

Original Research Article

Measuring Hispanic Optimism and Personal Expectancy

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Abstract

The purpose of this study was to develop the Hispanic Optimism and Personal Expectancy (HOPE), a measure of optimism related to the concept of the American Dream. This measure assesses beliefs that are shared by Hispanic/Latinx immigrants and non-immigrants about opportunities for advancement in the United States. Based on focus groups consisting of both immigrant and non-immigrant Hispanic/Latinx participants ($n = 93$), twenty four (24) items for the measure were created from qualitative interviews. Separate exploratory ($n = 174$) and confirmatory ($n = 181$) factor analysis supported three factors: Hope for a better life, for freedom & security, and for economic opportunity. Results provided empirical support for the HOPE. A final set of sixteen (16) items are included in the HOPE measure. This measure can benefit researchers or counselors who work with Hispanic/Latinx immigrants to understand individual expectancies and barriers toward achieving their American Dream. We discuss implications for research and potential conceptions of U.S. meritocracy as a potential myth for minority and immigrant groups.

Keywords

optimism, hope, Hispanic/Latinx, immigrant, measure, American

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The American Dream is a belief shared widely by many immigrants and U.S.-born people. Despite the hardship experienced by Hispanic/Latinx people in the U.S., particularly immigrants, the American Dream is stronger for Hispanic/Latinx people than for non-Hispanic/Latinx counterparts ([Smith, 2017](#)). Optimism may in fact serve as an important mediator in health outcomes ([M. E. Seligman & Csikszentmihalyi, 2000](#); [Sin & Lyubomirsky, 2009](#)) and may be

associated with expectations and hope in the American Dream. Interestingly optimism may explain the relative health of Hispanic/Latinx immigrants in contrast to the general population (González & González, 2008). The purpose of this study was to develop and validate the Hispanic Optimism and Personal Expectancy (HOPE), a measure of optimism in the American Dream in English and Spanish for Hispanic/Latinx people in the U.S.

The American Dream and Hispanic/Latinx Immigrants

The *American Dream* comprises the ideology that anyone who is willing to persistently work hard can achieve a middle-class life (Huber & Form, 1973). The American Dream may not be the same for all immigrants, but is related to motivations for immigration, such as getting ahead financially, property ownership, the ability to be self-sufficient, saving money for retirement, and ability to support and help family. These beliefs are shared by many immigrants to the U.S. Various researchers have examined definitions of the American Dream and motivations for immigration. Smith (2017) found that the American Dream was based on expectations about personal freedoms, supporting a good family life, and building for retirement. These expectations were more important than financial wealth. Further, Hagelskamp et al. (2010) found that opportunities for work were a more important reason for immigration than was educational opportunities. Despite variations in the importance of certain concepts related to the American Dream and motivations for immigration, the pursuit and hope for a better life for oneself and one's family is a key motivation for immigrant populations.

Hispanic/Latinx people are one of the fastest growing immigrant/minority groups and comprise 18% of the U.S. population (Noe-Bustamante & Flores, 2019), and 25% of the nation's K-12 students (Lopez et al., 2018). Hispanic/Latinx immigrants are a heterogeneous group from many nations in Latin America or the Caribbean, but many share strong beliefs in the American Dream which may partly motivate immigration. It must be acknowledged, however, that migration is driven by both push-and-pull forces and thus, in addition to optimism they may also be fleeing gang violence, government ineffectiveness, police and military complicity and violence, climate change affecting families' survival, and persecution in many forms. Despite this heterogeneity, immigrants have been found to endorse the concept of the American Dream more than non-immigrant populations (Hagelskamp et al., 2010).

Optimism in the American Dream may also represent an important source of resilience for Hispanic/Latinx immigrants to the U.S. The Immigrant Paradox indicates that despite encountering worse social drivers of health upon arrival to the U.S, Hispanic/Latinx immigrants are relatively healthier than U.S.-born counterparts. González and González (2008) hypothesized that one reason Hispanic/Latinx immigrants have better mental health (namely lower depression) is that optimism buffers against the impact of immigration stress.

American Meritocracy Worldview

The construct of the American Dream has also been viewed as mythical. Hispanic/Latinx immigrants may experience a decline in health over time due to the inconsistency between their

expectations and lived realities as immigrants (Escobar, 1998). Meritocracy is the favored belief system in the U. S. that puts forth the notion that any individual can obtain success if they put in the hard work of overcoming personal and/or societal obstacles. Because of the prolonged exposure to the dominant meritocracy ideology, some may feel a conflict between hard work and the inability to achieve personal outcomes. Garrison et al. (2021) defines this imbalance as ultimately the American Meritocracy Myth and a potential source of stress. There are a number of documented barriers within the meritocracy paradigm. For example, Hispanic/Latinx people overall are more likely have lower socioeconomic status than non-Hispanic white people (Current Population Survey Annual Social and Economic Supplement, 2009–2020). Further, racism, discrimination, and lowered socioeconomic conditions are constant sources of stress. (Slavich, 2016). In a national survey study, nearly a third of Hispanic/Latinx people in the U.S. say they have experienced discrimination in areas of everyday life including equal pay, getting medical care, applying for employment, and receiving promotions to name a few (Robert Wood Johnson Foundation, 2017).

Optimism

Optimism in general is viewed as a trait or tendency of an individual to be confident in expecting good or positive outcomes. Accordingly, optimism is holistically defined as the belief that life objectives and expectations will be achieved (Roy et al., 2010). Optimism has also been theorized as “the generalized, relatively stable tendency to expect good outcomes across important life domains” Carver and Scheier (2018). For example, in the case of immigrants to the U.S, a primary motivation for emigrating from one’s country of origin may be partly due to the expectation that doing so will increase their proximity to the American Dream. According to Lopez et al. (2018), Hispanic/Latinx adults in comparison to the general population were more likely to believe in components of the American Dream including the beliefs that people who want to get ahead can do so through hard work and determination (77% vs. 62%), that their standard of living had improved in comparison to their parents (75% vs. 56%), and their children would have a better standard of living than they did (72% vs. 46%).

According to Carver and Scheier (2014), “optimism is related to other personality features including hope, attribution style, and self-efficacy. (pg. 301).” Yet, optimism differs from each of these constructs partly by having a greater focus on future expectations while disregarding the method in which the desired outcome occurs. Within a resilience framework, optimism is viewed as a personal source of resilience (Bonanno, 2004; Luthar et al., 2000). Another conceptualization of optimism concerns attribution styles, namely how a person explains causes of prior outcomes (Scheier & Carver, 2018). Optimists tend to believe that negative outcomes are temporary and confined to specific cases in contrast to pessimists who believe that they will last a long time and due to their own fault (M. E. Seligman, 1990–2006). There is early research showing that pessimistic individuals experience learned helplessness, the belief that in the face of

uncontrollable events one's responses to those events are futile which is then generalized to other situations therefore precluding new learning (M. E. P. Seligman, 1975).

Optimism may also be related to coping with stress, better mental and physical health, and improved relationships. Optimistic individuals have better coping strategies and are more resilient to stress (Carver et al., 2010; Conversano et al., 2010). For example, optimists make use of what are known as constructive coping strategies such as active coping (i.e., actively controlling a stressor by taking concrete actions to overcome or problem-solve), planning, and seeking support when the individual believes they can control the stressors (Grote et al., 2007). In addition, when optimists feel that stressors are less controllable, they utilize what is referred to as positive reinterpretation, including the use of religion, humor, and acceptance to cope through the stress. Optimism has also been related to various healthy coping behaviors among younger, older, and female study subjects (Chang, 2002; Grote et al., 2007). Optimists negate negative events or problems from occurring in their lives and believe that positive ones are more consistent (Conversano et al., 2010). In their review, Scheier and Carver (2018) described that optimism has been found to be associated with better recovery from heart surgery, reduced re-hospitalizations following surgery, faster wound healing, positive pregnancy outcomes (e.g., birth weight, gestational age), slower progression of cardiovascular risk factors and human immunodeficiency virus (HIV), being less likely to develop and die from coronary heart disease, and lower rates of all-cause mortality. This body of research clearly suggests that optimists and pessimists cope differently in the face of adversity. In comparison to pessimists, optimists continue employing active, approach-oriented coping strategies in spite of the challenges they encounter due to their hope for eventual success (Scheier & Carver, 2018).

Optimists also report greater social support than their non-optimistic counterparts although there has been indication that the perception of support may be more meaningful than the actual support (Assad et al., 2007; Srivastava et al., 2006; Vollmann et al., 2011). As noted by Scheier and Carver (2018), optimists have warm and dominant interpersonal styles that make them more likeable and attractive than pessimists who tend to have hostile and submissive interpersonal styles. Optimists benefit from larger social support networks including Hispanic/Latinx immigrants who have increased levels of acculturation stress (Anderson, 2012; Cano et al., 2017; Segerstrom, 2007).

Optimism also influences mental health. Negative emotions appear less among optimists. Namely, as optimists tend to expect positive outcomes even during difficult situations, they are more likely to experience a positive mix of emotions when encountering stress. Scheier et al. (2001), in a review of related literature reported significant associations between high optimism scores and lower anger, fear, loneliness, stress, depression symptoms, and anxiety symptoms. Higher optimism scores were also found to be related to higher satisfaction with life, more positive psychological adjustment, higher self-esteem, more internal locus of control, and greater positive well-being.

Importantly, optimism can be leveraged to promote better health of Hispanic/Latinx people. In a sample of adults from Chile and Colombia, optimism and positive affect produced a higher perception of health ([Vera-Villaruel et al., 2017](#)). In a sample of university students from Spain, optimism predicted the emotional and behavioral manifestations of academic stress ([Fernández-González et al., 2015](#)). In a sample of adults in Colombia, optimism was positively correlated to positive indicators of good quality of life and functioning across a range of domains (e.g., social, physical, cognitive; [Zenger et al., 2013](#)). In the same study, optimism was negatively associated with anxiety, depression, fatigue, hopelessness, and various indicators of poor quality of life (e.g., pain, insomnia, financial problems).

Measuring Optimism

[Carver et al. \(2010\)](#) distinguish two approaches to measuring optimism. The first is a direct assessment of individual expectations about positive outcomes and a second approach is based on expectations that are rooted in past events, both negative and positive. Measures of psychological outcome expectancies are numerous, yet no Hispanic/Latinx specific measures have been developed. Much of the research on optimism and pessimism has made use of the original Life Orientation Test (LOT) ([Scheier & Carver, 1985](#)), or the 10-item Life Orientation Test-Revised (LOT-R) ([Scheier et al., 1994](#)). There is one measure of American Meritocracy Myth ([Garrison et al., 2021](#)), but to our knowledge there are no culturally informed mental health or psychological assessments, procedures, or tools to assess optimism in the American Dream for Hispanic/Latinx individuals ([R. C. Cervantes & Bui, 2015](#)).

The aim of this study was to develop and validate a new psychological measure, the Hispanic Optimism and Personal Expectancy tool (HOPE). This measure can be helpful for stress and coping research with Hispanic/Latinx samples, may provide counselors with a standardized tool for treatment planning and case formulations, and may inform advocacy efforts to change immigration policies or contexts in the U.S. This study had two phases. In Phase 1, an expert panel (characteristics described below) created a total of 24 items (translated in English and Spanish) based on qualitative data about perceptions of the American Dream from Hispanic/Latinx immigrants to develop a factor structure that best captured the construct validity of optimism. In Phase 2, exploratory and confirmatory factor analyses were conducted using independent samples of Hispanic/Latinx immigrants to cross-validate the factor structure. We hypothesized that the HOPE scales and HOPE total score would be positively related to the reason for emigration, resilience, familism, Hispanicism (enculturation), Americanism (acculturation), ethnic pride, and inversely related to depression and anxiety.

Methods

Design

A two- phase exploratory sequential mixed methods approach ([Mihás, 2019](#)) was used to develop HOPE. During Phase 1, qualitative interviews were conducted to inform an expert panel,

who generated a pool of items in Spanish and English for the HOPE measure. During Phase 2 the initial version of HOPE was administered in a community sample of Hispanic/Latinx immigrant adults as part of a longitudinal study of the influence of stress and resilience factors on biopsychosocial health outcomes among Hispanic/Latinx immigrants in North Carolina ($N = 355$) (R. C. Cervantes et al., 2021). Institutional Review Board approval was obtained prior to initiating recruitment and data collection. Electronic informed consent was obtained from participants during their first in-person study visit.

Phase I: Measure Development

Items for the HOPE measure were generated by (1) focus groups to identify important themes related to immigration and the American Dream in a sample of Hispanic/Latinx immigrants, and (2) an expert panel generating potential items, and then narrowing to a smaller set of items to administer in Phase 2. More details on the Phase 1 study can be found in the previously published study (R. C. Cervantes et al., 2021).

Participants

For the item development phase, a sample of Hispanic/Latinx adults were recruited in the states of California and Massachusetts as described in previously published research (R. C. Cervantes et al., 2021). A total of $N = 93$ adults participated in the 15 focus groups that generated information about stress, coping, and optimism related to the American Dream. Both male and female immigrant and non-immigrant Hispanic/Latinx adults participated in these focus groups and included participants from a variety of Latin American countries.

Focus Group Results

Data from this Phase I study were coded for themes related to optimism with the intent to develop survey Likert-type item stems. Meta concepts related to optimism included positive notions and views about the “American Dream” such as getting ahead and financial attainment, home ownership, the ability to be self-sufficient, saving money for retirement, and ability to support family.

Expert Panel

Five clinicians and scientists with experience working with Hispanic/Latinx immigrants met to discuss potential items based on results of focus groups. A large pool of items was generated, and then the panel convened to discuss the items to (1) create a consistent wording structure for questions and responses, and (2) reduce the number of items for pilot testing. The panel’s discussions resulted in 24 items. Items were then translated by a bilingual member of the research team who teaches medical Spanish and back-translated by another member of the team who was not involved in the original generation of the items. Discrepancies in the original and back-translated version were reviewed by the members of the research team to ensure conceptual accuracy in Spanish and English.

Pilot Test

The 24 items were examined in a small pilot study with a convenience sample of $n = 12$ Hispanic/Latinx people from three distinct geographical locations (Miami, FL; Durham, NC; Los Angeles, CA) to assess scale length, clarity, and appropriateness. On the basis of the feedback from participants in the pilot study, item wording was adjusted for several items and six items were removed, resulting in 18 provisional items ([Appendix A](#)).

Phase 2: Factor Structure and Psychometric Properties

In this phase, we used two separate sub-samples from a larger study of Hispanic/Latinx immigrants to: (1) explore the factor structure of the items, and then (2) validate the factor structure and examine psychometric properties.

Participants

Participants comprised a subsample of ($n = 355$) Hispanic/Latinx immigrants in North Carolina from a community-based, longitudinal study of acculturation stress and health where participants were followed over 2 years ([R. C. Cervantes et al., 2021](#)). Eligibility criteria for the larger study were: (a) identify as Hispanic or Latino(x); (b) emigrated from a Spanish speaking country in Latin America or the Caribbean; (c) lived in the U.S. for at least a year; (d) between the ages of 18 and 44. Exclusion criteria entailed plans to move out of the geographical area in the upcoming 2 years, so as to minimize loss to follow-up. For analysis, we randomly divided the sample into two non-overlapping groups, one group ($n = 174$, 49%) to explore the factor structure and a second group ($n = 181$, 51%) to validate the factor structure. There were no significant differences in several demographic and immigration-related characteristics between the two sub-groups ([Table 1](#)). [Muthén and Muthén \(2002\)](#) showed that a CFA model with three factors and five continuous indicators per factor had sufficient power (0.81) with sample size: $n = 175$ for normal indicators with some missing values.

Procedures

The institutional review board at [Duke University] conducted a review of all protocols, surveys, and consent forms prior to the research (*IRB#* Pro00087792). Participants completed all measures through an assessor administered or self-administered REDCap (Research Electronic Data Capture) survey, a secure, online data collection and management tool ([Harris et al., 2009](#)), based on preference. Assessors were bilingual and bicultural collected in participants' home, in community offices, or over zoom or phone during the COVID-19 pandemic. The HOPE measure was added after the parent study had begun assessments, so participants completed the HOPE measure at different assessment points, specifically 38 (11%) at baseline, 95 (27%) at the 6-month follow-up assessment, 93 (26%) at 12-months, 127 (36%) at 18-months, and 2 (1%) at 24-months. Participants received \$50 for an initial assessment; compensation increased by \$5 for each of four assessments at 6-month intervals.

Measures

Preliminary HOPE Measure

The preliminary HOPE measure resulting from Phase 1 had 18 items ([Table 2](#)) with a 5-point Likert scale response from 1 = *strongly disagree* to 5 = *strongly agree*. Higher scores on most items indicated greater optimism or hope, for example, “Living in the U.S. allows me the opportunity for a better education.” Items were developed in Spanish and English.

Reason for Emigration

Participants were asked, “Was it a personal decision to emigrate to the U.S., or was it motivated by other individuals?” Responses were either personal (coded as 0) or for others (coded as 1). Participants were also asked to report the primary reason for emigration.

Resilience

The 25-item Resilience Scale ([Heilemann et al., 2003](#)) assesses personal resilience on a 7-point Likert scale from 1 = *strongly disagree* to 7 = *strongly agree*. Total scores range between 25 and 175; higher scores on items indicated greater resilience, for example, “I take things one day at a time.” The Spanish version was validated in Spanish in a sample of $n = 147$ Latinas, showing principal components analysis consistent with a single factor that was positively correlated with life satisfaction and inversely with depression. The measure had strong internal consistency in this sample, $\alpha = .92$.

Familism

The 15-item Familism Scale ([Sabogal et al., 1987](#)) has items on a 5-point Likert scale from 1 = *strongly disagree* to 5 = *strongly agree*. This measure has items to assess familial obligations, for example, “One should make great sacrifices in order to guarantee a good education for his/her children,” family support, for example, “One can count on help from his/her relatives to solve most problems,” and family as referents, for example, “Much of what a son or daughter does should be done to please the parents.” This scale was originally validated in a sample of $n = 452$ Hispanic/Latinx individuals and compared to $n = 227$ non-Hispanic/Latinx White individuals and has been validated to use as three subscales and a total scale in diverse samples (e.g., [Falcão et al., 2019](#)). Items were averaged into one unidimensional assessment of familism, which had acceptable internal consistency in this sample, $\alpha = .76$.

Acculturation

The Bidimensional Acculturation Scale ([Marin & Gamba, 1996](#)) has 24 items to assess affinity to the U.S. culture (*Americanism*) and culture of origin (*Hispanicism*) and was originally validated in a sample of $n = 254$ adult Hispanics. The 12 items that measure each cultural domain are based on language preference. Items averaged separately into two dimensions. In this sample, both the Hispanicism and Americanism subscales had acceptable internal consistency, $\alpha = .70$ and $.96$, respectively.

Ethnic Pride

The Multigroup Ethnic Identification Measure (MEIM) has 12 items on a 5-point Likert scale from 1 = *strongly disagree* to 5 = *strongly agree*. Example items are, “I have a clear sense of my

ethnic background and what it means for me,” and “I participate in cultural practices of my own group, such as special food, music, and customs.” The MEIM was originally validated in an ethnically diverse sample of $n = 417$ high school students and $n = 136$ college students (Phinney, 1992), and later validated with a CFA of data from $n = 5,423$ students from the three largest ethnic groups in the U.S. showing good fit to a two-factor model, but also high factor intercorrelations suggesting the MEIM can be used as a total scale of ethnic identity/pride (Roberts et al., 1999). Items were combined into a single ethnic pride measure which had strong internal consistency in this sample, $\alpha = .90$.

Depression

The PHQ-9 has nine items to assess symptoms of major depressive disorder (Kroenke et al., 2001). Participants rate their symptoms over a 2-week period on a 4-point scale from 0 = *not at all* to 3 = *nearly every day*. This widely used measure was originally validated in a sample of $n = 6,000$ primary care patients and is often administered for depression screening in primary care and other medical settings. A systematic review suggested the Spanish PHQ-9 was generally adequate in Latino sub-groups (Limon et al., 2016). Higher scores indicate greater symptoms of depression. In this sample, the scale had good internal consistency, $\alpha = .86$.

Anxiety

The GAD-7 has seven items to assess symptoms of generalized anxiety disorder (Spitzer et al., 2006). Participants rate their symptoms over a 2-week period on a 4-point scale from 0 = *not at all* to 3 = *nearly every day*. Originally validated in a sample of $n = 2,740$ adult primary care patients, this measure has been commonly used to screen for anxiety in healthcare settings. This scale was culturally adapted into Spanish in a sample of $n = 212$ adult patients, and the CFA showed good fit for a single factor structure (García-Campayo et al., 2010). Higher scores indicated greater symptoms of anxiety. In this sample, the scale had strong internal consistency, $\alpha = .90$.

Data Analysis Plan

Exploratory

We used exploratory factor analyses (EFA) with principal axis factoring in SPSS 27 to examine the underlying factor structure of the 18 HOPE items. We expected that the dimensions would be correlated so we used oblique Promax rotation.

Validation

We used confirmatory factor analysis (CFA) in Mplus 8 (Muthén & Muthén, 1998–2018) to test whether a three-factor model or a second-order factor model (i.e., three first order factors loading onto one second-order factor) explained variation in the 16 items that were identified in the exploratory analyses. First order factors could covary in parallel to the oblique rotation strategy used in the exploratory phase. We used the WLSMV estimator to account for categorical responses of the items, and all factor variances were set to 1 to allow estimation of all item loadings. Model fit was evaluated with three indices: a χ^2 test, CFI, TLI, SRMR, and RMSEA

with acceptable fit defined as a non-significant χ^2 test, CFI values ≥ 0.90 , TLI ≥ 0.90 , SRMR ≤ 0.08 , and RMSEA values ≤ 0.06 (Bentler, 1990; Hu & Bentler, 1999). We tested internal consistency reliability with Cronbach's alpha, with acceptable reliability defined as $\alpha \geq .7$, in the second sample group using SPSS 27. We examined concurrent validity by testing the correlation (Spearman's rho, r_s) in SPSS 27 between all four scales (three subscales and one total score) and reason for emigration, resilience, familism, Hispanicism, Americanism, ethnic pride, depression, and anxiety. We tested skewness and kurtosis for each variable using the cutoffs of absolute values of skewness < 2 and kurtosis < 6 (Kim, 2013). None of the variables had values indicating violations of normality: resilience (skewness = -0.96 ; kurtosis = 0.74), familism (skewness = -0.06 ; kurtosis = 0.93), Hispanicism (skewness = -0.68 ; kurtosis = 0.33), Americanism (skewness = 0.19 ; kurtosis = -1.12), ethnic pride (skewness = -0.28 ; kurtosis = 0.38), depression (skewness = 1.79 ; kurtosis = 4.03), and anxiety (skewness = 1.31 ; kurtosis = 1.59). Although there were no departures from normality, we used Spearman's rho which does not have the same assumption of normality as Pearson's r , because the values for depression and anxiety were approaching the cutoff value.

Results

Sub-group 1: Exploratory Analyses

Based on 100 random data sets, the first four factors had raw data eigenvalues (4.95, 0.96, 0.77, 0.56), which were greater than the 95th percentile of generated eigenvalues (0.93, 0.76, 0.63, 0.52, respectively) suggesting extraction of four factors following recommendations of O'Connor (2000). Results of an EFA with 18 HOPE items showed the determinant = 0.003, KMO = 0.84, and significant Bartlett's test of Sphericity, $\chi^2(153) = 804.09$, $p < .001$, which are acceptable following recommendations by Worthington and Whittaker (2006). Specifically, the KMO value suggested that the sample had at least the minimum number of participants to perform an EFA and Bartlett's test suggested that the correlations were sufficient to factorize the covariance matrix.

The first factor (eigenvalue = 5.53) had five items, accounted for 30% of the variance, and reflected participants' hope for a better life ($\alpha = .77$). Factor loadings and other data are in Table 2. The second factor (eigenvalue = 1.59) had five items, accounted for 9% of the variance, and reflected hope for freedom & security ($\alpha = .74$). The third factor (eigenvalue = 1.38) had six items, accounted for 8% of the variance, and reflected hope for economic opportunity ($\alpha = .78$). The fourth factor (eigenvalue = 1.25) had two items with inverse loadings, accounted for 7% of the variance, and reflected low hope ($\alpha = .49$). The range of initial communalities was 0.23 to 0.55 and extracted was 0.25 to 0.62 for items in the three retained factors. There are many recommendations for a minimum cutoff, commonly 0.25, 0.275, 0.3, and 0.4, for communalities, we used 0.25 for this study (Zeller, 2005). Item-rest correlations ranged from .36 to .61 for these items. The internal consistency of three of the four factors was acceptable, with the low hope factor's alpha below .7. The first three factors were moderately correlated, as expected with an

oblique rotation. Specifically, the first three factors had moderately strong correlations; better life was with freedom & security, $r = .62$, and with economic opportunity, $r = .59$, and freedom & security with economic opportunity, $r = .58$. The fourth low hope factor had lower correlations with better life, $r = .14$, freedom & security, $r = .19$, and economic opportunity, $r = .27$. Given the lower alpha and correlations with other factors, we removed the fourth low hope factor. Internal consistency of the revised 16-item HOPE total score made of the first three factors was good, $\alpha = .86$.

Sub-group 2: Confirmatory Validation Analyses

Model 1 was a first-order, three-factor model that tested the five-item better life scale, the five-item freedom & security scale, and the six-item economic opportunity scale. This model did not fit the data although there was close fit to the data, $\chi^2(df = 101) = 304.40$, $p < .001$, CFI = 0.94, TLI = 0.92, SRMR = 0.06, RMSEA = 0.11 (95% CI [0.92, 0.12]), $p < .001$. Model 2 was a modified first-order model, with four error covariances suggested by modification indices (item 3 and item 2; item 13 and item 12, item 4 and item 3, item 2, and item 1). This model had acceptable fit to the data, $\chi^2(df = 97) = 200.31$, $p < .001$, CFI = 0.97, TLI = 0.96, SRMR = 0.05, RMSEA = 0.08 (95% CI [0.06, 0.09]), $p = .003$. Model 3 added the second-order factor to Model 2; it had acceptable fit, $\chi^2(df = 97) = 200.31$, $p < .001$, CFI = 0.97, TLI = 0.96, SRMR = 0.05, RMSEA = 0.08 (95% CI [0.06, 0.09]), $p = .003$. That is, Model 2 with three correlated factors and Model 3 with a second-order latent variable had equivalent fit to the data. [Table 3](#) shows factor loadings and the [Figure 1](#) has a visual representation of the final model. Reliability was acceptable for all three first-order scales: participants' hope for a better life, $\alpha = .80$, hope for freedom & security, $\alpha = .73$, and hope for economic opportunity, $\alpha = .80$. Reliability for the 16-item HOPE total score was also acceptable, $\alpha = .88$. Latent factor variances were set to 1. Hope for a better life was significantly related to familism, $r_s = .15$, $p = .039$, Americanism, $r_s = .18$, $p = .014$, and ethnic pride, $r_s = .18$, $p = .018$. Hope for freedom & security was significantly related to familism, $r_s = .16$, $p = .028$, and ethnic pride, $r_s = .16$, $p = .035$. Hope for economic opportunity was significantly related to resilience, $r_s = .21$, $p = .006$, Americanism, $r_s = .31$, $p < .001$, and ethnic pride, $r_s = .28$, $p < .001$. The HOPE total score was significantly related to Americanism, $r_s = .25$, $p = .001$, and ethnic pride, $r_s = .24$, $p = .001$. [Table 4](#) shows the correlations.

Figure 1. Standardized coefficients for paths from the final CFA with 16 preliminary HOPE items explained by three first-order and one second-order factor.

Note. $\chi^2(df = 97) = 200.31$, $p < .001$, CFI = 0.97, TLI = 0.96, SRMR = 0.05, RMSEA = 0.08 (95% CI [0.06, 0.09]), $p = .003$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

This paper described the initial development and testing of a new measure of culturally based optimism in the American Dream for Hispanic/Latinx people. To our knowledge, this is the first attempt to create a psychometric measure of optimism in the American Dream. Overall, the new 16-item HOPE measure, was empirically supported as a reliable and valid measure of the construct of optimism in the American Dream in a sample of Hispanic/Latinx immigrants to the U.S., and three correlated subscales reflecting a hope for better life, freedom & security, and economic opportunity, that can be combined into a single Optimism in the American Dream total score. The researchers acknowledge other constructs that refute the ideology of meritocracy in the U.S. (Garrison et al., 2021), yet the current findings support three constructs related to Hispanic/Latinx hope, optimism, and perceived opportunities in the U.S.

Our findings can be considered within a transactional stress-coping framework where health outcomes are viewed as the result of stress, coping, and resilience processes. (Wethington et al., 2015). Within this paradigm, stress occurs as a process initiated by the occurrence of a stressor (i.e., a major life event in the environment that is appraised as a threat that activates coping responses to that event). A process of coping strategies, use of personal resilience (e.g., hope, optimism) and seeking social support ultimately produces short and long-term outcomes (R. C. Cervantes et al., 2021). The analysis of variations in this transactional stress-coping paradigm suggests that mediating factors play a major role in the expression of stress related conditions and mental health outcomes. Optimism can also be conceptualized within a risk and protective factor framework (Peterson, 2006) where optimism and hope have been conceptualized as a key protective factor. The current research offers an additional method for measuring a complex of optimism constructs that are unique to Hispanic/Latinx immigrants and that may subsequently prove to mediate acculturation stress.

Further, optimism among Hispanic/Latinx immigrants is multidimensional to include hope regarding a general hope for a better life in the future, about economic opportunity and hope for freedom and safety. The ability of the HOPE measure to distinguish between independent components of hope and optimism can inform future research and practice. Optimism is a key driver of health among immigrant populations that if maintained could potentially help sustain the health advantage of immigrant populations. Further, given that immigrants come to the U.S. for a myriad of reasons such as escaping gang violence, political instability, climate change, and economic opportunities, among others, future research can examine the potential relationships among motives for immigration, optimism in the American Dream and health outcomes over time.

One strength of this measure and its development process was the link to the lived experience of optimism of Hispanic/Latinx immigrants from across the country. We used data from in-depth, semi-structured qualitative focus groups to generate a set of items related to achieving the American Dream, yet inclusive of broader item content that is relevant to the immigration experience. High face validity ratings for the initial set of HOPE items were achieved and an

initial item pool of 18 HOPE items was then tested in a larger longitudinal study of acculturation stress, resilience, and Hispanic/Latinx immigrant health in NC ([R. C. Cervantes et al., 2021](#)).

Using an iterative approach to testing concurrent validity of HOPE, an initial exploratory factor analysis resulted in three highly interpretable and moderately inter-correlated factors with 16 items. A non-interpretable fourth factor (two items) was dropped based on EFA results. EFA factors all related to Hispanic/Latinx optimism including (1) hope for a better life, (2) hope for freedom & security, and (3) hope for economic opportunity. Using independent HOPE data from a second sub-sample of Hispanic/Latinx participants, confirmatory factor analysis supported the factor structure with the three subscales and one second-order HOPE factor. The HOPE measure and each of the sub-factors is shown to have adequate to strong reliability, with the total HOPE measure having strong internal consistency reliability ($\alpha = .88$). Additional assessment of the HOPE measure's stability in a test-retest setting is warranted. This suggests that the scale can be used to assess three separate, but related constructs, or a total optimism in the American Dream construct. While the results on specific item content and subscales is consistent with previous research on the American Dream and economic opportunity our HOPE measure also highlights the importance of expectations toward public safety and wellbeing that appear to be very important in this immigrant community.

The HOPE measure had evidence for concurrent validity. We demonstrated that the HOPE measure is related to several resilience constructs, including an the culturally important value of familism. This reflects the fact that many HOPE items incorporate some aspects about optimism about family affairs, including optimism about being able to contribute to the wellbeing of family. In this sample of immigrants, it appears that the construct of optimism about achieving the American Dream must necessarily include optimism and hope about family-level wellbeing. This is consistent with Hispanic/Latinx strong values toward the family, family unity, and traditional family structures, one of the most robust buffers of acculturation stress reported in the literature ([Cano et al., 2017](#); [Gonzalez-Guarda et al., 2012](#)). Further, the relationship between HOPE and familism among immigrants may also shed light on HOPE's stress-buffering construct. [Cheng et al. \(2016\)](#) examined the effect of familism and ethnic identity as moderators on the relationship between minority stressors (acculturation stress and perceived discrimination), and depression ([Cheng et al., 2016](#)). Informed by *Minority Stress Theory* these researchers found that the construct of *familism* buffered the relationship between acculturative stress and depressive symptoms. Similar findings have been noted with other syndemic (co-occurring) behavioral and mental health conditions ([Gonzalez-Guarda et al., 2016](#)).

Further, the total HOPE score, along with all sub-factors, were significantly related to the construct of ethnic pride, and often considered to be a key protective factor against behavioral health problems. The lack of correlation between HOPE scores and Hispanicism (i.e., enculturation) might be expected as our Hispanicism scale is primarily a measure of Spanish language preference and not a measure of cultural values or cultural beliefs with limited variability in this sample of recent immigrants who spoke primarily Spanish. However, most

HOPE sub-factors, along with the total HOPE score were related to a language-based measure of Americanism (i.e., acculturation to the U.S.). Those that are optimistic about their future in the U.S. may also more readily adopt dominant culture values, beliefs, and practices. Neither the current HOPE measure or any of its component factors were correlated with either anxiety or depression. Although this result casts doubt on theoretical links between optimism and mental health, the non-finding is also consistent with research that defines optimism as a future expectancy construct and not defined as the absence of symptoms of a mental disorder. It is possible that change in optimism in the American Dream over time would be linked to depression or anxiety, as immigrants are faced with conflicts in their expectations. Future studies that examine a deterioration in the belief about the American Dream and optimism and how these changes may be associated with increased mental health and other behavioral problems among Hispanic/Latinx immigrants should be explored.

Taken together, the HOPE measure comprises a unique, culturally distinct assessment measure for use in research and even counseling settings. Item content is rich in culturally relevant aspects of optimism and was generated from in-depth interviews specific to optimism about the American Dream. The measure is relatively brief and can be administered in a survey format or in an interview. Few studies on Hispanic/Latinx populations have examined the moderating or mediating effect of optimism in the American Dream for resilience to stress.

Finally, from a clinical/counseling perspective, optimism is one important source of internal resilience that can be mobilized to better cope with stressful conditions, trauma, and loss. To the extent that immigrant optimism may buffer against acculturation, the inclusion of such a measure in the diagnostic and assessment phase of counseling can identify areas of deficits in personal resources (i.e., optimism expectancies) that can be supported as part of the counseling process. Specifically, we have identified subcategories of Hispanic/Latinx optimism, each of which can be identified by counselors, and each can be distinctly supported during the counseling process. Hope for economic opportunity, for example, can be supported in the counseling process by offering clients more information about education and vocational opportunities, job and career placement opportunities, and legal support for obtaining work permits, among others. For some immigrants who have previous degrees or areas of specialization, counseling can support the process of re-certification or learning about necessary educational requirements in order to regain previous professional or career status. Lastly, if future research shows that reductions in optimism in the American Dream are linked to declines in health of immigrants as they stay longer in the U.S., then that information could be used to advocate for improved policies around immigration.

Limitations

One limitation of this study was the absence of non-immigrant Hispanic/Latinx people or immigrants from nations outside Latin America or the Caribbean in this validation study sample. Although the focus of this manuscript was the creation of a measure in Spanish and English for

Hispanic/Latinx immigrants, the construct of optimism in the American Dream may be equally important for non-Hispanic/Latinx immigrants. Future research should examine the performance of this measure in other samples, including whether the HOPE could be translated into other languages. Future studies should examine the meaning and utility of this measure for a wider range of Hispanic/Latinx people; it is not clear how this measure performs or captures beliefs about the American Dream of people from Puerto Rico or Hispanic/Latinx people born in the U.S. A second limitation was the short, screening type mental health measures. Although the PHQ-9 and GAD-7 are widely used in survey-based research, a clinical interview measure of depression or anxiety may have been better as concurrent validity measures. Finally, no data on social desirability was collected. Social desirability in survey research has been linked to over reporting and under reporting of attitudes and behaviors given that optimism is a highly subjective set of attitudes ([Holden & Passey, 2009](#)). It is possible that our immigrant participants may have over reported feelings of hope and optimism in the current study.

Conclusions

This research adds to a growing literature on the important role of optimism and hope for the future among immigrants to the U.S. Hispanic/Latinx relevant optimism has been validated as an important attitudinal construct in this study. Clearly, given the exponential growth of the Hispanic/Latinx community the need for culturally appropriate measures for use by researchers and clinicians alike has never been greater. More research on acculturation stress and factors that mediate/moderate that stress is sorely needed. Without more precise examination of how acculturation stress impacts the community and which factors can ameliorate stress, the development of culturally tailored interventions will continue to lag. The availability of valid and reliable measures for use with Hispanic/Latinx groups will only be met through continued research to develop reliable and valid measures. [Geisinger \(2015\)](#) argued for the development of standardized psychological assessment measures developed specifically for Hispanic/Latinx people that go beyond translations of clinical assessment tools for assessing conditions such as anxiety and depression or interviews. Specific to optimism, [Peterson \(2006\)](#) suggested that researchers of positive psychology are also interested in ways in which positive emotional states and individual strengths such as having an optimistic disposition can be promoted by social and health care systems. A meta-analysis of positive psychological interventions showed that learning optimistic thinking has positive effects on improved well-being and lower depression ([Sin & Lyubomirsky, 2009](#)). Studies that assess the relationship of scores on the new HOPE measure with existing measures and constructs of resilience will be important to further understanding contributors to the immigrant paradox. Finally, future intervention research using the HOPE can be used to evaluate the impact of positive psychological interventions promoting health and well-being for diverse Hispanic/Latinx communities in the U.S.

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Appendices

Appendix A. HOPE Provisional Items.

Item #	Spanish	English
HOPE1	Soy optimista de que al vivir en los Estados Unidos puedo comprar una casa.	I am optimistic that by living in the U.S. I can buy a house.
HOPE2	Vivir en los Estados Unidos me permite ayudar a mi familia en los Estados Unidos.	Living in the U.S. allows me to help my family in the USA.
HOPE3	Vivir en los Estados Unidos me permite ayudar a mi familia que vive en mi país de origen.	Living in the U.S. allows me to help my family who live in my home country.
HOPE4	Vivir en los Estados Unidos me da la oportunidad de vivir y trabajar cómodamente mientras tengo estabilidad financiera.	Living in the U.S. gives me the opportunity to live and work comfortably while having financial stability.

Item #	Spanish	English
HOPE5	Vivir en Estados Unidos me permite tener un plan de ahorro y de jubilarían retiro pensión para el futuro.	Living in the U.S. allows me to have a retirement plan and save money for the future.
HOPE6	Vivir en los Estados Unidos me permite la oportunidad de obtener una buena educación.	Living in the U.S. allows me the opportunity for a better education.
HOPE7	Soy optimista que soy capaz de enfrentar mi situación legal.	I am optimistic about my ability to cope with my legal status.
HOPE8	Vivir en los Estados Unidos le trae más tranquilidad a mi familia.	Living in the U.S. allows my family more tranquility.
HOPE9	Vivir en los Estados Unidos me da la libertad de practicar mi religión.	Living in the U.S. allows me freedom to practice my religion.
HOPE10	Al vivir en los Estados Unidos soy optimista de que voy a tener una mejor situación financiera que tuve mi país de origen.	By living in the U.S. I am optimistic that I will have a better financial condition than I had in my home country.
HOPE11	Vivir en los Estados Unidos me hace sentir aceptado.	Living in the U.S. allows me to feel accepted.
HOPE12	Soy optimista de que vivir en los Estados Unidos le provee estabilidad en mi familia.	I am optimistic that living in the U.S. provides my family stability.
HOPE13	Al vivir en los Estados Unidos soy optimista de que voy a tener seguridad personal.	By living in the U.S., I am optimistic that I will have personal security.
HOPE14	Al vivir en los Estados Unidos soy optimista de que puedo tener un reencuentro con miembros de mi familia en los Estados Unidos.	By living in the U.S., I am optimistic that I can reunite with family members living in the U.S.
HOPE15	Al vivir en los Estados Unidos, soy optimista de que mis hijos y nietos podrían tener una vida mejor que yo.	By living in the U.S. I am optimistic that my children and grandchildren could have a better life than I do.
HOPE16	No tengo la esperanza de poder encontrar un camino hacia la ciudadana.	I do not feel hopeful that I will be able to find a path to citizenship.
HOPE17	El nivel de competencia en los Estados Unidos me hace sentir desanimado a sobre mi capacidad de poder salir adelante.	The level of competition in the U.S. makes me feel discouraged about my ability to get ahead.
HOPE18	Soy optimista sobre obtener un ascenso en mi trabajo.	I am optimistic about getting a promotion at work.