



Research Paper

The Relationship of Social Support and Psychological Capital with Empowerment of Female Heads of Households: The Mediating Role of Cognitive Emotion Regulation



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ABSTRACT

Background: Female heads of households (FHHs) experience more anxiety and stress which result in many mood swings that can affect their belief in their capabilities and decrease the feeling of enjoyment of life.

Objectives: The present study aimed to investigate the relationship between social support and psychological capital with the empowerment of female heads of households through the mediating role of cognitive emotion regulation.

Materials & Methods: The current descriptive cross-sectional study was performed on all female heads of households referring to Imam Khomeini Relief Foundation and the Welfare Department of Yasuj city, of whom, 250 were selected as the sample using convenience sampling method. The psychological empowerment instrument, the psychological capital questionnaire, the multidimensional scale of perceived social support, and the cognitive emotion regulation Questionnaire (short form) were used to collect data. Data were then analyzed using Pearson correlation coefficient and path analysis in SPSS and AMOS 25.

Results: The results showed that there was a positive correlation between empowerment and social support ($r=0.29$), psychological capital ($r=0.44$), and adaptive emotion regulation ($r=0.36$). Moreover, there was a negative correlation between empowerment and maladaptive emotion regulation ($r=-0.35$). The results showed that the indirect correlation of social support and psychological capital with the empowerment of the FHHs was significant through the mediating role of cognitive emotion regulation ($P<0.001$).

Conclusion: The proposed model had a good fit. Empowering FHHs and improving their social support and psychological capital will enable them to deal with stress resulting from daily problems.

Keywords: Social Support, Emotions, Empowerment, Psychological Capital, Women

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1. Introduction

As the smallest social unit, the family is essential to social health and survival and dramatically influences society's social, economic, and cultural conditions [1, 2]. The term female heads of households (FHHs) refers to women who head households, manage the household economy and make major decisions without the regular presence or support of an adult male [3, 4]. Nowadays, 60% of women worldwide are family breadwinners while 37.5% of households are female-headed [5]. Therefore, these women, who are nowadays responsible for family life, are very vulnerable. The relative lack of welfare and the deep gap between their status and social welfare indicators such as health, education, skills, and the other problems of FHHs have created a vicious cycle of deprivation that gradually threaten their lives [6]. Therefore, these women must be empowered so that they can face these problems.

Since FHHs individually and collectively are powerless and suffer from discrimination, their empowerment is an essential part of the vision, social work, and efforts toward social justice [7]. Women face many problems and harm due to their multiple roles, the traditional thinking governing society, personal thoughts and beliefs, lack of access to supportive social networks, and in general, because of the lack of social empowerment [8]. Homaei and Sayyahi [9] reported that empowerment increased self-efficacy, entrepreneurship, and family cohesion in FHHs. Turns et al. [10] concluded that empowerment could promote people's self-regulation and self-control.

Social support is defined as a source of support established by others, especially friends, family, and even the environment. Lack of social support affects women's psychological state. Certain social support models, such as the direct effect model and the indirect effect model, stress the effect of social support on health. The direct effect model states that simply having social support can benefit health, whereas, in the indirect effect model, it can support the individual against pressures [11]. Social support reduces tension, increases survival rate, and improves the quality of life by playing the mediating role between stressful factors and the incidence of physical and mental problems and also by strengthening people's understanding [12].

Psychological capital is another factor that can promote the empowerment of FHHs. Psychological capital is a personal resource that promotes a person's ability to deal with difficult situations and improves psychological

well-being [13]. Poor psychological capital negatively affects health and, according to the theory of psychological capital, people with greater psychological capital have a positive attitude and better behavioral performance [14, 15]. There are four components of psychological capital, namely self-efficacy, hope, resilience, and optimism. Self-efficacy is defined as the belief in one's abilities to organize and implement the course of action necessary for success. Self-efficacy can be defined as the level of self-confidence. Hope is defined as a personal preference for tolerance to achieve goals and, if necessary, change the direction towards specified goals to ensure success. Optimism is having positive thoughts of success in the present and future, and resilience is successful resistance to challenging situations, which is essential to a person's adjustment and an important factor for solving and overcoming problems [16].

Cognitive emotion regulation actually refers to the cognitive method of managing and manipulating the entry of emotion-inducing information that can improve people's quality of life. Cognitive emotion regulation consists of internal and external processes involved in starting, continuing, and regulating events, tensions, and expressing emotions [17]. The inability to cognitively regulate emotion provides various fields of mental disorders, and the existence of ability in this field has inverse relationships with the signs and symptoms of mental disorders such as depression and anxiety [8]. Improving emotional regulation in FHHs is associated with improving their happiness and self-efficacy [18]. Considering that the role of the head of the household is challenging for women and they have to make decisions in the face of mental, social, emotional, academic, and behavioral problems of their children in the future, they must have a social status [19]. The literature suggests a correlation between social capital and psychological empowerment among FHHs [20]. The present study aimed to determine the relationship between social support and psychological capital with the empowerment of FHHs through the mediating role of cognitive emotion regulation in Yasuj.

2. Materials and Methods

The statistical population of this descriptive cross-sectional study covered all FHHs in Yasuj city. In this study, the research sample was selected from the FHHs referring to Imam Khomeini Relief Foundation and the Welfare Department of Yasuj city. Given the minimum of 15-20 people for each predictor variable in correlational studies, 250 FHHs female-headed households were selected as the sample using convenience sampling method. The study began after receiving informed consent

from the participants, who were briefed on the topic, the purpose and the process of the study, and on the observance of ethical principles. The inclusion criteria were being FHHs, age range between 30-50 years, no mental health problems and underlying diseases, no stressful events in recent months, and submitting informed consent to participate in the research, and the exclusion criteria were failures to complete all the questionnaires and unwillingness to participate in the study. After selecting the research sample, the participants were invited to attend Yasuj welfare office for a certain period to complete the research questionnaires. After the participants came, the first author of the study provided them with the necessary instructions to complete the questionnaires.

Research instruments

Psychological Empowerment Instrument: The empowerment variable in this tool that was developed by Spreitzer [21] consists of 5 components, namely meaning, competence, self-determination, impact, and trust in others. The psychological empowerment instrument has 15 items scored on a five-point Likert scale (1: completely disagree to 5: completely agree). The range of scores of this questionnaire is 15 to 75, and a higher score indicates greater empowerment. Cronbach's alpha of the Persian version of the Psychological Empowerment Instrument was 0.82 [22].

Psychological Capital Questionnaire: The Psychological Capital Questionnaire developed by Luthans et al. [23], this questionnaire has 24 items that cover four dimensions of six questions each, which include self-efficacy, hope, resiliency, and optimism. The participants answer each question on a 6-point Likert scale (from strongly disagree to strongly agree). Higher scores represent higher levels of psychological capital. The score range of this questionnaire is 24 to 144 and the higher score indicates more psychological capital. The reliability of the Persian version of the Psychological Capital Questionnaire was estimated to be 0.89 based on Cronbach's alpha coefficient [24].

Multidimensional Scale of Perceived Social Support Questionnaire: The Multidimensional Scale of Perceived Social Support Questionnaire Developed by Zimet et al. [25], this 12-item instrument was designed to assess perceived social support from three sources, namely family, friends, and significant others. It measures the individual's perceived social support in each of the three areas on a five-option spectrum ranging from completely disagree (1) to completely agree (5). The score range of the Multidimensional Scale of Perceived

Social Support Questionnaire is 12–60. Higher scores imply higher levels of perceived social support. The authors reported the reliability of the Persian version of the Multidimensional Scale of Perceived Social Support Questionnaire as 0.89 [26].

Cognitive Emotion Regulation Questionnaire (Short Form): The original version of Garnefski Kraaij's [27] questionnaire is used to identify people's cognitive coping strategies after experiencing negative events or situations. Hasani [28] developed its Persian version. The short-form Persian version of this questionnaire has 18 items and is a self-report instrument with scores ranging from 1 (almost never) to 5 (almost always). Its subscales include 9 strategies in two dimensions: adaptive cognitive emotion regulation such as positive refocusing strategy (planning) and positive evaluation (broadening the perspective), and maladaptive cognitive emotion regulation such as self-blame, blaming others, rumination, catastrophizing, and acceptance. The range of scores for the dimensions of this questionnaire is 9 to 45. A higher score indicates a higher cognitive emotion regulation. The reliability of the Persian version of the Cognitive Emotion Regulation Questionnaire was estimated to be 0.92 based on Cronbach's alpha coefficient [28].

Statistical analyses

Descriptive and inferential statistics such as mean, standard deviation (SD), and Pearson's correlation coefficient were used for data analysis. Tolerance and variance inflation factor (VIF) was used to investigate the multiple collinearities of the variables. Moreover, chi-square (χ^2), normalized chi-square, normalized fit index (NFI), comparative fit index (CFI), incremental fit index (IFI), Tucker-Lewis index (TLI), and the root mean square error of approximation (RMSEA) was used to check the fit of the model. To investigate the mediating contribution of cognitive emotion regulation among the research variables, the bootstrap method was used. The hypothetical model of the current research is presented in Figure 1. Structural equation modeling was used to evaluate the proposed model, and SPSS and AMOS 25 were used for data analysis.

3. Results

The data of 250 FHHs with mean age of 41.22 (SD=5.78) years were analyzed. The demographic characteristics of the women participating in this study are presented in Table 1. Table 2 shows descriptive statistics and bivariate correlations coefficients between study variables

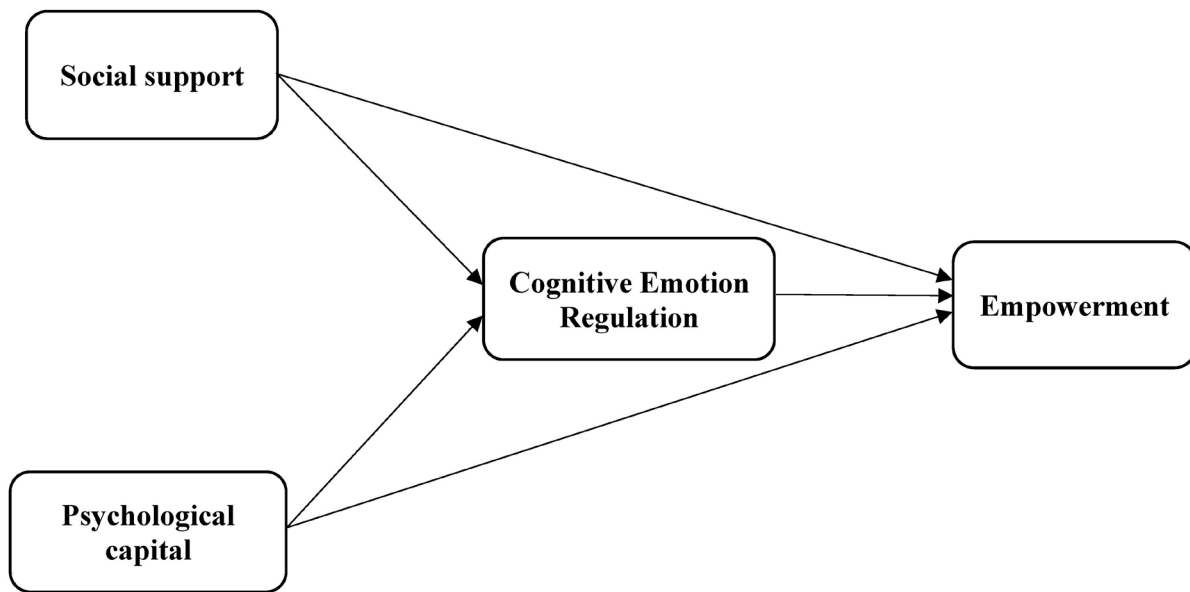


Figure 1. The hypothetical model of the research



The values of VIF (<10) and tolerance (>0.01) indicated the absence of multiple collinearities. According to Table 3, all goodness-of-fit indices such as χ^2 , NFI, CFI, IFI, TLI, and RMSEA showed that the proposed model had an acceptable fit with the data.

The standardized path coefficients in the proposed model are shown in Figure 2 and Table 4. The results showed there was a direct relationship between social support ($\beta=0.21$; $P=0.001$) and psychological capital ($\beta=0.30$; $P=0.001$) with adaptive emotion regulation in the FHHs. Moreover, there was a direct and negative relationship between social sup-

port ($\beta=-0.27$; $P=0.001$) and psychological capital ($\beta=-0.29$; $P=0.001$) with maladaptive emotion regulation in the FHHs. Also, the results indicated there was a direct relationship between adaptive emotion regulation ($\beta=0.21$; $P=0.001$), maladaptive emotion regulation ($\beta=-0.19$; $P=0.001$), and psychological capital ($\beta=0.28$; $P=0.001$) with empowerment in the women. There was no significant relationship between social support and empowerment in the FHHs. The results suggested that cognitive regulation was able to mediate between social support and empowerment and between psychological capital and empowerment (Table 4).

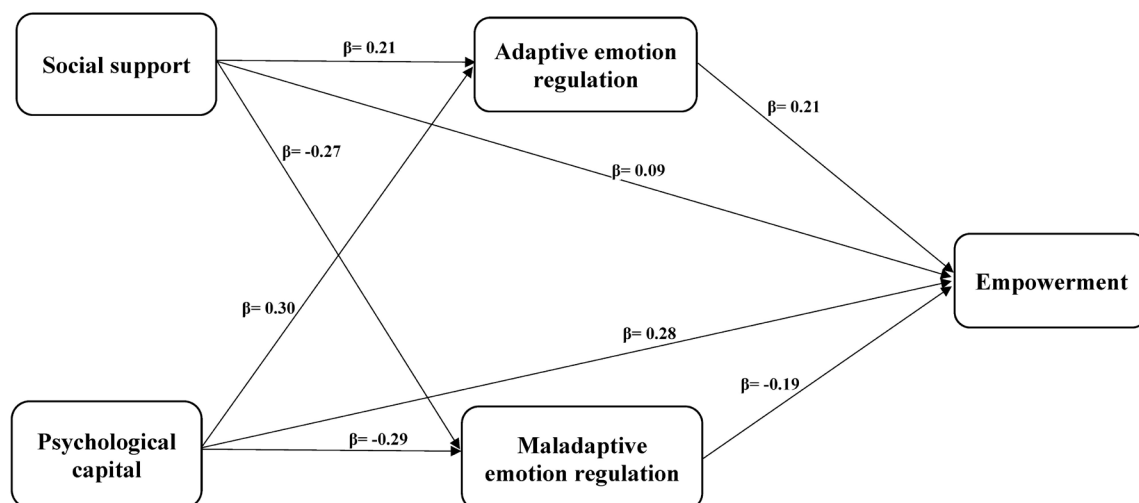


Figure 2. The final model of the mediating role of cognitive emotion regulation in the relationship of social support and psychological capital with empowerment in female heads of households



Table 1. The demographic characteristics of the female heads of households

Variables	Characteristics	No. (%)
Age (years)	30-40	161(64.40)
	40-50	89(35.60)
Education	Middle School	91(36.40)
	High school	112(44.80)
	College education	47(18.80)
Number of children	1-2	163(65.20)
	2-4	52(20.80)
	4-6	35(14.00)



Table 2. Mean, standard deviation (SD), and Pearson correlation coefficients of the studied variables

Variables	Mean±SD	1	2	3	4	5
1- Social support	30.65±8.44	1				
2- Psychological capital	68.47±22.38	0.27**	1			
3- Adaptive emotion regulation	25.35±10.19	0.29**	0.36**	1		
4- Maladaptive emotion regulation	20.34±8.14	-0.34**	-0.35**	-0.18*	1	
5- Empowerment	39.25±10.84	0.29**	0.44**	0.36**	-0.35**	1

**P<0.01; *P<0.05



4. Discussion

This study aimed to investigate the relationship between social support and psychological capital with the empowerment of FHHs through the mediating role of cognitive emotion regulation. The results showed a good fit for the relationship of empowerment based on social support and psychological capital through the mediation of cognitive emotion regulation in FHHs.

The findings indicated that the direct correlation between social support and empowerment was non-significant. This is inconsistent with the findings of Kaldi

and Salahshouri [29]. They investigated the relationship between social support and psychological empowerment and found a relationship between the two variables [29]. This lack of alignment may be due to the difference of the participants in the present study in terms of cultural, economic and social dimensions. Lack of diversity in the samples prevents the examination of vital interactions between demographic factors, and comparison is carried out among a limited number of cultures in studies that do investigate cultural differences.

The results showed a significant direct correlation between psychological capital and empowerment. This

Table 3. Fitting the final model based on fit indices

Fit Indicators	χ^2	df	(χ^2/df)	IFI	TLI	CFI	NFI	RMSEA
Final model	20.88	9	2.32	0.98	0.99	0.99	0.98	0.073



IFI: Incremental Fit Index; TLI: Tucker–Lewis index; CFI: Comparative Fit Index; NFI: Normed Fit Index; RMSEA: Root Mean Square Error of Approximation

Table 4. Standard path coefficient related to direct and indirect relationships between the research variables

Paths	B	β	t	Upper Limit	Lower Limit	P	Total Effect
Social support to adaptive emotion regulation	0.32	0.21	3.51	0.31	0.13	0.001	-
Psychological capital to adaptive emotion regulation	0.29	0.30	5.02	0.44	0.18	0.001	-
Social support to maladaptive emotion regulation	-0.29	-0.27	-4.47	-0.16	-0.39	0.001	-
Psychological capital to maladaptive emotion regulation	-0.33	-0.29	-4.83	-0.17	-0.42	0.001	-
Social support to empowerment	0.17	0.09	1.51	0.12	0.07	0.130	-
Adaptive emotion regulation to empowerment	0.30	0.21	3.55	0.33	0.11	0.001	-
Maladaptive emotion regulation to empowerment	-0.28	-0.19	-3.19	-0.13	-0.26	0.001	-
Psychological capital to empowerment	0.32	0.28	4.57	0.41	0.20	0.001	-
Psychological capital to empowerment through adaptive emotion regulation	-0.21	-0.13	-2.43	-0.09	-0.15	0.007	-0.22
Social support to empowerment through adaptive emotion regulation	-0.19	-0.11	-1.23	-0.07	-0.14	0.009	-0.20
Psychological capital to empowerment through maladaptive emotion regulation	0.23	0.15	2.75	0.10	0.21	0.006	0.26
Social support to empowerment through maladaptive emotion regulation	0.25	0.14	1.32	0.11	0.18	0.008	0.23



could be due to the fact that people having high levels of resilience and optimism and higher life expectancy have higher levels of mental health, and these two factors can definitely have a positive effect on women's empowerment. Parvandi et al. [30] showed a significant correlation between hope and mental health in FHHs. Self-efficacy, a person's self-confidence in their ability to act and perform tasks, is also related to set higher goals, openness to challenging tasks, high self-motivation, expenditure of the required effort to achieve goals, and perseverance in the face of adversity. Hope also describes a person's motivation to achieve goals and requires self-motivation to achieve the objective on realistic paths, even when faced with obstacles. Optimism is the notion that negative situations resulting from external sources are infrequent and momentary, whereas positive situations result from internal causes and are stable. Optimists protect themselves from depression, self-blame, and hopelessness by emphasizing positive life events, increasing their self-esteem, and distancing themselves from the negativity of undesirable situations [16]. Finally, resilience is the ability to recover from "problems, uncertainty, failure, or drastic changes". Resilient people have the flexibility not to retreat and perform at higher levels by responding to challenges effectively. Resilience allows for accept-

ing reality, developing strong beliefs, understanding life as something meaningful, and developing flexibility to adapt to major changes. To explain this finding, we can say that increasing and strengthening psychological capital also promotes psychological empowerment, thereby increasing trust and enhancing the sense of competence in doing things.

The results showed that empowerment had a positive and direct correlation with adaptive regulation and a negative correlation with maladaptive emotion regulation. This finding was consistent with those of Turns et al. [10], who concluded that empowerment was able to promote people's self-control and self-regulation. Empowerment can promote the use of cognitive strategies of acceptance, positive refocusing, positive reevaluation, and perspective taking, and less use of the cognitive strategies of self-blame and rumination. One reason and explanation for the effect of empowerment interventions is that most of these interventions change people's behavior. It appears that empowerment changes the behavior and emotions of people in the midst of a stressful situation by evaluating the level of the threat. Empowerment reduces the level of the threat by evaluating it and increases a person's expectation that their efforts will

be fruitful. Highly resilient people can deal with stress in a more appropriate way and reorganize and reinterpret their contradictory experiences. Since they have the necessary competencies for solving problems in critical and stressful situations by using positive emotions and reducing negative emotions, capable and resilient people can strike a balance to achieve a suitable state.

The findings of this research suggest that the indirect correlation between psychological capital and the empowerment of FHHs through the mediation of cognitive emotion regulation was significant. Psychological capital has a protective role against negative emotions, especially in FHHs. People with higher levels of psychological capital experience less stress. Moreover, psychological capital moderates the effect of stress on employees' inclination to respond to uncivil behaviors [31]. To explain this finding, we can say that psychological capital is considered an important factor for solving problems and overcoming them, which prepares the ground for empowering FHHs, by developing resilience and successful resistance to challenging situations, which play an important role in an individual's adaptation. Because of their high self-efficacy, hope, resilience, and optimism, these people also experience more positive emotions [14]. Therefore, they have a higher sense of emotional control and thereby feel more capable and more satisfied with their lives. Psychological empowerment is the process of empowering people that helps them to improve their sense of ability and competence and to overcome the feeling of inability and helplessness in dealing with negative emotions.

Following the results, the mediation role of cognitive emotion regulation in the relationship between social support to empowerment was confirmed. The most prominent goal of cognitive emotion regulation is to enable people to accurately interpret social cues, manage their emotions, successfully master social challenges, and achieve their goals. Cognitive emotion regulation is often a voluntary and conscious action in order to follow social rules by which people manage and adjust their emotions to achieve personal and social goals [17]. Therefore, it can be said that emotion regulation is effective in following group and society norms and leads to an increase in social conformity [18]. People who use adaptive emotion regulation strategies are able to avoid impulsive acts in interpersonal relationships by exerting more control over their emotions and in this way gain more social support. These strategies enable a person to effectively adapt to their surroundings by controlling their emotions.

5. Conclusion

The results of our work showed that cognitive emotion regulation was related to social support and psychological capital in FHHs. Moreover, the indirect correlation of social support and psychological capital with the empowerment of FHHs was significant through the mediating role of cognitive emotion regulation. In general, by improving social support and psychological capital through cognitive regulation of emotions, positive results can be achieved in empowering these women. Thus, given the necessity and importance of this study, it is recommended to emphasize educational and psychological programs including cognitive emotion regulation, psychological capital, and social support, and provide the necessary training for increasing the empowerment of FHHs.

It is very important to know and pay attention to research limitations to help the researcher defend the research findings. To carry out a more enriched study, it is preferable to use research instruments other than questionnaires in studying and testing the model for determining the relationships between empowerment and social support, and psychological capital through the mediation of cognitive emotion regulation among FHHs to reduce the limitation of a one-dimensional instrument. Given the restriction of the statistical population to FHHs, these findings should be generalized to society with caution.

Ethical Considerations

Compliance with ethical guidelines

The study was approved by the Ethical Committee of [Ahvaz Branch, Islamic Azad University](#) (Code: IR.IAU.AHVAZ.REC.1400.100).

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Authors' contributions

All authors equally contributed to preparing this article.

Conflict of interest

The authors declared no conflict of interest.

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