



The role of psychological capital (psycap) in strengthening family resilience post-pandemic

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Abstract. WHO has lifted the pandemic emergency status, where the pandemic has affected family conditions around the world. Currently, research on post-pandemic family resilience is limited and not widely known. Due to changes in habits and new life arrangements, family resilience is needed to face various threats and challenges in current and future situations. This study aims to explain the role of psychological capital in strengthening family resilience. Using quantitative methodology, data were collected online using a convenience sampling technique using self-report measures. Participants were full-time working parents aged 20 years and older. Family resilience was measured using the Walsh Family Resilience Questionnaire (WFRQ), while psychological capital was measured using the Psychological Capital Questionnaire (PCQ). The results of this study indicate that psychological capital family resilience positively influences family resilience in post-pandemic working parents ($r = .555^{**}$, $p < .01$). The components of psychological capital that have the most significant influence on family resilience are self-efficacy and optimism.

Keywords: Family Resilience, Psychological Capital, Post-Pandemic.

1. Introduction

The public health emergency of international concern (PHEIC) status of the covid-19 pandemic has been revoked [1]. The Indonesian government welcomed the decision by revoking the pandemic status to endemic. However, the World Health Organization (WHO) and the Indonesian government emphasized that the virus is a persistent and ever-present health problem and remains a global health threat ([2]; [3]; [1]).

The pandemic that occurred in 2020 is one of the world's deadliest pandemics. Several studies, including meta-analyses, have found that this outbreak not only placed a significant burden on physical health but also affected the mental health of individuals and families around the world ([4]; [5]; [6]; [7][8] [9]; [10]; [11] [12]. These effects are felt not only during the pandemic but also when the pandemic has

entered the endemic period, such as using negative coping strategies that impact financial instability, food insecurity, and income instability [13] ; [14] This means that the impact of the pandemic has long-term consequences for individuals and families.

Studies in several countries, including Indonesia, found increased anxiety, stress, despair about the family's future due to the pandemic, and suicidal thoughts. Some families experienced increased family vulnerability and decreased social and psychological well-being at the onset of the pandemic ([15] [16][17]. Similarly, two years after the pandemic, Indonesian families' well-being declined ([18]; [13]. Some aspects that have declined are physical health, mental health, finances, employment, and social relationships. In addition, the survey also reported high levels of stress, with about 45% of respondents experiencing significant emotional distress, such as anxiety and depression, as a result of the two-year pandemic.

The survey results show that since the pandemic hit, families in Indonesia are still not in good condition. This situation has genuine consequences for family resilience, an essential component that strengthens families. Family resilience as a process is the family's ability, as a functional system, to survive and bounce back from adversity [19][20]. This concept was developed based on family systems theory, a combination of ecological and developmental approaches that can provide an understanding that family resilience is a complex and dynamic process related to social context and continuous development.

Family resilience can develop through the family's ability to use protective factors to overcome difficulties over time. [21], in a literature review of previous empirical studies, classified the protective factors of family resilience into three types: individual-level protective factors, family-level protective factors, and societal-level protective factors. First, individual-level protective factors include positive self-concept, self-regulation, and problem-solving skills. Second, family-level protective factors include effective communication, positive parenting, and family cohesion. Third, community protective factors include social support, resource access, and community involvement. This study will use individual protective factors because this factor is a fundamental foundation in forming a strong family and is a factor that can affect the family's adjustment process to face various problems.

Psychological capital (PsyCap) is individuals' internal capital as a resource to deal with challenges and stress in everyday life. [22], define psychological capital as the state of a person's positive psychological development described by the existence of self-belief (self-efficacy), the existence of positive attributions (optimism), having hope (hope) to achieve success, and being able to survive in the face of problems and difficulties, as well as getting up and going further to achieve success (resilience).

Research on psychological capital has been extensively studied in various organizational settings. These studies show that psychological capital positively contributes to individual and organizational well-being [23]; [24]; [25]; [26].

However, the contribution of psychological capital to family resilience has yet to be well identified, although some studies have shown a positive relationship between family relationships and family satisfaction [27]; [28].

Elements of psychological capital such as hope, self-efficacy, resilience, and optimism can be optimized to strengthen family resilience. These elements make families believe that something good will happen despite the crisis. When families experience failure, they can change their perspective, work together to achieve goals, and believe they can overcome the difficulties they face to move forward more positively. Individuals with high levels of psychological capital can better cope with stress and adversity, which can help their families become more resilient.

The above analysis suggests that the personal resources that individuals possess, namely psychological capital in the family, influence the psychological state of individuals, which in turn can strengthen family resilience. Psychological capital is a significant investment for each individual that needs to be developed in a volatile environment but should be used more optimally. By developing psychological capital, each family member has solid psychological resources that can help families overcome challenges and develop the positive potential of each member. Based on previous research recommendations, this study seeks to conduct further research on other variables that can improve family well-being by examining the role of psychological capital as a variable that can strengthen family resilience.

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The above analysis suggests that high-level personal resources possessed by individuals, namely family psychological capital, influence the psychological state of individuals, which in turn can strengthen family resilience. Unfortunately, research on the role of high-level psychological resources in individuals in strengthening family resilience is limited. Based on previous research recommendations, this study seeks to conduct further research on other variables that can improve family well-being as a strategy for strengthening family resilience.

2. Method

2.1. Subject

The participants of this study were 207 parents working full-time in companies/organizations/agencies, both private and public, living in urban areas in Indonesia, aged between 30 and 60 years old. The research questionnaire was created online and distributed to the participants through Facebook, WhatsApp groups, Instagram, and other social media platforms. Before completing the online questionnaire, participants were informed about the purpose of the study, the research procedure, an explanation of confidentiality, and a consent form.

2.2. Measurement

Family resilience was measured using the Walsh Family Resilience Questionnaire (WFRQ) from [29] which has been adapted by [30]. This questionnaire consists of 36 favorable items, uses a Likert scale score of 1-5, and has been estimated with a reliability of $\alpha = 0.88$. The WFRQ consists of three main scales, namely the family belief system (items 1-13) with sub-components of meaning-making, positive outlook, and transcendence, the family organization process with sub-components of flexibility, connectedness, and social-economic resources (items 14-22) and the family communication process (items 23-36) with sub-components of clarity, emotional sharing, and collaborative problem-solving.

Psychological capital was measured using the Psychological Capital Questionnaire (PCQ-24) developed by Luthans, Avolio, et al. (2007) Each dimension consisted of 24 items, and each dimension, namely hope, resilience, and optimism, comprised six items. Psychological capital is measured as a higher-order construct by looking at the total of each component. The Cronbach's alpha coefficient of this measuring instrument on each component is 0.72 (hope); 0.75 (self-efficacy); 0.71 (resilience); 0.74 (optimism), while as a higher order construct, it is 0.95 (Luthans, Avolio, et al., 2007).

The data obtained from the above measures were then analyzed using simple linear regression analysis. This data analysis aims to determine the contribution of psychological capital to family resilience.

3. Results

Respondents in this study are parents, age 20 or above, and work full-time. The following is a description of the demographic profile of the respondents in this study.

Characteristics of respondents	Frequency	Percentage (%)
Age		
20 sd 39	149	72
40 sd 59	37	17.9
Total	207	100.0
Gender		
Male	94	45.4

Characteristics of respondents	Frequency	Percentage (%)
Female	113	54.6
Total	207	100.0
Length of marriage		
< 1 th	4	1.9
1 - 10 th	107	51.7
11 - 20 th	74	35.7
21 - 30 th	17	8.2
31 - 40	5	2.4
Total	207	100.0

Tabel 1. Respondent characteristics based on age, gender, and length of marriage

The results of the descriptive statistical analysis in Table 1 show that most of the participants involved in this study (n=207) were between 20 and 39 years old (72%), with an average length of marriage of 1 to 10 years (51.7%). Meanwhile, the gender of the participants in this study was almost balanced. The difference between male and female respondents was minimal, with 45.5% male (94 respondents) and 54.6% female (113 respondents).

Characteristics of respondents	Frequency	Percentage (%)
Country		
Jawa Timur	125	60.4
Jawa Tengah	32	15.5
DKI Jakarta	8	3.9
Jawa Barat	8	3.9
Other	34	16.5
Total	207	100
Education		
Undergraduate	114	55.1
Post graduate	65	31.4
SMA	12	5.8
S3	9	4.3
Diploma	5	2.4
Other	2	1.0
Total	207	100
Profession		
Civil servant	42	20.3
Lecturer	36	17.4
Teacher	52	25.1
Private employee	45	21.7
Social worker	7	3.4
HRD	4	1.9
Other	21	10.1
Total	207	100

Tabel 2. Respondent characteristics based on location, education, and occupation

Based on the table, it can be understood that the average respondent comes from East Java (n = 125; 60.4%), while the number of other respondents, such as Sumatra, Kalimantan, Sulawesi, and others, amounted to 16.5% (n = 34). Meanwhile, seen

from the level of education dominated by Bachelor ($n = 114$; 55.1%), and the average occupation of the respondents is teacher ($n = 42$; 25.1%).

	M	SD	Category		
			High	Medium	Low
Family Resilience	155.12	16.297	98.1%	1.9%	0%
Psychological Capital	114.15	13.706	87.9%	12.1%	0%

Table 3. Results of Data Categorization Analysis

		M	SD	1	2
1	Family Resilience	155.12	16.297	1	
2	Psychological Capital	114.15	13.706	.555**	1

N = 207

** Signifikan, $p < 0.01$

*Signifikan, $p < 0.05$

Table 4. Results of the analysis of relationships between variables

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.555a	.308	.304	13.591

a. Predictors: (Constant), t_PsyCap

Table 5. Contribution of Psychological Capital to Family Resilience

Based on the analysis results in Table 3, it was found that the level of family resilience in Indonesia after the pandemic was not low and fell into the high category, namely 98.1% ($n = 203$). The same thing was found in psychological capital, where 87.9% ($n = 182$) of respondents had high psychological capital. The results of the relationship analysis between the variables showed that there was a positive and significant effect of psychological capital (PsyCap) on family resilience ($r = .555^{**}$, $p < .01$). This relationship indicates that the higher the psychological capital of the parents, the higher the perceived family resilience. Table 5 explains the contribution of psychological capital to family resilience. The table shows that psychological capital's contribution to family resilience is 30.8% (R Square 0.308), while other factors influence 69.5%.

PsyCap Components	Beta (β)	Sig
Self-Efficacy	.245	.015*
Hope	.166	.119
Resilience	.026	.752
Optimism	.236	.001*

a. Dependent Variable: Family Resilience

Table 6. The Impact of Psychological Capital Components on Family Resilience

According to the table, the self-efficacy ($\beta = 0.245$) and optimism ($\beta = 0.236$) components contribute the most and significantly to family resilience compared to other components. Meanwhile, the Hope and Resilience components are insignificant in family resilience.

4. Discussion

This research analysis shows that psychological capital, as a higher-order construct, contributes significantly to strengthening family resilience. This means that parents with psychological capital, namely hope, confidence, resilience, and high optimism, tend to have good family resilience. The results of this study support research conducted by Benzie & Mychasiuk (2009), which provides empirical evidence that positive qualities in individuals are one of the essential components in strengthening family resilience. That is, an increase in the positive quality of an individual as a family member is associated with an increase in the quality of family resilience. Conversely, a decrease in the functioning of one family member can lead to changes in the functioning of all family members, affecting family resilience.

The results of this study are also consistent with [31], bioecological theory as an evolution of the previous ecological theory. This bioecological theory is more comprehensive because it includes the dynamic interaction between biological, psychological, and environmental factors in shaping a person's development. This theoretical model explains that four essential elements influence human development: process, person, context, and time or PPCT.

Psychological capital is part of the person's characteristics in this bioecological theory: strength and resources. Person refers to the dimensions of a person's personality: force, resource, and demand [31]. Force refers to dynamic personality characteristics that can help or hinder the proximal process. In contrast, resource refers to individuals' biological, mental, or experiential resources to the proximal process. As a set of positive psychological resources, psychological capital helps individuals achieve goals to function well in their microsystem environment, the family.

In general, the level of family resilience in this study is in the high category, which means that it is directly proportional to family welfare. Although the results of this study cannot be generalized, this finding provides a different perspective from the findings of a previous survey which found that the welfare of Indonesian families has decreased [18]. This study examines welfare perceptions in physical conditions, social relationships, family, finances, and work in 21 countries, including Indonesia.

However, Indonesia's welfare perception index (63.8) is better than neighboring countries such as Singapore (59.2) and Thailand (62.5).

The finding of high family resilience in this study is because some families have one of several family strength characteristics that grew during the pandemic in Indonesia. [32], in their research, explained that despite facing challenges and various pressures, resilient families show growth with some of the strong characters they have. These strengths are open communication, intimacy, cooperation, problem-solving, financial stability, spirituality, gratitude, and optimism. They are complemented by two other aspects: self-strengthening and caring for the needs of others.

Self-strengthening can be done using personal resources, namely psychological capital (PsyCap). Psychological capital has four dimensions: hope, confidence, resilience, and optimism. These four dimensions are higher-order constructs that can help families better cope with challenges and stressors. Recent research has found that psychological capital can improve quality of life and well-being, help individuals cope with stress and adversity, and enhance problem-focused coping skills [33]; [34]. Individuals with high levels of psychological capital can better cope with adversity and challenging situations to experience quality of life and higher levels of subjective well-being.

Psychological capital has also been found to increase an individual's positive value, such as the ability to see a problem from a different perspective [35]; [36]. A person's ability to see a different perspective is inextricably linked to hope and optimism, which is associated with a positive outlook as an essential component of resilience [37]. Optimism strongly embedded in the family can strengthen family resilience because families with high levels of optimism tend to encourage family members to be actively involved in finding solutions to their problems [38]; [19]. This condition allows families to realize a better future, especially since they are fully aware that there are things they cannot achieve, so they accept it with a spacious heart.

The results of this study extend the knowledge of previous research on psychological capital in the family context, which still needs to be improved. In the family context, psychological capital was found to minimize work-family conflict ([39]; [40]; [40], positively related to family satisfaction [27] and family relationships ([28]. That is, individuals who have high psychological capital tend to have high family well-being and satisfaction. These findings can provide a more specific understanding of how personal resources, namely psychological capital, can help families overcome challenges and strengthen family resilience.

The components of psychological capital that contribute significantly to family resilience are self-efficacy and optimism. These findings support previous research that found that self-efficacy and optimism are protective factors against the psychological effects of the pandemic and can reduce symptoms of posttraumatic stress caused by the pandemic [41]; [42]; [32]; [40]. Other research also suggests that

optimism is a trait that can promote the development of family resilience [43]; [44]; [45]. An optimistic outlook on life can foster hope for the future and give families the strength to cope with unexpected situations [19].

This study has several limitations. First, this study uses convenience sampling, so the distribution of demographics has minimal variation. It is expected that future research will use more careful sampling to obtain a representative sample. Secondly, this research on family resilience uses one perspective, the parent's perspective; further research is expected to look at family resilience from multiple perspectives. Future research needs to pay attention to several things. First, it must consider protective or promotive factors that can strengthen family resilience after a pandemic. This is because the pandemic has changed the order, and some things have changed, such as social relationships, education, and work. Second, it is necessary to use mixed methods to provide a more comprehensive picture of family resilience, which future research needs to use. Finally, family resilience is an ability that is not inherent in a family but is developed over time following various events the family faces. Therefore, research on family resilience needs to be further developed.

5. Conclusion

As a higher-order construct, psychological capital contributes significantly to strengthening family resilience. This means that an increase in the positive quality of an individual as a family member is associated with an increase in the quality of family resilience. Conversely, a decrease in the functioning of one family member can lead to changes in the overall functioning of the family members, impacting family resilience. The level of family resilience in this study is in the high category, meaning that it is directly proportional to family well-being. The finding of high family resilience in this study is because some families have one of several family strength characteristics that increased during the pandemic in Indonesia.

References

- [1] J. Wise, "Covid-19: WHO declares end of global health emergency," *BMJ*, vol. 381, p. p1041, 2023, doi: 10.1136/bmj.p1041.
- [2] S. K. RI, "Pemerintah resmi cabut status pandemi COVID-19." [Online]. Available: <https://setkab.go.id/pemerintah-resmi-cabut-status-pandemi-covid-19/>
- [3] N. Torner, "The end of COVID-19 public health emergency of international concern (PHEIC): And now what?," *Vacunas (English Edition)*, vol. 24, no. 3, pp. 164–165, 2023. doi: 10.1016/j.vacune.2023.05.001.
- [4] K. T. Cost *et al.*, "Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents," *Eur.*

- Child Adolesc. Psychiatry*, vol. 31, no. 4, pp. 671–684, 2022, doi: 10.1007/s00787-021-01744-3.
- [5] W. Cullen, G. Gulati, and B. D. Kelly, “Mental health in the COVID-19 pandemic,” *Qjm*, vol. 113, no. 5, pp. 311–312, 2020, doi: 10.1093/QJMED/HCAA110.
- [6] D. Janiri, A. Carfi, G. D. Kotzalidis, R. Bernabei, F. Landi, and G. Sani, “Posttraumatic Stress Disorder in Patients after Severe COVID-19 Infection,” *JAMA Psychiatry*, vol. 78, no. 5, pp. 567–569, 2021, doi: 10.1001/jamapsychiatry.2021.0109.
- [7] A. Kumar and K. R. Nayar, “COVID 19 and its mental health consequences,” *J. Ment. Heal.*, vol. 30, no. 1, pp. 1–2, 2020, doi: 10.1080/09638237.2020.1757052.
- [8] V. S. Neculicioiu, I. A. Colosi, C. Costache, A. Sevastre-Berghian, and S. Clichici, “Time to Sleep?—A Review of the Impact of the COVID-19 Pandemic on Sleep and Mental Health,” *Int. J. Environ. Res. Public Health*, vol. 19, no. 6, 2022, doi: 10.3390/ijerph19063497.
- [9] R. K. Singh, R. Bajpai, and P. Kaswan, “COVID-19 pandemic and psychological wellbeing among health care workers and general population: A systematic-review and meta-analysis of the current evidence from India,” *Clin. Epidemiol. Glob. Heal.*, vol. 11, p. 100737, 2021, doi: 10.1016/j.cegh.2021.100737.
- [10] G. M. de Sousa Júnior *et al.*, “Mental Health in COVID-19 Pandemic: A Meta-Review of Prevalence Meta-Analyses,” *Front. Psychol.*, vol. 12, 2021, doi: 10.3389/fpsyg.2021.703838.
- [11] N. Vindegaard and M. E. Benros, “COVID-19 pandemic and mental health consequences: Systematic review of the current evidence,” *Brain. Behav. Immun.*, vol. 89, pp. 531–542, 2020, doi: 10.1016/j.bbi.2020.05.048.
- [12] C. Wang *et al.*, “Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China,” *Int. J. Environ. Res. Public Health*, vol. 17, no. 5, pp. 1–25, 2020, doi: 10.3390/ijerph17051729.
- [13] Unicef, UNDP, Prospera, and SMERU, *Analisis Dampak Sosial dan Ekonomi COVID-19 pada Rumah Tangga dan Rekomendasi Kebijakan Strategis untuk Indonesia*. Smeru Research Institute, 2021.
- [14] UNICEF, UNDP, Prospera, and SMERU, “The social and economic impact of COVID-19 on households in Indonesia | UNICEF Indonesia.” Jakarta, Indonesia, 2022.
- [15] Okriyanto *et al.*, “Family Situation at the Early of COVID-19 Pandemic in Indonesia,” in *PROCEEDING: ISFCI 2020 The 3rd International Seminar on Family and Consumer Issues in Asia Pacific: “Strengthening Family Resilience during the COVID-19,”* Pacific, Bogor, Indonesia, 2020, pp. 108–119.
- [16] PDSKJI, “Masalah Psikologis 2 Tahun Pandemi COVID-19 di Indonesia,” [Http://Pdiskji.Org/Home](http://Pdiskji.Org/Home). 2022.

- [17] E. Sunarti, A. F. Fithriyah, N. Khoiriyah, W. Novyanti, I. Islamia, and V. R. Hasanah, "Portrait of Indonesian Family During One Year the COVID-19 Pandemic: Analysis of Factors Influencing Family Welfare and Resilience," *J. Disaster Res.*, vol. 17, no. 1, pp. 31–42, 2022, doi: 10.20965/jdr.2022.p0031.
- [18] S. Kiki, "Survei Cigna: Akibat Pandemi Covid-19, Indeks Persepsi Kesejahteraan Indonesia Terus Menurun," *Kompas.Com*, 2021, [Online]. Available: <https://money.kompas.com/read/2021/09/29/133125026/survei-cigna-akibat-pandemi-covid-19-indeks-persepsi-kesejahteraan-indonesia?page=all>
- [19] F. Walsh, "Family resilience: A framework for clinical practice," *Fam. Process*, vol. 42, no. 1, pp. 1–18, 2003, doi: 10.1111/j.1545-5300.2003.00001.x.
- [20] F. Walsh, "Family resilience: A dynamic systemic framework," in *Multisystemic Resilience: Adaptation and Transformation in Contexts of Change*, Oxford University Press, 2021, pp. 255–270. doi: 10.1093/oso/9780190095888.003.0015.
- [21] K. Benzies and R. Mychasiuk, "Fostering family resilience: A review of the key protective factors," *Child Fam. Soc. Work*, vol. 14, no. 1, pp. 103–114, 2009, doi: 10.1111/j.1365-2206.2008.00586.x.
- [22] F. Luthans, C. M. Youssef, and B. J. Avolio, "Psychological Capital: Developing the Human Competitive Edge," in *Psychological Capital: Developing the Human Competitive Edge*, 2007, pp. 1–256. doi: 10.1093/acprof:oso/9780195187526.001.0001.
- [23] D. Daraba, H. Wirawan, R. Salam, and M. Faisal, "Working from home during the corona pandemic: Investigating the role of authentic leadership, psychological capital, and gender on employee performance," *Cogent Bus. Manag.*, vol. 8, no. 1, p. 1885573, 2021, doi: 10.1080/23311975.2021.1885573.
- [24] H. M. Nguyen and T. T. Ngo, "Psychological capital, organizational commitment and job performance: A case in Vietnam," *J. Asian Financ. Econ. Bus.*, vol. 7, no. 5, pp. 269–278, 2020, doi: 10.13106/JAFEB.2020.VOL7.NO5.269.
- [25] D. Pathak and G. Joshi, "Impact of psychological capital and life satisfaction on organizational resilience during COVID-19: Indian tourism insights," *Curr. Issues Tour.*, vol. 24, no. 17, pp. 2398–2415, 2021, doi: 10.1080/13683500.2020.1844643.
- [26] A. Purwanto, M. Asbari, Hartuti, Y. N. Setiana, and K. Fahmi, "Effect of Psychological Capital and Authentic Leadership on Innovation Work Behavior," *Int. J. Soc. Manag. Stud.*, vol. 02, no. 01, pp. 1–13, 2021.
- [27] O. L. Siu, Q. Kong, and T. K. Ng, "Psychological capital and family satisfaction among employees: Do occupational stressors moderate the relationship?," *Int. J. Environ. Res. Public Health*, vol. 18, no. 22, 2021, doi: 10.3390/ijerph182212260.
- [28] K. Zeng, Y. Li, and R. Yang, "The mediation role of psychological capital

- between family relationship and antenatal depressive symptoms among women with advanced maternal age: a cross sectional study,” *BMC Pregnancy Childbirth*, vol. 22, no. 1, p. 488, 2022, doi: 10.1186/s12884-022-04811-y.
- [29] F. Walsh, *Strengthening Family Resilience*, 3rd ed. New York: The Guilford Press, 2015.
- [30] S. Redatin, R. Pudjiati, S. Hartati, and D. Reksodiputro, “Family Resilience Model: The influence of cultural identity, coping, family strain, socioeconomic status, and community support to the formation of family resilience among Batak Toba ethnic group,” *Makara Hum. Behav. Stud. Asia*, vol. 25, no. 2, pp. 153–169, Dec. 2021, doi: 10.7454/hubs.asia.1131121.
- [31] U. Bronfenbrenner and P. Morris, “The ecology of developmental processes,” *Handb. child Psychol. Theor. Model. Hum. Dev.*, vol. 01, no. 9, pp. 793–828, 2006.
- [32] T. D. Valentina and F. A. Nurcahyo, “Family Strength During the COVID-19 Pandemic in Indonesia,” *J. Fam. Issues*, vol. 44, no. 8, pp. 2054–2075, 2023, doi: 10.1177/0192513X211068921.
- [33] A. Chiracu *et al.*, “Psychological capital, quality of life, and well-being in mother caregivers of individuals with down syndrome,” *Front. Psychol.*, vol. 14, p. 1145104, 2023, doi: 10.3389/fpsyg.2023.1145104.
- [34] H. Wang, T. K. Ng, and O. ling Siu, “How does psychological capital lead to better well-being for students? The roles of family support and problem-focused coping,” *Curr. Psychol.*, vol. 42, no. 26, pp. 22392–22403, 2023, doi: 10.1007/s12144-022-03339-w.
- [35] J. B. Avey, F. Luthans, R. M. Smith, and N. F. Palmer, “Impact of positive psychological capital on employee well-being over time.,” *J. Occup. Health Psychol.*, vol. 15, no. 1, pp. 17–28, 2010, doi: 10.1037/a0016998.
- [36] J. B. Avey, J. L. Nimmicht, and N. Graber Pigeon, “Two field studies examining the association between positive psychological capital and employee performance,” *Leadersh. Organ. Dev. J.*, vol. 31, no. 5, pp. 384–401, 2010, doi: 10.1108/01437731011056425.
- [37] W. C. Cannon, “Strengthening Family Resilience,” *Am. J. Fam. Ther.*, vol. 36, no. 3, pp. 262–263, 2008, doi: 10.1080/01926180701290867.
- [38] M. E. P. Seligman, *Learned Optimism: How to Change Your Mind and Your Life*, vol. 9, no. 3. Vintage, 2006.
- [39] O. M. Karatepe and G. Karadas, “The effect of psychological capital on conflicts in the work-family interface, turnover and absence intentions,” *Int. J. Hosp. Manag.*, vol. 43, pp. 132–143, 2014, doi: 10.1016/j.ijhm.2014.09.005.
- [40] M. Zhou, D. Wang, L. Zhou, Y. Liu, and Y. Hu, “The Effect of Work-Family Conflict on Occupational Well-Being Among Primary and Secondary School Teachers: The Mediating Role of Psychological Capital,” *Front. Public Heal.*, vol. 9, 2021, doi: 10.3389/fpubh.2021.745118.
- [41] M. Bidzan, I. Bidzan-Bluma, A. Szulman-Wardal, M. Stueck, and M. Bidzan, “Does Self-Efficacy and Emotional Control Protect Hospital Staff From COVID-19 Anxiety and PTSD Symptoms? Psychological Functioning of

- Hospital Staff After the Announcement of COVID-19 Coronavirus Pandemic,” *Front. Psychol.*, vol. 11, 2020, doi: 10.3389/fpsyg.2020.552583.
- [42] S. Puig-Perez *et al.*, “Optimism as a protective factor against the psychological impact of COVID-19 pandemic through its effects on perceived stress and infection stress anticipation,” *Curr. Psychol.*, 2022, doi: 10.1007/s12144-022-02819-3.
- [43] A. P. Greeff and M. de Villiers, “Optimism in family resilience,” *Soc. Work Pract. Res.*, vol. 20, no. 1, pp. 21–34, 2008.
- [44] A. Greeff, A. Vansteenwegen, and M. Ide, “Resilience in families with a member with a psychological disorder,” *Am. J. Fam. Ther.*, vol. 34, no. 4, pp. 285–300, 2006, doi: 10.1080/01926180600637465.
- [45] A. P. Greeff and A. Wentworth, “Resilience in families that have experienced heart-related trauma,” *Curr. Psychol.*, vol. 28, no. 4, pp. 302–314, 2009, doi: 10.1007/s12144-009-9062-1.

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