

HOPE AT WORK

How Hope Functions as a Motivator for Healthy Behaviors

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Hope is a positive motivational state that encourages people to move toward their goals (Snyder, 2002). It has been linked to better social well-being outcomes, such as emotional adjustment, positive affect, life satisfaction, sense of purpose, quality of life, and social support (Xiang et al., 2020; Oladeji, 2011).

Researchers acknowledge that people who are more hopeful report better health and functioning (Gum et al., 2018) including reduced risk of all-cause mortality and increased physical activity (Wurm et al., 2007; Hirsch et al., 2011). But despite this evidence, we really do not know much about how hope may motivate older adults to practice healthy behaviors such as engaging in regular physical exercise, stopping smoking, eating a healthy diet, and so on. Also, research on the relationship between hope and healthy behaviors across sociodemographic groups (e.g., across race/ethnicity, gender, income, and education, to name a few) is very limited. Given these gaps in research,

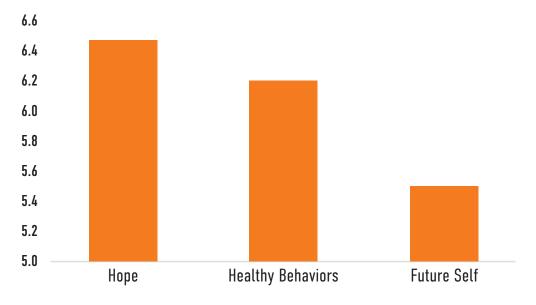
we were interested in knowing whether older adults who are more hopeful were more likely to lead a healthy lifestyle. We also wanted to know if particular groups of older adults were more likely to be hopeful and practice healthy habits. Finally, given the ongoing COVID-19 pandemic, we wanted to know if more hopeful older adults were more likely to feel positive about the future, defined in this study as their "future self." To answer these questions, we asked just over 700 community-dwelling older adults (age 55 and better) to complete an online survey on hope and healthy behaviors. Details on the study sample and methodology can be found in the Appendix.

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KEY FINDINGS

Overall, study participants had relatively high levels of hope. They scored 6.46 on a scale of 1 to 8, with 1 meaning the least hopeful and 8, the most hopeful. They also practiced, on average, healthy lifestyle behaviors (6.19 on a scale of 1 to 8) and were slightly more positive about the future (5.50 on a scale of 1 to 8). See Figure 1 for details.

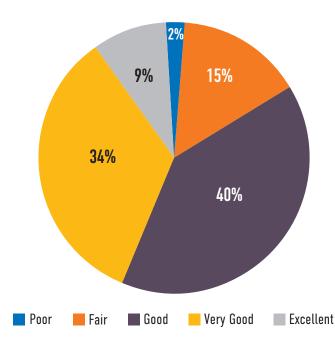
FIGURE 1. HOPE. HEALTHY BEHAVIORS. AND FUTURE SELF





The survey also examined how participants perceived their health status with the question, "In general, how would you rate your health?". A majority (74%) rated their health as either "Good" or "Very Good." Close to 9% stated that they were in "Excellent" health and about 17% rated their health as either "Poor" or "Fair." See Figure 2.

FIGURE 2. SELF-RATED HEALTH



In looking at how hope is associated with healthy lifestyle behaviors, feelings about the future, and self-rated health, we found that hope was positively associated with each of the measures. Simply put, more hopeful people are more likely to practice healthy lifestyle behaviors, have positive feelings about the future, and consider their health to be good in general.

We also examined the relationship between hope and healthy behaviors across different groups of older adults. Within groups, we found that women, non-Hispanic Whites, retired persons, highly educated people, those with higher income, and those who were currently married or partnered were more likely to be more hopeful and make healthier lifestyle choices. See Table 1 for details.

TABLE 1: HOPE AND HEALTHY BEHAVIORS ACROSS SOCIODEMOGRAPHIC GROUPS

	HOPE	HEALTHY BEHAVIORS
GENDER		DEIMITORO
Female	6.46	6.31
Male	6.33	5.92
RACE/ETHNICITY		
Non-Hispanic Whites	6.50	6.25
Other Racial/Ethnic Groups	6.24	5.99
MARITAL STATUS		
Married/Partnered	6.51	6.20
Not Married/Partnered	6.26	6.09
EMPLOYMENT STATUS		
Currently Employed Full-Time or Part-Time	6.27	6.00
Completely Retired	6.59	6.36
EDUCATION		
Bachelor's Degree or Less	6.22	6.01
More than Bachelor's Degree	6.76	6.38
NCOME		
Low to Moderate Income	6.27	6.06
High Income	6.61	6.24

Hope was measured on a scale of 1 to 8 with 1 meaning least hopeful and 8, the most hopeful. Healthy Behavior was measured on a scale of 1 to 8 with 1 meaning least healthy behavior and 8, the healthiest.

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DISCUSSION AND IMPLICATIONS

The study shows that hope is positively associated with healthy behaviors in a community-dwelling population of those age 55 and better. As we had predicted, more hopeful participants reported more positive future selves and better health.

The positive association between hope and healthy behaviors was also similar across sociodemographic groups, including race and/or ethnicity. This could be because hope functions in the same way across all racial/ ethnic groups (Chang and Banks, 2007), and contributes to subjective well-being (Vasek et al., 2010), although the role of underlying mechanisms such as resilience developed due to exposure to past adverse events may partly explain this relationship in racial/ethnic minority older adults (Lee and Gallagher, 2018).

Our study also provides insights into hope in the context of the COVID-19 pandemic, during which data was collected for this study. It is worth noting that, on average, older adults perceived a relatively positive future self. Moreover, hopeful older adults were more likely to perceive a more positive future in the months ahead during the pandemic. It is possible that older adults, particularly cohorts who lived through geopolitical events such as the Vietnam War and the 2007 Great Recession, as well as major epidemic outbreaks including influenza in the 1970s and the 2002 Severe

Acute Respiratory Syndrome (SARS) coronavirus, may have greater experience with understanding how to cope with major life events.

The findings from this study highlight a need to promote hope in older adults in order to enhance their sense of well-being. Hope, as one study pointed out, is responsive to interventions and can successfully reduce symptoms of distress and increase well-being (Chevens and Guter, 2018). Individual and small-group interventions may help older adults to set achievable goals, cultivate agency, and teach them how to overcome obstacles (Gum, 2018). Additionally, attending to social and physical environments may improve hope in older adults, particularly those who belong to minority groups and live in under-resourced and underserved neighborhoods. One way to enhance hopeful thinking in older adults could be to enlist the help of family members and improving access to safe, open spaces for physical activity that may enable older adults to set achievable goals and enhance their goal pursuit skills (Lee and Gallagher, 2018).





STRATEGIES TO ENHANCE YOUR HOPE

This study shows that people who develop a hopeful disposition are more likely to practice healthy lifestyle behaviors and feel positive about the future. The following are some strategies to promote hope in older adults and keep them motivated:

- Set goals for yourself. Goals could be short-term (e.g., aiming to walk for 20 minutes every day) or long-term (e.g., learning a foreign language).
- Start slow. Make sure that the goals you set are attainable (e.g., eating a healthy diet or getting enough sleep).

- Break up goals into smaller goals to make them more manageable. For example, if your goal is to walk for 45 minutes every day, start with a 30-minute walk, three times a week and build your endurance.
- Keep realistic expectations about your goals and be creative. For example, if your goal is to meet up with a close friend for lunch once a week but inclement weather prevented you from meeting them, enjoy a "virtual" lunch together over a video call.
- Develop a purpose in life. For example, you can volunteer at your local soup kitchen, participate in a fundraiser, tutor school-aged children, or collect or distribute items of clothing. Helping clean up the local park or volunteering at a community garden are also great ways to keep yourself motivated and get some exercise.
- Nurture your hobbies. Pursue your passion, be it gardening, baking, writing, knitting, traveling, or scrapbooking.

- Challenge yourself. Complete a crossword or Sudoku puzzle.
- Try new things. Learn new skills such as playing a musical instrument or try out a new restaurant every month.
- Engage in social activities. Try to socialize regularly with friends and family. You can also join a book club or gardening club. Video chatting with grandchildren every weekend is another great way to remain connected with loved ones even if they are physically distant. You can also find a walking partner to keep you motivated and help achieve your fitness goals.
- Practice reflection. Meditating every day or maintaining a daily gratitude journal are some great ways to reduce stress, increase self-awareness, appreciate life, and think positively about the future.

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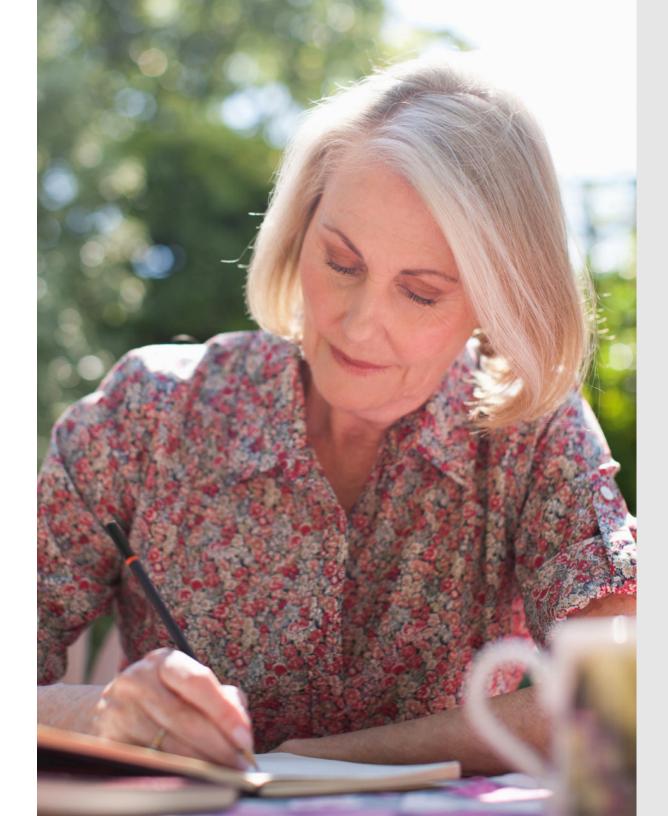
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APPENDIX

TABLE 1. RESPONDENT CHARA	CTERISTICS
GENDER	
Female	60%
Male	39%
RACE/ETHNICITY	
Non-Hispanic Whites	67%
Non-Hispanic Black	12.7%
Hispanic/Latinx	8.3%
Asian	4.1%
American Indian/Native American	2.6%
Other	5.4%
EDUCATION	
Bachelor's Degree or Less	59.3%
More than Bachelor's Degree	40.7%
EMPLOYMENT STATUS	

ompletely Retired	41.7%
urrently Employed/Looking for Work	58.3%
ull-Time or Part-Time)	

MARITAL STATUS

artnered/Married	59.7%
ot Currently Partnered/Married	40.3%

METHODS

Approximately 711 online survey respondents were asked questions examining their levels of hope, healthy lifestyle behaviors, perceived health status, and thoughts about the future.

ADULT DISPOSITIONAL HOPE SCALE (Snyder et al., 1991)

The Adult Dispositional Hope Scale includes eight items, four each for the two dimensions, including sample items such as 'I energetically pursue my goals' and 'There are lots of ways around any problem.' Participants responded on a scale from 1 (Definitely False) to 8 (Definitely True). In the current study, we focused on the overall hope scale rather than the individual subcomponents, which evidenced strong reliability (a = .89), and multiple studies have demonstrated its associations with well-being and health outcomes (see Edwards et al., 2007 for a review).

HERTH HOPE INDEX (Herth, 1992)

The Herth Hope Index was developed to capture participants' global outlook on life, goal orientation, and sense of value and potential. The 12-item scale includes sample items such as 'I have a positive outlook toward life' and 'I believe that each day has potential.' Participants responded on a scale from 1 (Definitely False) to 8 (Definitely True). This scale evidenced strong reliability in the current study (a = .88). Again, multiple past studies have linked it to well-being and general health outcomes (see Nayeri et al., 2020 for a review).

HEALTH BEHAVIOR INVENTORY

The health behavior inventory involved a subset of items from the Health Behavior Checklist (HBC; Vickers et al., 1992; later adapted by Hampson et al., 2017). To reduce participant burden, we employed only 15 of the HBC items, selecting items that captured each of the original HBC

subscales (wellness maintenance, traffic risk, substance use, and traffic-related risk), though we included relatively more wellness maintenance items similar to Hampson et al. (2017). We reduced the number of total items by eliminating ones of less contemporary relevance, or those less relevant to older adults. Participants rated the final 15 items on a scale from 1 (Definitely False) to 8 (Definitely True), and sample items included 'I exercise to stay healthy' and 'I see a doctor for regular checkups.' Reliability for the singlefactor health behavior inventory was strong in the current sample (a = .80).

SELF-RATED HEALTH

Participants rated a single-item scale for health, 'In general, how would you rate your health?' on a scale from 1 (Poor) to 5 (Excellent). Single-item measures of self-rated health have proven markedly valuable for predicting major health outcomes, even including mortality risk (e.g., Benyamini,

2011; Idler and Angel, 2011). Most participants rated their health as Good (40.1%) or Very Good (33.4%).

FUTURE SELF

For the current study, we developed a new brief measure asking participants to report on what they expected their lives to be 'six months from now.' The four items asked participants to report on their future selves with respect to better physical health, greater happiness, greater success, and better familial, social, and romantic relationships. Each item was rated from 1 (Definitely False) to 8 (Definitely True). Given the current COVID-19 context, with data collection occurring in the summer of 2021, we were interested in how participants perceived their future selves, presumably more removed from the initial waves of the pandemic. Reliability of the measure was strong in the current sample (a = .88).