



Population-based norms of the Life Orientation Test–Revised (LOT-R)



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Abstract *Background/Objective:* The most common used instrument to measure optimism, both in psychological and medical research, is the Life Orientation Test- Revised (LOT-R). A multi-countries study using the future item from the LOT-R, found that level of optimism varied between countries. The provision of population-based norms is necessary, since norms enable the application of the LOT-R in individual diagnosis to compare individuals or special patient groups' scores with reference data. *Method:* A representative population based survey was conducted in 2014-2015. Norwegian aged 18–94 years ($N=1,792$) completed questionnaires assessing sociodemographic, optimism and health and quality of life. *Results:* The mean age was 53.2 ($SD=16.6$) and 53% were women. Mean LOT-R score was 17.2 ($SD 3.0$). There were marginal age and no gender differences. Although optimism was associated with sociodemographic variables, these were considered negligible due to small effect size. Norm data are given for the entire population. Optimism was associated with better health and quality of life. *Conclusions:* This study provides age and gender specific norm values from a representative sample of the Norwegian population. The normative data may be used in comparisons of optimism between individuals or between different samples of patients or sub-groups of people.

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PALABRAS CLAVE

Test de Orientación Vital Revisado (LOT-R); optimismo; datos normativos; estudio descriptivo mediante encuesta

Datos normativos del Test de Orientación Vital Revisado (LOT-R) basados en la población

Resumen *Antecedentes/Objetivo:* El instrumento más comúnmente utilizado para medir el optimismo, tanto en la investigación psicológica como en la médica, es el Test de Orientación Vital Revisado (LOT-R). Disponer de normas poblacionales es necesario, ya que permiten comparar los puntajes de individuos o grupos con los datos de referencia. *Método:* En 2014-2015 se llevó a cabo un estudio poblacional. Noruegos de entre 18 y 94 años ($N = 1.792$) cumplieron cuestionarios que evaluaban variables sociodemográficas, optimismo disposicional, salud y calidad de vida. *Resultados:* La edad media fue de 53,2 ($DT = 16,6$) y el 53% fueron mujeres. La puntuación media del LOT-R fue de 17,2 ($DT = 3$). Se encontraron diferencias marginales en la edad y no hubo diferencias de género. Aunque el optimismo se asoció con variables sociodemográficas, esta asociación no se consideró significativa debido a los pequeños tamaños del efecto, por lo que los datos normativos se refieren a la población general. El optimismo se asoció con mejor salud y calidad de vida. *Conclusión:* Este estudio proporciona valores normativos específicos en función de edad y sexo a partir de una muestra representativa de la población noruega.

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The personality dimension optimism versus pessimism has roots in expectancy-incentive motive theories as well as in folk wisdom. Optimism is considered a psychological resource, widely supported by research indicating associations with improved well-being and physical health (Carver & Scheier, 2014). Optimism has been shown to be a useful predictor for less anxiety and depression in cancer patients (Lam et al., 2016; Orom, Nelson, Underwood, Homish, & Kapoor, 2015; Schou, Ekeberg, Ruland, Sandvik, & Kåresen, 2004; Zenger, Glaesmer, Höckel, & Hinz, 2011) and better sleep quality in healthy community members (Uchino et al., 2016) as well as mitigating the adverse impact of terrorism on mental health and well-being in survivors of a terror attack (Birkeland, Blix, Solberg, & Heir, 2016). Optimism has also been linked to lower levels of inflammation (Roy et al., 2010), better antioxidant levels (Boehm, Williams, Rimm, Ryff, & Kubzansky, 2013a), better lipid profiles (Boehm, Williams, Rimm, Ryff, & Kubzansky, 2013b), lower level of cortisol responses under stress (Jobin, Wrosch, & Scheier, 2013) and stronger immune responses (Kohut, Cooper, Nickolaus, Russell, & Cunnick, 2002; Szondy, 2004). Optimism is associated with better adjustment to pain (Ronaldson et al., 2014) and less pain sensitivity (Hanssen, Peters, Vlaeyen, & Meevissen, 2013). Furthermore, optimism has been associated with reduced risk of coronary heart disease (Kim, Smith, & Kubzansky, 2014), lower mortality (Boehm & Kubzansky, 2012; Kim et al., 2017; Tindle et al., 2009) and with a lower risk of suicidal ideation (Huffmann et al., 2016).

One of the most common used instruments to measure optimism, both in psychological and medical research, is the Life Orientation Test (LOT) and the revised version (LOT-R). The LOT was developed by Scheier & Carver (1985). The original items of the LOT did not all focus as explicitly on expectations for the future as theory dictated. In addition it was claimed that the effects attributed to optimism were

indistinguishable from neuroticism. Due to the criticism a revised version of the Life Orientation Test (LOT-R) was developed in 1994. In this version, the two items which related to measuring the personality variable neuroticism were removed. The items included in the LOT-R measure positive and negative expectations strongly linked to the future and are worded in a way so that they are evaluated across all situation and domains (Scheier, Carver, & Bridges, 1994). Studies have also shown that optimism and neuroticism are not interchangeable (Mroczek, Spiro, Aldwin, Ozer, & Bosse, 1993; Scheier et al., 1994). The items in the LOT-R have been found to be able to distinguish people with different levels of optimism and adequately covered the spectrum of the latent trait (Chiesi, Galli, Primi, Borgi, & Bonacchi, 2013; Steca, Monzani, Creco, Chiesi, & Primi, 2015). These findings were based on item response theory analyses that provided evidence of the accuracy of the LOT-R. Slight age and gender differences have been noted in previous studies. Older age groups reported less optimism than younger ones (Glaesmer et al., 2012; Hinz et al., 2017; Zenger et al., 2013). Males were slightly less optimistic than females (Glaesmer et al., 2012; Hinz et al., 2017), or slightly more optimistic than females (Zenger et al., 2013). However, the effect sizes for all these differences were low ($d < .20$). Steca et al. (2015) assessed the equivalence of the LOT-R items across gender and age; they concluded that the LOT-R appears to be gender and age invariant.

Nearly all research on the LOT-R has been conducted on specific samples, like undergraduate students, college-educated, cancer patients, women or selected age groups. Very few general population-based studies have been conducted. Only three studies; one from Germany, one from Latin America (Colombia) and one from United Kingdom (Glasgow, Liverpool, and Manchester), were identified that report norm values for the LOT-R (Glaesmer et al., 2012; Walsh et al., 2015; Zenger et al., 2013). Thus, reliable

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