$; $p < .01$) and with intent to stay ($r = .295$; $p < .01$). These relationships suggests that among nursing leaders only, higher levels of Positive About People are more likely to result in leaders being more

engaged and more likely to be retained in their role. As with Optimism, the trait of Positive About People shows no significant correlations with the test variables among the non-nursing leader sample.

Performance

For nursing leaders, we see a significant positive correlation between Talent Review performance ratings and intent to stay ($r = .320$; $p < .01$), suggesting that within this sample, the more committed to the position by way of not intending to leave, the higher the perceived performance. This is a unique variable correlation for nursing leaders only and requires further study to fully understand.

For the non-nursing leaders, age was negatively correlated with Talent Review performance ($r = -.321$; $p < .01$), suggesting that the older the non-nursing leader, the lower their Talent Review performance. This correlation was observed only for non-nursing leaders and required further study to fully understand. For this reason, additional regressions were run to uncover more insight regarding this finding.

Nursing and Non-Nursing Comparative Regressions

To further explore potential differences between the nursing and non-nursing leaders, the regression procedures used to test the hypotheses were replicated treating the nursing and non-nursing samples separately.

Hypothesis 1: Nursing and non-nursing comparisons

The first hypothesis predicted a positive relationship between leaders' levels on the two key trait measures (Positive About People and Optimism) and their performance

ratings. The original analytic strategy testing this hypothesis was repeated separately for nursing and non-nursing leaders. The Talent Review performance rating scores served as the dependent variable. Again, to control for the potential effects of demographic variables, respondent demographics (gender, age, and race) were entered in the first step of the regression along with job tenure. The trait measures of Positive About People and Optimism were entered in the second step.

Results for nursing leaders are presented in Table 25. This procedure produced nonsignificant results overall ($F_{6,98} = 1.83, p = .10$) for the nursing leaders.

Table 25: Nursing Leader Regression Results for Optimism and Positive About People with Talent Review Performance ($N = 105$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	0.08			0.10		
Gender	-0.13			-0.13		
Age	0.04			0.01		
Tenure	-0.22	.07	.07	-0.17		
Optimism				0.21		
Positivity About People				-0.05	.10	.03

Table 26 presents the results for an identical regression procedure performed on the non-nursing leaders only. This produced a significant final equation

($F_{6, 112} = 3.34, p < .01$). However the change in R^2 after entering the two independent variables was not significant. Only the age variable made a significant contribution to the final equation.

Table 26: Non-Nursing Regression Results for Optimism and Positive About People with Talent Review Performance ($N = 119$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	0.00			-0.04		
Gender	-0.08			-0.08		
Age	-0.34**			-0.34**		
Tenure	0.00	.12**	.12**	0.00		
Optimism				-0.11		
Positivity About People				0.14	.15**	.03

** $p < .01$

Hypothesis 2: Nursing and non-nursing comparisons

The second hypothesis predicted a positive relationship between leaders' levels on Positive About People and Optimism and their level of engagement. The original analytic strategy testing this hypothesis was repeated separately for nursing and non-nursing leaders. The engagement rating served as the dependent variable. Again, to control for the potential effects of demographic variables, respondent demographics (gender, age, and race) were entered in the first step of the regression along with job tenure. The trait measures of Positivity about People and Optimism were entered in the second step.

Results for this analysis are shown on Table 27. For the nursing group, results for this procedure were marginally significant ($F_{6, 90} = 2.12, p = .06$). Additionally, the change in R^2 was statistically significant ($F_{2, 90} = 5.27, p < .01$), indicating that the addition of the two trait variables made a significant contribution to the model.

Table 27: Nursing Regression Results for Optimism and Positive About People with Engagement Level ($N = 97$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	-0.05			0.00		
Gender	-0.09			-0.02		
Age	0.10			0.02		
Tenure	-0.04	.02	.02	0.04		
Optimism				0.00		
Positivity About People				0.35**	.12*	.10**

* $p = .06$ ** $p < .01$

Table 28 presents the results for an identical regression procedure performed on the non-nursing personnel only. This produced nonsignificant results ($F_{6, 102} = .79, p = .58$).

Table 28: Non-Nursing Regression Results for Optimism and Positive About People on Engagement Levels ($N = 109$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	-0.08			-0.08		
Gender	-0.03			-0.02		
Age	0.07			0.06		
Tenure	0.01	.01	.01	0.02		

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Optimism				0.14		
Positivity About People				0.12	.05	.04

Hypothesis 3: Nursing and non-nursing comparisons with intent to stay

The third hypothesis predicted a positive relationship between leaders' levels on Positive About People and Optimism and intent to stay. The original analytic strategy testing this hypothesis was repeated separately for nursing and non-nursing leaders. The intent to stay measure served as the dependent variable. Again, to control for the potential effects of demographic variables, respondent demographics (gender, age, and race) were entered in the first step of the regression along with job tenure. The trait measures of Positive About People and Optimism were entered in the second step.

For the nursing sample, this regression produced nonsignificant final results ($F_{6,89} = 1.61, p = .16$), which is shown in Table 29. It should be noted that the Positive About People variable did make a significant contribution to the final equation ($t = 2.36, p < .05$), which provides support for hypothesis 3a.

Table 29: Nursing Regression Results for Optimism and Positive About People on Intent to stay ($N = 96$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	0.01			0.06		

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Gender	-0.09			-0.04		
Age	0.02			-0.04		
Tenure	-0.16	.03	.03	-0.10		
Optimism				0.01		
Positivity About People				0.27*	.10	.07*

* $p < .05$

Table 30 presents the results for an identical regression procedure performed on the non-nursing personnel only. This produced nonsignificant results ($F_{6,100} = .107, p = .39$).

Table 30: Non-Nursing Results for Optimism and Positive About People with Intent to stay ($N = 107$)

	Model 1			Model 2		
	Beta	R ²	ΔR ²	Beta	R ²	ΔR ²
Race	-0.08			-0.05		
Gender	0.14			0.16		
Age	0.07			0.07		
Tenure	0.07	.04	.04	0.07		
Optimism				0.11		
Positivity About People				-0.12	.06	.02

Summary Results

Table 31 provides a summary of results by each hypothesis for both the hypothesis testing analysis (stepwise regression), the further exploration analysis for the

secondary performance measure (supervisor online survey and means comparisons via ANOVA), and the stepwise regression used to compare nursing leaders with non-nursing Leaders. Consideration of these analyses provides a good summary of the study’s findings. The table does not show regression results for the non-nursing leaders, as no significant relationships were found with this sub-set of the sample.

Table 31: Summary of Results

Hypothesis	Hypothesis Testing Analysis	Further Exploratory Analysis – Means Comparison (Secondary Perf. Data only)	Further Exploratory Analysis – Nursing Leaders Only
Hypothesis 1a: Leader Performance and Positive About People—Hospital leaders who are more positive about people are perceived as more successful by their supervisors and rated more highly on performance.		X*	
Hypothesis 1b: Leader Performance and Optimism—Hospital leaders who are more optimistic are perceived as more successful by their supervisors and rated more highly on performance.			
Hypothesis 2a: Leader Engagement Levels and Positive About People—Hospital leaders who are more positive about people have higher engagement levels than those with less measured positivity.	X	N/A	X

Hypothesis	Hypothesis Testing Analysis	Further Exploratory Analysis – Means Comparison (Secondary Perf. Data only)	Further Exploratory Analysis – Nursing Leaders Only
Hypothesis 2b: Leader Engagement Levels and Optimism—Hospital leaders who are more optimistic have higher engagement levels than those with less measured optimism.		N/A	
Hypothesis 3a: Leader Intent to stay and Positive About People—Hospital leaders who are more positive about people will have stronger established predictors of intent to stay than those with less measured positivity.		N/A	X
Hypothesis 3b: Leader Intent to stay and Optimism—Hospital leaders who are more optimistic will have stronger established predictors of intent to stay than those with less measured optimism.		N/A	

(*) = *partial support for hypothesis; Three out of 11 performance dimensions (leading team for success, driving execution for results, and operational decision making) were significant.*

Chapter 5: Discussion

Discussion

While workplace application of positive psychology is still limited (Sutcliffe & Vogus, 2003), it is starting to emerge through the field of positive organizational scholarship (POS) as referenced earlier in this study (Cameron et al., 2003), and, more recently, through the trait constructs of psychological capital referenced in the discussion regarding positive organizational behavior (POB) (Luthans et al., 2007).

This study tested the traits of Optimism and Positive About People with work-related measures of performance, engagement, intent to stay and patient satisfaction. While these traits vary slightly in definition and have alternate methodologies for measurement from components of PsyCap, in the field of POB, both traits in this study have clear definitions and psychometric support to potentially provide a new survey measure for traits that positively align with organizational performance.

The study of the two traits was conducted by way of measuring the unique contribution of each to the four work-related variables while controlling for demographic measures. This approach provided insight into the unique contribution of Optimism and Positive About People to the hypothesized work-related measures. Findings revealed that higher levels of Positive About People predicted higher leader engagement. Additionally, further exploratory analysis confirmed these relationships. Comparing means from high, medium and low levels of each trait showed some

differences on three competencies from the secondary performance measure. Higher scores in the competencies of execution for results, leading team performance for success, and operational decision making were associated with higher levels of Positive About People. This approach provides additional understanding regarding how higher levels of Optimism and Positive About People influence work-related performance. Most notably, the study utilized validated measures for both traits, which had acceptable reliabilities.

As illustrated in Figure 2, the regression analysis shows that Positive About People has a unique and significant impact on leader engagement. This highlights the independent impact Positive About People has on a leader engagement. Based on the previously discussed measures of leader engagement, this means that hospital leaders who are more Positive About People are also more likely to feel a sense of personal accomplishment in their work, are more motivated to contribute more than what is expected in their role, more likely to view their team members as going above and beyond, are more likely to feel a sense of pride associated with their workplace, and more likely to recommend their hospital as a great place to work.

As also shown in Figure 2, the further exploratory analysis provided partial support for the contribution of Positive About People to work performance (measured by the online performance survey distributed to the respondents' supervisors), engagement

levels, and patient satisfaction, therefore providing some support for three of the study's hypotheses.

Lastly, as shown in Figure 2, the further exploratory analysis provided significant insight into the difference between nursing and non-nursing leadership within hospitals as it pertains to the four hypotheses. The contributions of Optimism and Positive About People to work performance as measured by the Talent Review was significant for nursing leadership, but not significant at all for non-nursing leadership. This holds true for Positive About People's contribution to nursing leadership's engagement level and intent to stay; but again, none of these relationships was significant with the non-nursing leaders.

These results, collectively, underscore the positive impact that a hospital leader's level of Positive About People has on performance, engagement, and intent to stay for leaders who lead patient-facing staff in a hospital environment.

The summary shown in Figure 2 shows that the failure of Positive About People and Optimism to reach significance as it pertains to intent to stay for the full sample could be due to the distribution of more highly tenured employees in this sample. It has been shown in studies that tenure expectations greater than five years on initial employment were more likely remain in their role ($r = 0.11$, $P = .03$), whereas the tenure expectations of less than two years on initial employment were more likely to

report low intent to stay (Boyle et al., 1999). As with any study, there are both strengths and limitations that should be noted and considered when interpreting these results.

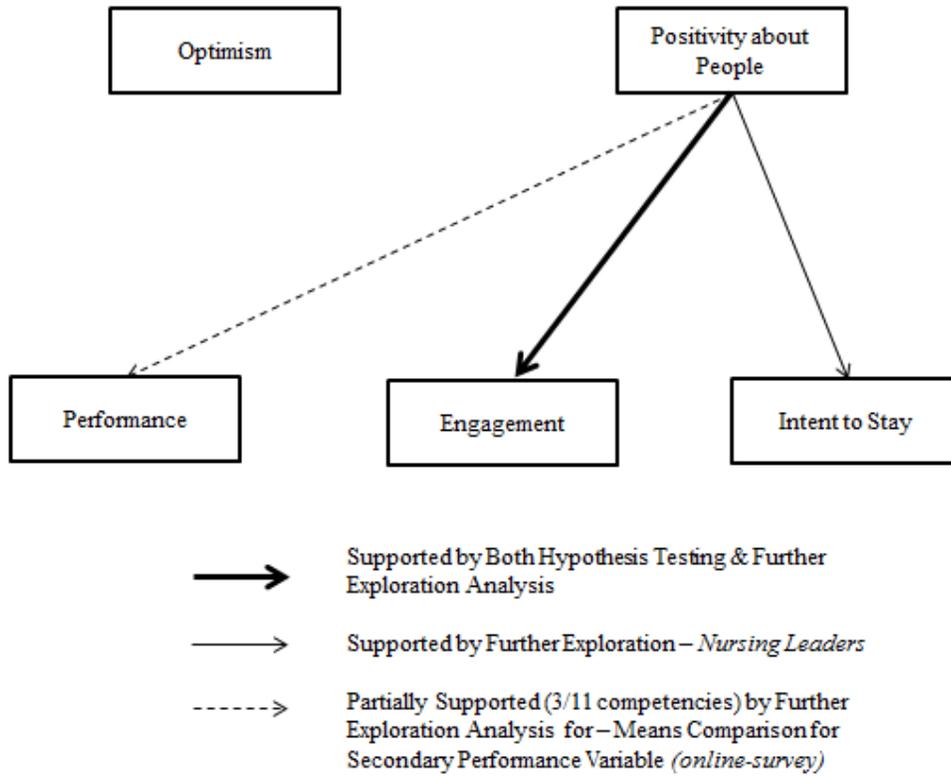


Figure 2: Optimism/Positive About People and Work-Related Outcomes: Hypothesized Relationships and Summary of Results

Study Strengths and Limitations

Strengths

In assessing the validity of the findings contained within this study, it should be noted that the measurements of the two traits have validated scales with acceptable reliabilities, which reduce the chances of instrumentation instability. Additionally, two objective performance measures (the Annual Talent Review Process with the 1–9 rating scale, and the managers' online rating tool for the validation process) are a noteworthy strength of this study. These measures allow for both the senior leader group consensus regarding each leader's overall performance and potential to be measured as well as an individual manager's perception as it pertains to specific competencies of the leader on a 1–5 scale.

The cross-functional design of this study is also a strength. This includes both the categorization of non-clinical and allied health leaders (grouped as non-nursing) and clinical leaders (grouped as nursing). This approach provides a holistic and preliminary view of the impact of Positive About People on overall hospital director level leadership. This approach revealed that these two traits have more impact on the tested independent variables for nursing leadership than for non-nursing leadership. The insight gained from this approach provides pathways for future research.

Limitations

Overall, it is important to note that the design of this study does not permit causal conclusions. In particular, a substitute explanation may be that work-related outcomes

such as performing well, being more engaged, and being more willing to stay may predict higher levels of Positive About People, rather than the reverse. Regardless of this limitation, the foundational findings contained within this study provide insights for future longitudinal and/or experimental research design that would significantly contribute to the body of knowledge.

In terms of generalizing the findings, the sample in this study spans facilities ($N = 31$). While this is a notable strength, it is important to note that because the data were collected from domestic organizations only, conclusions and generalizations regarding these findings cannot be made across cultures.

Other important study limitations are noted as follows:

Study sample

The sample studied consisted of a group of existing employees for which trait data were collected who were selected on the primary basis of working within hospitals that had formal Talent Review Processes in place. Because of this, randomization was not possible and sample selection was limited to active leaders within those 31 hospitals that had participated in the psychometric assessment. Thus, the potential threat of history and selection exists within this sample (Podsakoff et al., 2003). Implications include the variables of tenure, age, and race not being normally distributed. For example, higher tenure levels are overly represented in the sample, lower age ranges are underrepresented, and minority status is under represented. Due

to this, the sample may have range restriction of scores, which may skew or weaken correlations to performance and other work-related outcome measures.

Tenure and age-range restriction

Tenure levels within the study sample have a high mean and standard deviation (mean = 14.47; *SD* = 10.71), as primarily longer-term employees were part of this validation group. Additionally, tenure levels <5 years represents 20.3% of the study sample, while this tenure category represents 40% of the organization's current hospital leadership. Conversely, tenure levels of >15 years represent 41.7% of the study sample, while this tenure category represents 24.2% of the organization's current hospital leadership. In other words, this study sample represents half of the early lifecycle employees and double the late lifecycle employees as is normally distributed within the organization's 228K employees.

Age is calculated by self-reported date of birth. The mean and standard deviation is calculated based on the employee's actual age. Distribution of age was categorized in one of five brackets (30-39, 40-49, 50-59, 60 and over, and prefer not to say) and reported in Table 8. Data indicate 86% of the sample were age 40 or above, compared to 72% of the organization's hospital leadership, which indicates the over representation of older employees within the sample. While age has been found to contribute to the development of various positive psychological capacities over one's lifecycle in other studies (Peterson & Seligman, 2004), this variable reveals no significance in the relationship between age and either trait being studied.

In addition to being over-representative of higher tenured and older hospital leaders and under-representative of lower tenured and younger hospital leaders (age and tenure are not mutually exclusive), this sample limitation may also skew the impact of the independent variables due to the negative correlations found between the first leadership performance variable (Talent Review Process) and tenure ($r = -.16; p < .05$) as well as with age ($r = -.19; p < .05$). While further exploration is necessary to understand this negative relationship between age and tenure as it pertains to performance, it could be theorized that during the leadership calibration discussion regarding bench strength and upward mobility, younger, newer employees are considered more frequently as successors. This is only an assumption and requires further analysis.

Minority underrepresentation

This sample also underrepresents minority hospital leaders. The minority representation of this sample was only 11.1% compared the organization's current hospital leadership, which consists of 38.9% minority representation. While none of the regressions revealed a statistically significant relationship between the dependent measures and the control variable of race (other than with gender, $r = .198; p < .05$), it is likely that this sample limitation has no impact on the study results. It is nonetheless important to note that ethnicity and culture may influence the way people interact, communicate, and prioritize goals in the workplace (Holmes, Marra & Vine, 2011), and the limitation of this sample limits the ability to test this.

Measures/dataIntent to stay

This measure is not a direct measure of intent to stay, and is therefore a limitation in this study. The actual intent to stay rate would be skewed in the sense of having such varying tenure levels within the sample, so this measure was used instead to give insight into the leaders' intention to stay. While this is an acceptable measure for intention to stay, future study would benefit from a more direct intent to stay measure aligned with a longitudinal research design.

Engagement

The engagement level in this study is measured by a response pattern to the five employee engagement questions noted in earlier sections. While this measure is the understood engagement level measurement within the organization, it could be argued whether or not this is a universal definition of what it means to be an engaged employee. It is certain that this measurement of engagement encompasses the results from the five questions, but the degree to which its combined aggregate signifies true engagement derived from Optimism and Positive About People is a potential limitation of this measure. Future study would benefit from a more universal and consistent measure of engagement.

Performance

For the first performance variable of Talent Review results that categorized each hospital leader into one of nine categories of performance and potential, the data represent the feedback and consensus performance rating of the leader by a group of corresponding hospital senior leaders through a formal review process. While having

the integrated performance results from senior leadership is a noteworthy strength that measures beyond simply the opinion of the direct supervisor, the potential limitation is that the calibration process, while set on structured criteria of behavioral competencies measuring performance and potential, is still a conversation that takes place among senior leaders and lacks formal scales for each competency to guide placement among the 9-point scale. The potential also exists, as it does in all performance management practices, for variation in execution techniques that result in skewed scales when comparing leaders from one hospital to another.

For the second performance variable, it is important to note that five of the competencies that are integrated into the Talent Review Process (first performance measure) were also measured in the secondary performance variable, the supervisor's online performance tool. The limitation of the results from this tool, however, is that only 159 of the 235 respondents received completed survey results from their direct supervisor. Additionally, this data could not be tied back to demographic data or any other study variables except for the raw score of Optimism and Positive About People, for which results are discussed in the further exploratory research section. This data set only included the raw scores for Optimism and Positive About People and the associated 1–5 performance rating provided by the supervisor for each of the competencies noted in Table 8. For these reasons, means comparison was used to measure the relationship between the traits being studied and this secondary performance measure.

No leader-follower data

In addition to the limitations of the measures noted above, another study limitation is that all of the measures are of the director, and no measures are taken from the corresponding direct reports. Performance, engagement, intent to stay, and patient satisfaction indicators are all measured from the perspective of the leader. While ensuring that leaders possess these attributes is essential in building teams with similar attributes, an opportunity for future study is to link the leaders' and followers' attributes to learn the degree to which one is associated with the other. So in the context of this study, while we have learned that leaders who are more Positive About People are associated with higher levels of performance, engagement, and intent to stay, this study does not measure whether these traits are effective in creating work groups that are high performing in the same measures. Due to the lack of connection between leader and follower, this study did not provide insight into whether Optimism and Positive About People lead to better working hospital units. Not directly measuring this in this study is a limitation as well as an opportunity for future research.

Trait definition

In assessing the validity of the findings, it should be noted that while the instrument utilized to measure the traits of Positive About People and Optimism are valid measures with established standardized scales for psychometric testing, it does nonetheless introduce differing definitions of the traits from the components of POB that are drawn from positive psychological theories, research, and measures.

Additionally, several of the survey items are on a reverse scale, as noted in Table 6, and therefore may be measuring the absence of a negative trait in lieu of the presence of a positive trait. For example, one of the reversed scaled items used to measure Optimism states, “You get frustrated easily.” In this case, a reversed scale response of “never” would yield the highest raw score value for one item (5). The particular question is actually measuring the degree to which someone does not frustrate easily versus the degree to which the person demonstrates optimistic behavior. A potentially alternate perspective, however, is that the results from this study may provide psychometric support for new survey measures designed to assess positive psychological traits as well as the absence of negative traits.

Results show no association with optimism

The results of this study showed no relationship between any of the three independent variables and the trait of Optimism. One possible reason may be that the measure itself is structured in such a way that it is measuring the absence of negativity and not isolating the trait of Optimism. The weakness to this argument is that the same could be said for Positive About People, which did show significant associations with the study variables. Another possible explanation is that the degree to which Optimism, as defined and measured by the psychometric assessment, measures the absence of negativity in lieu of actual Optimism is more significant than with Positive About People, thus disallowing the true intervention of Optimism to be measured. If this is the case, future research would benefit from a more rigorous measure of Optimism in an effort to truly measure its effects on business outcomes. It is important to note that

discovering the lack of relationship between Optimism and the selected dependent variables is as important a finding as uncovering the significant relationship between the noted dependent variables and Positive About People. It leads to an opportunity for further exploration and insight into what we understand the trait of Optimism to mean from a definition, measurement, and application perspective. This finding should also push scholars to explore the attribute of work environments or work functions most conducive for the trait of Optimism. Are there organizations or work functions within organizations that benefit from positive psychology more than others? This study's findings regarding the difference in impact between nursing and non-nursing leaders can indicate that this may be the case in some instances. It may be valuable for future research to focus on this question with Optimism as the independent variable.

Future Study

The current academic and organizational behavior landscape provide rich soil for cultivation of a positive psychology movement—in both research and application. The healthcare industry, and the hospital work environment in particular, should take a leading role in research and integration of key concepts of positive psychology into the business processes that surround providing an excellent care environment and improving the quality of human life.

In order to operationalize a form of positive psychology into the healthcare work setting, it is important for there to be considerably more theory-building and research

that clearly defines and measures the components of positivity that are most impactful to hospital business outcomes. Relative strengths of positive capacities, identification of moderators, and theory development that combines positivity into core leadership competencies are essential for positive psychology to take root within healthcare organizations. In order for this to be accomplished, more concepts relating to the traits of Optimism and Positive About People need to be empirically analyzed in the relevant patient care settings. One specific business outcome ripe for future study is a direct measure of patient satisfaction and traits associated with positive psychology.

Study how positive traits impact patient satisfaction scores

While optimism of family members and perceptions of needs met in the hospital has been studied, little research has been conducted on associating the optimism and positivity of healthcare staff to patient satisfaction (Jurkovich et al., 2000). In the case of this research, the patient satisfaction data could not be directly aligned to the domain of responsibility of the corresponding hospital leader. For this reason, this data were not included and this measure was not tested. This is a critical area of future study in order to understand how positive psychology, as it pertains to nursing leaders and staff, positively impacts the patient experience.

Impact of nursing leaders on nursing staff

A more systematic method of analyzing the relationship between a nursing leader's level of Optimism and Positive About People and his or her corresponding nursing

staff population within the same hospital department would be a valuable area of future study. Limited research has revealed that leader behaviors are linked to a staff nurse's workplace empowerment by way of predicted lower levels of job tension and increased work effectiveness (Laschinger, Wong, McMahon, & Kaufmann, 1999), as well as organizational commitment (Leach, 2005). Considering Schmalenberg and Kramer's (2008) finding that only staff nurses can confirm whether initiatives planned and designed to improve the health of a work environment are successful, the research design should be such that data are collected both quantitatively and qualitatively from the staff nurse's perspective.

Trait clusters

Additionally, positive trait articulation amongst other traits would be a valuable extended study of this research. Gaining better insight into how combinations of traits interact to yield positive performance and other outcomes is essential for defining a core leadership competency model with the integration of traits that may enhance the impact of traits within the scope of positive psychology in a healthcare setting.

Independent study of nursing leaders and nursing staff

Based on the further exploratory analysis conducted for this study, it became apparent that an opportunity for future study exists in isolating Nursing leaders within the hospital environment to determine the degree to which the traits of Positive About People and Optimism impact corresponding work outcomes. It could be that functional responsibility associated with providing direct patient care enhances the

value proposition for positive psychological traits to be present in successful employees within a hospital environment.

Predictive modeling for trait-like positivity for selection

Since it is suggested that a positive outlook and mood as an affective state is significantly and positively correlated with performance, engagement (Avey et al., 2008), and prosocial organizational behaviors (George, 1991), healthcare organizations can help stimulate team performance by recruiting or identifying leaders who score high in key traits that produce this behavior. It is essential that selection strategies include empirical measurement of traits associated with successful performance and organizational outcomes in a state-trait continuum rather than a construct being either stable or not stable, either a trait or state (Youssef & Luthans, 2007). States vs. traits can be tested by high, nearly perfect test-retest correlations (Conley, 1984), which offer an excellent opportunity for future research and help reinforce the importance of a validated instrument for trait testing. This provides realistic feasibility for the prospect of operationalizing testing for key traits to increase the probability of selecting and promoting the right talent into the hospital environment. In addition to selecting the right leadership talent with the propensity towards positive trait-like behaviors, healthcare organizations should also integrate development initiatives for existing talent with these strengths to create a holistic strategy with positive psychology at the core of this model.

An introduction of new control variables

Future research testing positive psychology with hospital environment outcomes would benefit from adding more control variables to statistical models. The list below notes a few potential variables that could bring valuable insight to the body of knowledge:

- Organizational life cycle refers to changes in the pattern of hospital admissions over two consecutive years; studies have shown that changes in hospital admission patterns negatively affect the professional practice environment on nursing units (Mark et al., 2007).
- Unit acuity levels or hospital case mix index is another important variable. High patient acuity levels on the unit—and the corresponding complexity of the work required to care for these patients—can increase the demands that are placed on nursing employees, limiting the time they can devote to meeting patient needs (Mark, Salyer, & Wan, 2003). This is also an important variable because research has revealed that patients who are more severely ill tend to report lower levels of satisfaction (Jackson, Chamberlin & Kroenke, 2001).

Other variables for future study

Other variables for future study include the following:

- Education levels of nursing leaders (BSN, MSN, PhD)—Do higher levels of education bring more probability for positive psychological capital, or do people with higher levels of positive psychological capital seek continuous improvement by obtaining higher levels of education?

- Functional areas (emergency room, intensive care unit/critical care unit, operating room, behavioral health, medical-surgical, pediatrics, etc.)—Is positive psychological capital more important in some functional areas than others?
- Department-level patient satisfaction data—to specifically align nursing leader and staff level traits with the patient experience
- Hospital size—as measured by number of productive beds and/or patient volume/census data
- Scheduling practices
- Nurse-to-patient ratios and support-staff-to-nurse ratios
- Nurse leader span of control
- Team performance levels
- Team engagement levels
- Team intent to stay
- Team tenure profile

Implications for Practice: Moving Towards a Positive Healthcare Talent Strategy

Leadership practices of healthcare leaders can positively or negatively influence outcomes for employees, healthcare providers, and, ultimately, patients.

Understanding the factors that contribute to effective healthcare leadership is fundamental to ensuring a future supply of nursing leaders who can positively influence the employee and patient experience as well as patient outcomes.

More research and application within the realm of positive psychology in the patient-care environment—specifically targeted at relationships between nurse leaders, bedside nurses, and the patients with whom they interact and to whom they provide care—can help articulate a new vision for a positively focused talent strategy. This is especially important in healthcare since lack of effective leadership behavior and inadequate preparation for leadership positions has been discussed in nursing literature for decades (Irurita, 2004). This concept could become a framework to represent talent strategies built upon the foundations of positive psychology. This future-state vision would be an empirically sound and fully operationalized talent model that would lay the groundwork for processes designed for the entire employee lifecycle (recruit, selection, development, performance management, intent to stay strategies, and succession criteria). Figure 3 outlines this framework with positive psychological capital at the center of the model. This strategy puts the identified positive traits and competencies at the center of the cycle, ensuring that all pre-hire selection assessments, behavioral based interview questions, development curriculum, on-going assessments (360s), performance management plans, and promotion criteria are consistently centered around the same traits and competencies known to contribute the kind of positive behavior that leads to a positive culture and, ultimately, to positive business outcomes. This positive talent strategy would ideally yield patient well-being, positive healthcare workers, and thriving organizations, improving the quality of human life.

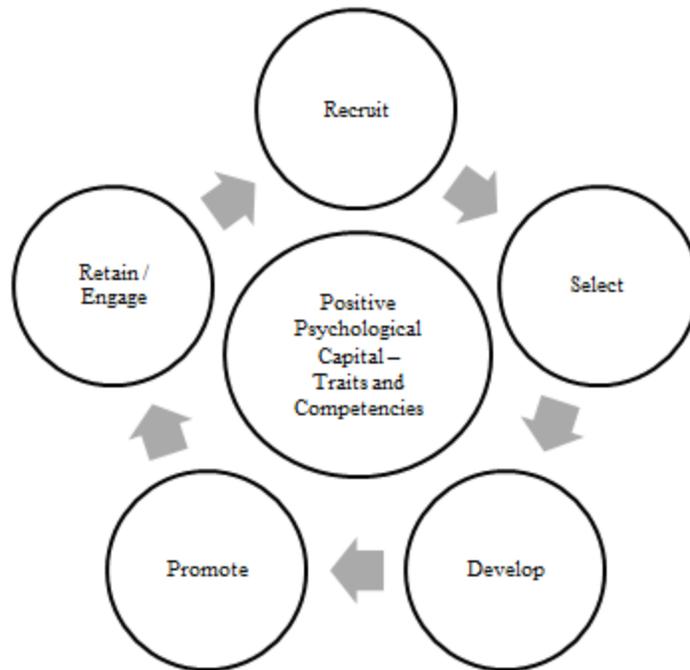


Figure 3: An Integrated Psychological Capital Talent Management Model

In order to accomplish this, there must be more sound theory and research in the state-like requirements of the positive psychological characteristics in lieu of trait-like positive personality traits (Cameron et al., 2003). More trait-like research, like that which is proposed within the POS framework, is essential to take the field of positive psychology from where it is to where it needs to be for effective application into the workplace. As more research is contributed to the body of knowledge, the more organizations will be able to understand, explain, and predict the occurrence, causes, and consequences of positivity (Cameron et al., 2003) and implement corresponding strategies and tactics to embed this knowledge into all workflow operations, creating

a more productive and positive organizational culture by leveraging the human strength of flourishing (Fredrickson, 2001) into the patient care culture for all healthcare organizations.

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