

Relationship Between Psychological Capital and Mental Health in Gonabad City's Female-headed Families

Abstract

Women heads of households are one of the most vulnerable social groups who face mental health problems due to economic and social constraints and the acceptance of multiple roles. This study aimed to investigate the relationship between psychological capital and the mental health of female-headed households. The present study is descriptive-correlational. 200 female-headed households in the city of Gonabad in 2020 selected by convenience sampling method and completed the inventory of psychological capital and the general health questionnaire-12. Findings from the Pearson correlation coefficient and multivariate regression analysis showed that there is a positive and significant correlation between the components of psychological capital and its total score with the subscales and the total score of mental health ($p < 0.01$). Also, the components of psychological capital and its total score negatively and significantly predicted psychological problems (and positively and significantly mental health). These predictor variables explained 28% of the variance in mental health. According to the findings, it can be concluded that psychological capital and its components, including self-efficacy, optimism, resilience, and hope, are associated with higher levels of mental health and fewer psychological problems.

Keywords: *female-headed households, psychological capital, mental health, psychological problems*

**Abolfazi Bakhshipour¹,
Maryam Nabili Noghabi²**

¹ Assistant Professor, Grade 18,
Department of Psychology, Islamic
Azad University, Bojnourd Branch,
Bojnourd, Iran

² PhD Student, Counseling, Islamic
Azad University, Bojnourd Branch,
Bojnourd, Iran

Corresponding Author:
marynabili100@gmail.com

Introduction

A woman who manages her family for divorce, separation, relocation, or widowhood is a female-headed household (Seyed Fatemi et al., 2015). About 3 million female-headed households are expected to exist in Iran (Orujlo and Khodabakhshi Kolaei, 2016). Furthermore, Iranian statistics suggest a rise in female-headed families in recent decades. More than 2.5 million of Iran's 21 million households are led by women, and the proportion of female-headed households climbed from 9.5% in 2006 to 12.1% in 2011 (Khazarian, S., Kariman, N., Ebadi, A., & Nasiri, M., 2018). Divorce, death, husband addiction, disease and incapacity, greater life expectancy in women, migration or desertion of women by their husbands, tragic accidents, jail, military service, and the husband's unemployment are only a few examples (Horrell, S., & Krishnan, P., 2007).

As one of the most vulnerable groups in society, women are subject to social prejudice and psychological stress. In contrast, female-headed families are more susceptible to these traumas owing to economic, family, and social difficulties. In this regard, Yoosefi Lebni, J., Mohammadi Gharehghani, M. A., Soofizad, G., Khosravi, B., Ziapour, A., & Irandoost, S. F. (2020) with qualitative studies on 26 female-headed households demonstrated that: They suffer from individual problems (tolerance of stress due to multiple roles, role conflict, lack of love and emotional relationships, psychological problems), family (reduction of independence, family tension, poverty) and social problems (social stigma, insecurity, isolation, and social deprivation).

Indeed, the abrupt shift of family headship to a woman places additional stress and duties on this group of women due to motherhood's dual duty, which severely influences their health and psychological difficulties (Herbst, C. M., 2012). Taking care of children, providing shelter, supporting the family financially, and being a father to children will raise these women's duties and, therefore, their stress levels (Bradshaw, S., Chant, S., & Lineker, B., 2017). According to studies, female household heads are mentally and emotionally challenged and feel more stress and anxiety than other females (Pieters, J., 2011). In addition, diminishing self-esteem, diminishing social contacts and isolation, and drowning in everyday life contribute to a decline in the mental health of female household heads (Khosravan et al., 2013; Shabanzadeh et al., 2013; Azadeh and Tafteh, 2015). In their research of 420 female-headed families in Zahedan, Khazarian et al. (2018) found that 72.4% had mental health issues.

Psychological capital (PsyCap) is one of these mental health-related factors (Krasikova, D. V., Lester, P. B., & Harms, P. D., 2015; Estiri, M., Nargesian, A., Dastpish, F., & Sharifi, S. M., 2016; Younas, S., Tahir, F., Sabih, F., Hussain, R., Hassan, A., Sohail, M., ... & Zahra, M., 2020), psychological capital, according to Luthans, F., Youssef, C.M., and Avolio, B.J. (2007), refers to an individual's positive state of psychological development. This situation with 1) Self-Efficacy: the application and pursuit of success in complex tasks 2) Optimism: about current and future achievement 3) Hope: keep going and, if required, reroute your way to your objectives. 4) Resilience: the will to endure obstacles and trials to attain

achievement. In truth, each person's HERO comprises these four elements (Luthans, F., & Youssef-Morgan, C. M., 2017). The positive psychology movement sparked a surge of interest in positivism in the workplace, and Luthans et al. (2007) proposed a scientific framework called "Positivistic organizational behavior" to study and hypothesize positive psychological capacities. Given the significance of adopting a positive, evidence-based, action-oriented, distinctive, and scalable strategy, after more than a decade of study and theorizing, they discovered the four components of Hope, Self-efficacy, Resilience, and Optimism. They suggest that when these components are integrated, they create psychological capital, a higher-level structure (Luthans, 2012).

According to Snyder, C. R. (2000), hope is a positive motivational state that develops from a sense of accomplishment that includes (1) agency (energy and will to attain the objective) and 2) preparing to achieve the goal. In other words, hope requires the will to achieve in addition to discovering, clarifying, and following the routes to success. Women heads of households with employment and money have greater resilience and hope than women heads of households without jobs, according to Orujlo and Khodabakhshi Kolaei (2016). Waiting for favorable outcomes is called optimism, and these outcomes are defined as fixed, general, and internal elements (Luthans, 2017). Consequently, optimistic individuals constantly anticipate good fortune in their lives (Carver, C. S., Scheier, M. F., & Segerstrom, S. C., 2010). According to Taylor, S. E., Kemeny, M. E., and Reed, G. M. (2001), normal human perceptions are accompanied by a positive feeling of self and personal control, as well as an optimistic vision of the future, which helps individuals not only in managing daily life but also in coping with very stressful and life-threatening circumstances. Although optimism and pessimism appear to be somewhat innate (Carver et al., 2010), Seligman's research indicates that they may both be taught (Seligman, M. E., & Csikszentmihalyi, M., 2014). Realistic optimism is sought in psychological capital since unrealistic optimism results in negative outcomes. In realistic optimism, one evaluates what is possible against what is not. Therefore, realistic optimism is crucial for fostering self-efficacy (Luthans et al., 2007).

Self-efficacy is based on Bandura's Social Cognitive Theory (SCT). Bandura presented the notion of self-efficacy for the first time in 1977. According to Bandura's theory, self-efficacy is the feeling of competence, sufficiency, and capacity to deal with life, boosted by fulfilling and maintaining performance requirements and lowered by failing to achieve and keep them. According to Avey, J. B., Patera, J. L., and West, B., those with high self-efficacy. J. (2006) exhibits the following five characteristics: 1) They create ambitious objectives for themselves and do challenging activities to attain them. 2)

They embrace problems and strive diligently to overcome them. Individually, they are incredibly motivated. 4) They do not bother to make an effort to reach their goals. 5) They are resilient in the face of adversity. Research has demonstrated that work boosts women's self-esteem and self-efficacy while empowering them economically (Hill, C., 2011; Downey, G., & Moen, P., 1987). Therefore, working female heads of the family had better health than homemakers (Khodabakhsh Kolaei, 2020; Khazarian et al., 2018). Yousefi et al. (2020) also described these women's ideal self-concept and social maturity due to providing family care.

As a component of psychological capital, resilience refers to a person's ability to manage life's challenges when under stress effectively. This structure is founded on a strengths-based approach and reflects the capacity of people to deal with challenges and risks. (2008). (Gitterman, A., & Germain, C. B.). According to Luthans et al. (2007), resilient individuals possess the following traits: 1) They easily accept life's reality. 2) They consider life worthwhile (their values usually support this belief). They demonstrate remarkable adaptability to large-scale changes. Resilience is a phenomenon that results from human adaptive reactions that allow a person to achieve success and overcome adversity despite encountering significant obstacles (Luthans et al., 2007). According to studies, female-headed families have also proven that resilience has a good and substantial association with physical health, mental health, and social interactions (Rezaei et al., 2017). Resilience training has also enhanced participants' mental health, optimism, and life satisfaction (Naemi, 2015). According to studies, psychological capital is more than the sum of its parts (hope, self-efficacy, optimism, and resilience). Similarly, when all of these elements are evaluated together, they are far more effective than when viewed individually. Therefore, these constituents have a synergistic impact on one another (Luthans et al., 2007). In addition to dealing better with stressful conditions, studies have demonstrated that psychological capital allows individuals to be less worried, have more control over issues, have a clear image of themselves, and be less impacted by everyday occurrences. Consequently, such individuals will have better mental health (Beyrami et al., 2014).

Due to the exposure of female-headed households to inequities and social and psychological issues, it is vital to evaluate their mental health. Paying attention to their psychological abilities, defined as psychological capital, is one of the most significant aspects of their mental health. However, its significance on the mental health of female-headed households has not yet been examined. As a result, this research aims to look at the link between psychological capital and mental health in female-headed households.

Methods

The current research is descriptive and correlational. The study population consisted of all female-headed families in Gonabad in 2020. According to the rule of thumb for correlation research, the sample size should consist of at least 150 individuals (Delavar, 2014). Consistent with previous research (Orujlo and Khodabakhshi Kolaei, 2016; Rezaei et al., 2017; Khazarian et al., 2018; Younas et al., 2020), convenience sampling was used to select 200 female-headed households.

Data Collection Tools

Psychological Capital Intervention (PCI): Luthans, Youssef, and Avolio produced this list (2007). It has 24 items and four subscales measuring self-efficacy, hope, optimism, and resilience and is evaluated on a 6-point Likert scale (strongly disagree = 1 and strongly agree = 6). According to research by Luthans, Avolio, and colleagues (2007), the internal consistency of this list is 0.88. While examining the factor structure of this list in Iran, Alipour, Akhoondi, Sarami Foroushani, and Arab Sheibani (2014) determined that its internal consistency was 0.85.

General Health Questionnaire-12 (GHQ-12): The family of general health questionnaires (60, 30, 28, 20, 12) is a self-report screening tool designed to identify psychiatric disorders in respondents in social and non-psychiatric situations
Table 1. Mean and standard deviation of research variables

Variables	Subscales	Mean	Standard Deviation
Psychological capital	Self-efficacy	23.21	5.31
	Hope	22.34	6.25
	Resilience	21.01	5.34
	Optimism	22.65	4.76
	The total score of psychological capital	91.78	16.20
Mental health	Lack of confidence	3.61	1.57
	Stress and depression	25.41	5.34
	Social dysfunction	8.3	2.9
	Total mental health score	24.31	6.71

Table 2 illustrates the correlation matrix of research variables

Table 2. Correlation matrix of psychological capital and mental health

Row	Variables	1	2	3	4	5	6	7	8	9
1	Self-efficacy	1								
2	Hope	0.63**	1							
3	Resilience	0.53**	0.34**	1						
4	Optimism	0.61**	0.57**	0.24**	1					
5	The total score of psychological capital	0.67**	0.41**	0.37**	0.43**	1				
6	Lack of confidence	-0.35**	-0.26**	-0.29**	-0.36**	-0.37**	1			

(Goldberg, D. P. & Williams, P., 1988; Goldberg, 1972, 1978). This measure consists of three subscales: uncertainty, anxiety-depression, and social dysfunction. Responses are based on a four-point Likert scale (1 = not at all, 4 = very much). A high score on this scale indicates the presence of disease, and a low score indicates no disease and mental health. The 12-item variant of the General Health Questionnaire (Goldberg and Williams, 1988) was utilized in this study. Concerning the validity of this questionnaire, Goldberg and Williams (1988) obtained reasonable values of sensitivity (86%) and specificity (80%) in six GHQ-12 studies. According to Shevlin, M., and Adamson, G. (2005), Cronbach's alpha for this scale is 0.89. While examining the validity of this questionnaire in Iran, Ebadi, Haririchi, Shariati, Garmaroodi, Fateh, and Montazeri (2002) reported 87% sensitivity and 60% specificity. Moreover, the questionnaire's internal consistency was 0.87 according to Cronbach's alpha method.

Findings

Two hundred female-headed households in Gonabad were studied, with a mean age of 41.51 and a standard deviation of 8.37. Table 1 illustrates the mean and standard deviation of the study variables.

7	Stress and depression	-0.42**	-0.47**	-0.36**	-0.45**	-0.42**	0.38**	1		
8	Social dysfunction	-0.23**	-0.36**	-0.39**	-0.36**	-0.46**	0.33**	0.31**	1	
9	Total mental health score	-0.47**	-0.43**	-0.34**	-0.29**	-0.32**	0.41**	0.46**	0.47**	1

**p<0.01

Table 2 illustrates that the components of psychological capital and their total score have a significant negative correlation with the subscales of uncertainty, anxiety-depression, and social dysfunction and the total score of mental health (p<0.01). Because high scores on the General Health Questionnaire-12 imply more psychological issues, the correlation coefficients of the psychological capital components and total score are

Table 3. Multivariate regression coefficient- The role of psychological capital in predicting mental health

Variable	R	R- squared	Adjusted R- squared	F	Significance level
Mental health	0.54	0.29	0.28	18.92	0.00

Table 4. Standardized and non-standardized regression coefficients for predicting mental health based on psychological capital

Predictor variable	B	Beta	T	Significance level
Self-efficacy	-0.16	-0.15	-3.10	0.00
Hope	-0.07	-0.28	-5.47	0.00
Resilience	-0.03	-0.19	-4.58	0.00
Optimism	-0.18	-0.21	-4.01	0.00
The total score of psychological capital	-0.13	-0.18	-5.21	0.00

The tables above show that the psychological capital components and total score significantly and negatively predict psychological problems (and positively and significantly mental health). These Predictor variables explain 28% of the variance in mental health.

Conclusion and Discussion

This research aimed to examine the association between psychological capital and mental health in households headed by women. The results demonstrated a favorable and statistically significant relationship between psychological capital and its components and mental health and its subscales. Furthermore, psychological capital and its components could predict positive and significant mental health. No research has previously been conducted on the relationship between psychological capital and the mental health of female-headed households. However, studies that have examined the relationship between specific components of psychological capital and mental health in female-headed households have produced consistent results. Naomi (2015) discovered that resilience training, one of the components of psychological capital, effectively enhances the mental health, optimism, and life satisfaction of female-headed households. Furthermore,

shown with this negative variable, indicating a positive correlation with "mental health" or, in other words (and according to the table), a negative correlation with "psychological problems."

Tables 3 and 4 demonstrate the multivariate regression coefficients used to study the function of psychological capital in predicting the mental health of female-headed households.

Kapila, G., and Kumar, A. (2015) revealed a positive and statistically positive correlation between resilience, life satisfaction, and the psychological health of divorced Indian women. In addition, a positive correlation between psychological capital and mental health has been shown in research with populations other than female-headed households. In a study of 1889 US Army troops, Krasikova et al. (2015) revealed that soldiers with greater psychological capital levels before deployment were less likely to be diagnosed with psychiatric issues and substance abuse. Estiri et al. (2016) found a significant and positive relationship between nurses' psychological capital and mental health. In a research of 200 students, Younas et al. (2020) found that psychological capital is negatively related to emotional issues. According to the theoretical and empirical framework of positive psychology, positive traits, such as self-efficacy, optimism, resilience, hope, and hardiness, may help individuals avoid mental health issues (Tugade, M. M., & Fredrickson, B. L., 2004). According to Diener and Seligman (2003), optimistic individuals have a better immune system and more life satisfaction. Additionally, resilience boosts people's adaptability and increases their flexibility. Resilience

increases mental health and life happiness by diminishing unpleasant emotions. Studies have also revealed that resilience and mental health have a positive relationship (Hartley, M. T., 2011). Resilient individuals can adjust to environmental changes and recover rapidly when the stresses have passed. However, those with low resilience adjust only somewhat to new circumstances. Moreover, they will gradually return to normal after stressful events (Shi, M., Wang, X., Bian, Y., & Wang, L., 2015).

The correlation plan, which is connected with limitations in examining cause-and-effect relationships between research variables, was one of the constraints of the current study. To investigate causal linkages, it is thus preferable to create experimental designs based on prior research. Furthermore, qualitative research may benefit in gaining better comprehension of the lived realities of female-headed households. Moreover, self-reporting methods are related to the likelihood of data collecting bias. Future research should include observation, interviews, a questionnaire, and other factors that impact female-headed households' psychological status to understand their situation better and devise effective treatments to improve the mental health of this vulnerable population.

Acknowledgments

None.

Conflict of interest

None.

Financial Support

None.

Ethics Statement

All Permissions to conducting this research has been approved.

References

Alipore, A., Akhundi, N., Sarami Forushi, G., Arab Shibani, K. (2014). Validation and Verification of Factor Structure of Psychological asset Questionnaire in Iran Khodro Diesel Experts. *Journal of Psychological Studies*, 10(3), 95-110. DOI: 10.22051/psy.2015.1781 [In Persian]

Azadeh, M., Tafteh, M. (2016). The Obstacles of Happiness from the View of Female-headed Households of Tehran. *Journal of Woman and Family Studies*, 3(2), 33-60. doi:10.22051/jwfs.2016.2207 [In Persian]

Avey, J. B., Patera, J. L., & West, B. J. (2006). The implications of positive psychological capital on employee absenteeism. *Journal of Leadership & Organizational Studies*, 13(2), 42-60. doi:10.1177/10717919070130020401

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191. doi: 10.1037//0033-295x.84.2.191

Bayrami, M., Movahedi, Y., Kodayari, F. (2015). The compersion of psychological capital and quality of life between mothers of healthy and handicapped children. *Iranian Journal of Rehabilitation Research in Nursing*, 1 (2):42-51. URL: <http://ijrn.ir/article-1-73-en.html> [In Persian]

Bradshaw, S., Chant, S., & Linneker, B. (2017). Gender and poverty: what we know, don't know and need to know for Agenda 2030. *Gender, Place & Culture*, 24(12), 1667-1688. doi: 10.1080/0966369X.2017.1395821

Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. *Clinical psychology review*, 30(7), 879-889. DOI: 10.1016/j.cpr.2010.01.006

Delaware, Ali. (2014). *Research Methods in Psychology and Educational Sciences*. Tehran: Virayesh Publishing. [In Persian]

Diener, E. D., & Seligman, M. E. P. (2003). Very happy people. *Psychology Science*, (13), 80-83. DOI: 10.1111/1467-9280.00415

Downey, G., & Moen, P. (1987). Personal efficacy, income, and family transitions: A longitudinal study of women heading households. *Journal of Health and Social Behavior*, 320-333. DOI: 10.2307/2136849

Ebadi, M., Haririchi, A. M., Shariati, M., Garmaroodi, G., Fateh, A. & Montazeri, A. (2003). Translation, determination of reliability, and validity of 12 general health questionnaires. *Payesh Quarterly*, 1 (3), 46-39. DOI: 10.1186/1477-7525-1-66 [In Persian]

Estiri, M., Nargesian, A., Dastpish, F., & Sharifi, S. M. (2016). The impact of psychological capital on mental health among Iranian nurses: considering the mediating role of job burnout. *SpringerPlus*, 5(1), 1-5. doi: 10.1186/s40064-016-3099-z

Gitterman, A., & Germain, C. B. (2008). *The life model of social work practice: Advances in theory and practice*. Columbia University Press.

Goldberg, D. P. & Williams, P. (1988). *User's Guide to the General Health Questionnaire*. Windsor NFER-Nelson.

Goldberg, D. P. (1972). *The detection of psychiatric illness by questionnaire*. London: Oxford University Press.

Goldberg, D. P. (1978). *Manual for the General Health Questionnaire*. Slough, England: NFER-Nelson.

Hartley, M. T. (2011). Examining the relationships between resilience, mental health, and academic persistence in undergraduate college students. *Journal of American College Health*, 59(7), 596-604. DOI: 10.1080/07448481.2010.515632.

Herbst, C. M. (2012). Footloose and fancy-free? Two decades of single mothers' subjective well-being. *Social Service Review*, 86(2), 189-222. DOI: 10.1086/666390

Hill, C. (2011). *Enabling rural women's economic empowerment: Institutions, opportunities, and participation*. In Background paper: UN women expert group meeting Accra, Ghana (pp. 20-23).

Horrell, S., & Krishnan, P. (2007). Poverty and productivity in female-headed households in Zimbabwe. *The journal of development studies*, 43(8), 1351-1380. DOI: 10.1080/00220380701611477

Kapila, G., & Kumar, A. (2015). Life Satisfaction and Resilience among Divorced Women in India. *The International Journal of Indian Psychology*, 3(1), 98-106. DOI: 10.25215/0301.135

Khazaian, S., Kariman, N., Ebadi, A., & Nasiri, M. (2018). Factors associated with mental health and its relation with health-promoting lifestyle in female heads of households: a cross-sectional study. *Iranian Red Crescent Medical Journal*, 20(11). doi: 10.5812/ircmj.64479

Khodabakhshi-Koolae, A. (2020). Comparison of Psychological Hardiness and Resiliency of Employed and Unemployed Female-headed Household. *Journal of Client-Centered Nursing Care*, 6(1), 7-12. DOI: 10.32598/JCCNC.6.1.33.7

Khosravi, S., Salehi, S., Ahmadi, F. & Mansoorian, M. R. (2013) The Experience of Widowed Head of the family during Role Transition: A Qualitative Study. *Journal of Qualitative Research in Health Sciences*, 2 (1), 62-75. URI: <http://eprints.kmu.ac.ir/id/eprint/30677> [In Persian]

Krasikova, D. V., Lester, P. B., & Harms, P. D. (2015). Effects of psychological capital on mental health and substance abuse. *Journal of Leadership & Organizational Studies*, 22(3), 280-291. DOI: 10.1177/1548051815585853

Luthans, F. (2012). Psychological capital: Implications for HRD, retrospective analysis, and future directions. *Human resource development quarterly*, 23(1), 1-8. DOI: 10.1002/hrdq.21119

Luthans, F., & Youssef-Morgan, C. M. (2017). Psychological capital: An evidence-based positive approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 4, 339-366. doi: 10.1146/annurev-orgpsych-032516-113324

Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). Positive psychological capital: Measurement and relationship with performance and satisfaction. *Personnel Psychology*, 60(3), 541-572. doi: [10.1111/j.1744-6570.2007.00083.x](https://doi.org/10.1111/j.1744-6570.2007.00083.x)

Luthans, F., Youssef, C.M., & Avolio, B.J. (2007). *Psychological capital: Developing the human competitive edge*. 1st ed. UK: Oxford University Press.

Naomi, A. M. (2014). The effect of resilience training on mental health, optimism and life satisfaction of women heads of households. *Journal of Positive Psychology*, 3 (3), 44-33.[In Persian]

Orojloo, S., & Khodabakhshi Koolae, A. (2016). Comparison between Personality Traits and Hope among Female-headed Households with or without Tendency towards Remarriage. *SALĀMAT-I IJTIMĀI (Community Health)*, 3(2), 101-110. DOI: [10.32598/JCCNC.6.1.33.7](https://doi.org/10.32598/JCCNC.6.1.33.7) [In Persian]

Pieters, J. (2011). Education and household inequality change: a decomposition analysis for India. *Journal of Development Studies*, 47(12), 1909-1924. DOI: [10.1080/00220388.2011.561323](https://doi.org/10.1080/00220388.2011.561323)

Rezaei, Z., Dehghani, M., Heidari, M. (2018). Quality of Life of Women Heading Family: The Role of Resiliency, and Family Functioning Based on Mc Master Model. *Journal of Family Research*, 13(3), 407-421. [In Persian]

Seligman, M. E., & Csikszentmihalyi, M. (2014). *Positive psychology: An introduction*. In *Flow and the foundations of positive psychology* (pp. 279-298). Springer, Dordrecht.

Seyed Fatemi, N., Rafei, F., Rezaei, M. & Sajjadi, M. (2015). Factors influencing the health of female-headed households: The golden triangle of money, time and energy. *Journal of Knowledge and Health*, 10 (4), 22-13. DOI: [10.1234/knh.v10i4.792](https://doi.org/10.1234/knh.v10i4.792) [In Persian]

Shabanzadeh, A., Zare Bahramabadi, M., Hatami, H., Zahrakar, K. (2014). The relationship between stress coping styles and social support with quality of life of female-headed households. *Quarterly Journal of Women and Society*, 4(16), 1-20. DOI: [20.1001.1.20088566.1392.4.16.1.6](https://doi.org/20.1001.1.20088566.1392.4.16.1.6) [In Persian]

Shevlin, M., & Adamson, G. (2005). Alternative factor models and factorial invariance of the GHQ-12: a large sample analysis using confirmatory factor analysis. *Psychological assessment*, 17(2), 231. DOI: [10.1037/1040-3590.17.2.231](https://doi.org/10.1037/1040-3590.17.2.231)

Shi, M., Wang, X., Bian, Y., & Wang, L. (2015). The mediating role of resilience in the relationship between stress and life satisfaction among Chinese medical students: a cross-sectional study. *BMC medical education*, 15(1), 1-7. DOI: [10.1186/s12909-015-0297-2](https://doi.org/10.1186/s12909-015-0297-2)

Snyder, C. R. (Ed.). (2000). *Handbook of hope: Theory, measures, and applications*. Academic Press.

Taylor, S. E., Kemeny, M. E., & Reed, G. M. (2001). Psychological resources, positive illusions, and health. *Advances in Mind-Body Medicine*, 17(1), 48-48.

Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of personality and social psychology*, 86(2), 320. DOI: [10.1037/0022-3514.86.2.320](https://doi.org/10.1037/0022-3514.86.2.320)

Yoosefi Lebni, J., Mohammadi Gharehghani, M. A., Soofizad, G., khosravi, B., Ziapour, A., & Irandoost, S. F. (2020). Challenges and opportunities confronting female-headed households in Iran: a qualitative study. *BMC women's health*, 20(1), 1-11. doi: [10.1186/s12905-020-01046-x](https://doi.org/10.1186/s12905-020-01046-x)

Younas, S., Tahir, F., Sabih, F., Hussain, R., Hassan, A., Sohail, M., ... & Zahra, M. (2020). Psychological capital and mental health: an empirical exploration in perspective of gender. *Int J Sci Res*, 76. DOI: [10.46661/Fiji.5284](https://doi.org/10.46661/Fiji.5284)