International Journal of Healthcare Sciences ISSN 2348-5728 (Online)
Vol. 7, Issue 2, pp: (93-101), Month: October 2019 - March 2020, Available at: www.researchpublish.com

PSYCHOLOGICAL CAPITAL, BURDEN OF CARE AND DEMOGRAPHIC VARIABLES AS PREDICTORS OF PSYCHOLOGICAL WELLBEING AMONG NEEDY SINGLE PARENTS IN LAGOS, NIGERIA

[1]OGUEJI, A. Ifeanyichukwu, [2]Prof. OLLEY, O. Benjamin

Department of Psychology, University of Ibadan.

Abstract: **This research investigated the roles of psychological capital (hope, resilience, self-efficacy & optimism), burden of care and demographic variables in predicting psychological wellbeing (PWB) of needy single parents. Using standardized questionnaires, data were collected from 282 needy single parents (males = 134, females = 148; mean age = 49.23 years) in selected NGOs in Lagos, Nigeria, by a purposive sampling method. Based on the review of related literature, 5 hypotheses were stated, with both descriptive and inferential statistics applied to test them. The result from the first hypothesis showed that, there is a significant joint contribution of psychological capital and burden of care to PWB among needy single parents [R = .85; R^2= .72; F (5, 282) = 141.79; p<.01], with a 72% variance in PWB being accounted for by the predictor variables. Independent contributions showed that hope (β = .14; t = 2.11; P<.05); self-efficacy (β = .13; t = 2.28; P<.05); and burden of care (β = -.45; t = -6.73; P<.01) contributed to PWB, with burden of care having the most. Result from second hypothesis showed that, needy single parents with absence of health problems resulting from their caregiver roles reported significantly higher PWB than their counterparts with presence of health problems resulting from their caregiver role (t = -2.90; df = 280; P< .01), and a point biserial analysis showed an effect size of 17% from the statistical significance. Descriptive statistics showed that participants with health problems resulting from caregiver role as single parents, reported problems as, body pains and headaches, anxiety problems, suicidal ideation, high blood pressure, excessive aggression, sleep problems and fatigue. Result from third hypothesis, showed that needy single parents that are beneficiaries to more than one social welfare organizations reported significantly higher PWB than their counterparts that are beneficiaries to only one social welfare organization (t = -3.57; df = 280; P< .01), and a point biserial analysis showed an effect size of 21% from the statistical significance. Result from fourth hypothesis showed that there was no significant sex difference in PWB between male and female needy single parents (t = -0.81; df = 280; P>.05). Results from fifth hypothesis, showed that there was a significant joint contribution of needy single parents' age and the number of children raised to PWB [R = .16; R^2= .03; F (2, 282) = 3.52; P<.05], with a 3% variance in PWB being accounted for the predictor variables. The independent contributions showed that, only number of children raised contributed to PWB of needy single parents (β = -.16; t = -2.62; P<.05), and that when the number of children raised is high, it is a barrier to the PWB of needy single parents.**

Keywords: **Psychological Capital, Burden of Care, Demographic Variables, Psychological Wellbeing (PWB).**

1. INTRODUCTION

Single parenting is a challenging parenting role, especially when sufficient coping resources are not available. Different studies exist in literature that investigated both physical and psychological functioning of single parents, however no identified study was observed to have specifically targeted a subgroup of single parents at risk of health problems

resulting from the insufficient coping resources which they face, (e.g. Abankwa, 2013; Mupfumira, 2017; Olaleye, Ajayi, Oyebola & Ajayi, 2017; Stack & Meredith, 2018). Thus the term needy single parents in this research. A needy single parent is any parent that is raising a child alone with insufficient coping resources, and is at risk of health problems resulting from this role. Statistics on single parenting shows that, there are over 12 million single parent families, with more than 80% headed by single mothers in United States of America. Further statistics shows that, single parents have more chances of being poor than married couples, and this could act as hindrances to wellness among single parent families (U.S. Census Bureau, 2017). Also, children of single parents are more likely to report high-risk behaviors than non-single parents' children. In the UK, it is estimated that the number of single parents is around 1.8 million, with about 90% of them as women. In the African context, the chances of being a single parent is estimated to be about 59.5% in Kenya, 68.8% in Zimbabwe, 30% in Ethiopia, 61% in Malawi, 51.7% in Tanzania, 28% in South Africa and 52.4% in Nigeria (Clark & Hamplova, 2017).

Hence, due to observations that both psychological and demographic predictors of psychological functioning among needy single parents appears largely lacking in literature, this research investigated the roles of psychological capital (hope, resilience, optimism & self-efficacy), burden of care and demographic variables in predicting psychological wellbeing (PWB) among needy single parents. The problem variable in this research, i.e. psychological wellbeing is a very important dimension of human health, and can predict a significant amount of humans' daily functioning (Diener, Wirtz, Biswas-Diener, Tov, Kim-Prieto, Choi, & Oishi, 2009). This research perceives psychological wellbeing to be questionable among needy single parents, because of the risk of health of problems resulting from the insufficient coping resources which they face. Ryff (1989) explains that "psychological wellbeing consists of an individual's positive relationships with others, personal mastery, autonomy, a feeling of purpose and meaning in life and personal growth and development". Ryan and Huta, (2009) provided definitions of psychological wellbeing as a state that is characterized by experience of self-determination and personal growth, the purpose and achievement of goals, the meaning in life, the actualization of personal capabilities and potentials, the commitment with the existential challenges and the self-realization.

Psychological capital sometimes called psychological resources for survival, refers to the positive and developmental state of an individual as characterized by hope, optimism, self-efficacy and resilience (Luthans, Youssef, & Avolio, 2007). Sufficient psychological capital may be predicted to buffer against poor psychological wellbeing among needy single parents, and this could be justified by the observation that characteristics of psychological capital i.e. hope, optimism, self-efficacy & resilience, have been found to also promote psychological functioning in victims of stressful life events and/or patients of chronic and acute illnesses in several empirical studies (e.g. Moraitou, Kolovou, Papasozomenou, & Paschoula, 2006; Fotiadou, Barlow, Powell & Langton, 2008; Altundag & Bulut, 2014; Sharma & Jasleen 2017).

The first dimension of psychological capital, hope was defined by Snyder, Harris, Anderson, Holleran, Irving, Sigmon, Yoshinobu, Gibb, Langelle, and Harney (1991) as a positive motivational state that is premised upon an interactively derived sense of successful agency (goal-directed energy) and pathways (planning to meet goals). Snyder et al. (1991) also developed the psychological theory of hope with four (4) main divisions namely; goals, pathway thoughts, agency thoughts, and barriers. Optimism, the second dimension of psychological capital places huge emphasizes on healthy thoughts such as the belief that a person is responsible for his/her own happiness and that more good things will continue to happen to him/her in the future. The presence of positive feelings about life is essential in strengthening recovery from ill health and also in maintaining a good health (Luthans, Youssef, & Avolio, 2007).

The third dimension of psychological capital, self-efficacy was defined by Bandura (1997) as "an individual's belief about their capability to produce specific levels of performance that has significant influences over their lives or events about them". Bandura (1997) further identified four (4) main influencers that contributes to an individual's perception of his/her self-efficacy, they include; master experience, vicarious experience, verbal persuasion, and physiological and affective states. The fourth dimension of psychological capital, resilience encompasses the abilities to cope with stressors and maintain optimum psychological wellbeing in the face of adversity (Manne, Myers-Virtue, Kashy, Ozga, Kissane, Heckman, Rubin, & Rosenblum, 2015).

Burden of care describes the aggregate of stress and challenges encountered by caregivers during their process of care provision (Tsai, 2003). A single parent with insufficient coping resources is consequently expected to report higher burdens of care than one with sufficient coping resources. The investigated demographic variables in this research were

sex, age, number of children raised, number of social welfare organizations benefitting from, and presence/absence of health problems resulting from caregiving roles.

Guided by literature review, the following research questions and hypotheses were asked and tested respectively:

1. To what extent will psychological capital and burden of care contribute to the psychological wellbeing of needy single parents in Lagos, Nigeria?
2. In what manner will the presence/absence of health problems resulting from caregiver role as a single parent influence the psychological wellbeing of needy single parents in Lagos, Nigeria?
3. In what manner will the number of social welfare groups that a needy single parent is a beneficiary to influence their psychological wellbeing?
4. Do significant sex differences in the psychological wellbeing of needy single parents in Lagos, Nigeria exist?
5. What are the contributions of age and number of children raised to the psychological wellbeing of needy single parents in Lagos, Nigeria?

Research Hypotheses

1. Psychological capital and burden of care will have significant joint and independent predictions on the psychological wellbeing of needy single parents in Lagos, Nigeria.
2. Needy single parents in Lagos, Nigeria with presence of health problems resulting from caregiving role will report significantly lower psychological wellbeing than their counterparts with absence of health problems resulting from caregiving role.
3. Needy single parents in Lagos, Nigeria that are beneficiaries to more than one social welfare organization will report significantly higher psychological wellbeing than their counterparts that are beneficiaries to only one social welfare organization.
4. Male needy single parents in Lagos, Nigeria will report significantly higher than their female counterparts on psychological wellbeing.
5. Age and number of children raised will have significant joint and independent predictions on the psychological wellbeing of needy single parents in Lagos, Nigeria.

2. RESEARCH METHODOLOGY

Design

A quantitative research design was adopted in this research. Adopting this design was supported by its technicality in establishing predictions between the dependent variable and independent variables, as well as in establishing mean differences between groups as required by this research. The independent variables of this research were psychological capital, burden of care and demographic variables. The dependent variable was psychological wellbeing.

Participants/Setting

The total number of sampled participants were 282 [134 males, (47.5%) & 148 females, (52.5%)] needy single parents who were sampled by a purposive sampling method from selected non-governmental organizations (NGOs) that were set-up to cater for the welfare of needy persons in Ogudu, Egbeda and Surulere areas of Lagos, Nigeria. Participants' age ranged from 23-88 years with a total mean age of 49.23 years (SD = 13.55). Further descriptive statistics showed that, 198 (70.2%) of the sampled participants were benefiting from only one social welfare organization, while 84 (29.8%) were benefitting from more than one social welfare organizations. Also, of the total sampled participants, 176 (62.4%) of them reported health problems resulting from their caregiving roles as single parents, while 106 (37.6%) reported no health problem resulting from their caregiving roles as single parents.

Instruments

A standardized questionnaire with a consent form attached to it was used for data collection from participants. The questionnaire had seven (7) sections (sections A-G). Section A assessed the demographic features of participants.

Demographic features assessed were sex, age, number of children raised, number of social welfare organizations benefitting from, and presence/absence of health problems resulting from caregiving roles as single parents.

Section B measured hope among participants with the adult trait hope scale developed by Snyder, Harris, Anderson, Holleran, Irving, Sigmon, Yoshinobu, Gibb, Langelle, and Harney (1991), a reliability coefficient of 0.85 was obtained in this research using Cronbach's alpha.

Section C measured the resilience levels of participants with the brief resilience scale developed by Smith, Dalen, Wiggins, Tooley, Christopher and Bernard (2008), a reliability coefficient of 0.83 was obtained in this research using Cronbach's alpha.

Section D measured the self-efficacy of participants with a self-efficacy scale developed by Schwarzer and Jerusalem (1995), a reliability coefficient of 0.91 was obtained in this research using Cronbach's alpha.

Section E measured the optimism of participants with the optimism scale developed by Scheier and Carver (1985), a reliability coefficient of 0.77 was obtained in this research using Cronbach's alpha.

Section F measured the burden of care of participants with a family burden of care scale developed by Graessel, Berth, Litche, and Grau (2014), a reliability coefficient of 0.81 was obtained in this research using Cronbach's alpha.

Section G measured the psychological wellbeing of participants with a psychological wellbeing scale developed by Diener, Wirtz, Biswas-Diener, Tov, Kim-Prieto, Choi, and Oishi (2009), and a reliability coefficient of 0.75 was obtained in this research using Cronbach's alpha.

Procedure

A letter of introduction that described the research purpose and buttressed the non-harmful nature of the research was obtained from the Department of Psychology, University of Ibadan, and presented to the management of each research setting. Three research settings, i.e. social welfare organizations for needy persons in Ogudu, Egbeda & Surulere areas of Lagos, Nigeria were selected for the research. At each setting, the researchers approached the management of the research setting seeking approval to collect data from the single parents attending the monthly welfare program for needy persons at each research setting. After approval was given, the researchers introduced the purpose of the research to participants, requested for their consent to participate in the research and those that consented were given a consent form and administered the questionnaires. During the process of data collection from participants, all participants were treated with equal respect, their information were kept confidential, they were free from all harms that could result from research procedure and they all had the rights to quit participation at any point of data collection during the research. A total of two hundred and ninety-one (291) single parents from the total research settings participated in the research, however, nine (9) questionnaires were incompletely filled so the researchers were left with two hundred and eighty two (282) questionnaires satisfactorily filled. The questionnaire administration lasted for about four (4) months interval because the research settings did not all have their monthly welfare programs on the same month.

3. RESULTS

Hypothesis 1

The first hypothesis was stated that psychological capital (hope, resilience, optimism & self-efficacy) and burden of care will have significant joint and independent predictions on the psychological wellbeing of needy single parents. This was statistically tested using the multiple regression analysis, and is presented below.

Table 1.1: Summary of multiple regression analysis table showing the independent and joint predictions of psychological capital (hope, resilience, self-efficacy, & optimism) and burden of care on psychological wellbeing

Predictors	R	R^2	F	P	β	t	P
Hope					.14	2.11	P<.05
Resilience					.09	1.65	P>.05
Self-efficacy	.85	.72	141.79	P<.01	.13	2.28	P<.05
Optimism					.10	1.52	P>.05
Burden of care					-.45	-6.73	P<.01

Table 1.1 showed that there was a significant joint contribution of psychological capital and burden of care to the psychological wellbeing of needy single parents [R = .85; R^2= .72; F (5, 282) = 141.79; p<.01]. Further statistics showed

that psychological capital and burden of care jointly accounted for 72% variance in the psychological wellbeing of needy single parents (R = .85; R^2 = .72), while the remaining 28% is accounted for by other variables not tested in this hypothesis. In addition, the above table showed an independent contribution of psychological capital dimensions and burden of care, as; hope (β = .14; t = 2.11; P<.05); self-efficacy (β = .13; t = 2.28; P<.05); and burden of care (β = -.45; t = -6.73; P<.01) having significant independent contributions to psychological wellbeing among needy single parents, with burden of care showing the most independent contribution. Further assessment of the beta value of the predictor variables showed that, high burden of care among needy single parents is a barrier to their psychological wellbeing. On the other hand, resilience (β = .09; t = 1.65; P.>05); and optimism (β = .10; t = 1.52; P>.05) showed no significant independent contribution to the psychological wellbeing of needy single parents. Hence, hypothesis one is not fully accepted in this research.

Hypothesis 2

The second hypothesis was stated that, needy single parents with presence of health problems resulting from caregiving role will report significantly lower psychological wellbeing than their counterparts with absence of health problems resulting from caregiving role. This was statistically tested using the independent sample t-test, and is presented below.

Table 1.2: Independent sample t- test summary table showing the difference in psychological wellbeing between needy single parents with presence and absence of health problems resulting from caregiver role

Groups	N	Mean	SD	Df	t	P
Presence of health problems	176	26.32	6.28	280	-2.90	P<.01
Absence of health problems	106	28.39	4.90			

Results from table 1.2 showed that there was a significant difference in psychological wellbeing between needy single parents with presence and absence of health problems resulting caregiver role (t = -2.90; df = 280; P< .01), with needy single parents with absence of health problems resulting caregiver role reporting a higher mean score. Hence, hypothesis two is accepted in this research.

Further testing of the effect size of the independent variable (presence/absence of health problem) on the dependent variable (psychological wellbeing) was tested using a point bi-serial test, with the formula $rpb = \sqrt{\frac{t^2}{t^2 + df}}$

Thus, in this hypothesis, t = -2.90, t^2 = 8.41 and df = 280. Hence, rpb = 0.17, converted to percentage (%) = 17%. Hence, independent variable (presence/absence of health problems) had an effect size of 17% on dependent variable (psychological wellbeing) among needy single parents in this research.

Table 1.3 Summary table of descriptive statistics showing the various health problems reported by study participants with presence of health problems resulting from caregiving roles as single parents

Health Problems	Freq.	%
Sleep problems	6	3.4
Anxiety problems	38	21.6
Excessive aggression	16	9.1
Excessive sadness	26	14.8
Body pains and headaches	38	21.6
High blood pressure	7	4.0
Fatigue	18	10.2
Suicidal ideation	27	15.3

Descriptive statistics summary from table 1.3 showed that of the total participants with presence of health problems resulting from their caregiving role as single parents, 6 (3.4%) of them reported sleep problems as their major health problems; 38 (21.6%) reported anxiety problems as their major health problem; 16 (9.1%) reported excessive aggression

as their major health problem; 26 (14.8%) reported excessive sadness as their major health problem; 38 (21.6%) reported body pains and headaches as their major health problems; 7 (4.0%) reported high blood pressure as their major health problem; 18 (10.2%) reported their major health problem as fatigue; and 27 (15.3%) reported their major health issue to be suicidal ideation.

Hypothesis 3

The third hypothesis was stated that, needy single parents that are beneficiaries to more than one social welfare organization will report significantly higher psychological wellbeing than their counterparts that are beneficiaries to only one social welfare organization. This was statistically tested using the independent sample t-test, and is presented below.

Table 1.4: Independent t- test summary table showing the difference on psychological wellbeing between single parents' beneficiaries of only one social welfare organization and more than one social welfare organization

Groups	N	Mean	SD	Df	t	P
One organization beneficiaries	198	26.30	5.93	280	-3.57	P<.01
More than one organization beneficiaries	84	28.98	5.34			

Results from table 1.4 showed that there was a significant difference in psychological wellbeing between needy single parent beneficiaries of only one social welfare organization and more than one social welfare organization (t = -3.57; df = 280; P< .01), with the needy single parent beneficiaries of more than one social welfare organization reporting the higher mean score. On the bases of these results, the stated hypothesis three is accepted in this study.

Furthermore, a point biserial test was carried out in order to determine the effect size of the independent variable (number of social welfare organization) on the dependent variable (psychological wellbeing), using the formula, $rpb = \sqrt{\frac{t^2}{t^2 + df}}$

Thus, in this hypothesis, t = -3.57, $t^2 = 12.74$ and df = 280. Hence, rpb = 0.21, converted to percentage (%) = 21%. Hence, the number of social welfare organization that a needy single parent is a beneficiary to, had an effect size of 21% on their psychological wellbeing.

Hypothesis 4

The fourth hypothesis was stated that, male needy single parents will report significantly higher than their female counterparts on psychological wellbeing. This was statistically tested using t-test for independent samples and is presented below.

Table 1.5: Independent sample t- test summary table showing the difference on psychological wellbeing between male and female needy single parents

Groups	N	Mean	SD	Df	t	P
Male	134	26.80	5.82	280	-0.81	P>.05
Female	148	27.36	5.95			

Results from table 1.5 showed that there was no significant difference in psychological wellbeing between male and female needy single parents (t = -0.81; df = 280; P>.05). A further observation of mean scores showed that female needy single parents (Mean = 27.36; SD = 5.95) reported higher psychological wellbeing than their male counterparts (Mean = 26.80; SD = 5.82), although the differences did not attain statistically significant levels. In view of these, the stated hypothesis four is rejected in this study.

Hypothesis 5

The fifth hypothesis which stated that, age and number of children raised will be significant joint and independent predictors of psychological wellbeing of needy single parents, was tested using a multiple regression analysis and is presented below.

Table 1.6: Summary of multiple regression analysis table showing the joint and independent predictions of age and number of children raised on the psychological wellbeing of needy single parents.

Predictors	R	R^2	F	P	β	t	P
Age	.16	.03	3.52	<.05	-.02	-.40	P>.05
Number of children raised					-.16	-2.62	P<.05

Table 1.6 showed that there was a significant joint contribution of age and number of children raised to the psychological wellbeing of needy single parents [R = .16; R^2= .03; F (2, 282) = 3.52; P<.05]. Further statistics showed that age and number of children raised jointly accounted for 3% variance in the psychological wellbeing of needy single parents (R = .16; R^2 = .03), while the remaining 97% was accounted for by other variables not tested in this hypothesis.The independent contributions showed that, only number of children raised contributed to psychological wellbeing among needy single parents (β = -.16; t = -2.62; P<.05), and further assessment of the beta value showed that, when the number of children raised is high, it is a barrier to psychological wellbeing among needy single parents. Due to these results, the stated hypothesis five is not fully accepted in this research.

4. DISCUSSION AND RECOMMENDATION

With five (5) hypotheses stated and tested in this research, important discussions and recommendations were made from the results of each hypotheses. The results from the first hypothesis showed that, there was a significant joint contribution of psychological capital (hope, resilience, self-efficacy & optimism) and burden of care to the psychological wellbeing of needy single parents, with a 72% variance in the psychological wellbeing of needy single parents being accounted for by these predictor variables. The independent contributions of each predictor variables showed that, hope, self-efficacy, and burden of care showed significant independent contributions to psychological wellbeing among needy single parents, with burden of care showing the most independent contribution. The implication of these findings is that sufficient psychological capital promotes psychological wellbeing, while high burden of care is a barrier to the psychological wellbeing of needy single parents. Hence, it is recommended that coping skill trainings that strengthens psychological capital and reduce burden of care should be encouraged among needy single parents. The findings from the first hypothesis were partly in consonance with findings from past researches that have investigated the impact of psychological capital on the psychological wellbeing of persons facing stressful life events (e.g. Barlow, Powell & Langton, 2008; Altundag & Bulut, 2014; Sharma & Jasleen 2017).

The results from the second hypothesis showed that, some of the sampled needy single parents, i.e. 176 (62.4%), reported health problems that were as a result of the caregiver roles they occupy as single parents. Further findings showed that, the needy single parents with these health problems reported less psychological wellbeing than their counterparts with absence of health problems resulting from caregiver roles. Due to these findings, it is recommended that needy single parents as well as other single parents should be periodically assessed for presence of health problems that may arise from single parenting.

The results from the third hypothesis showed that, needy single parents that were beneficiaries to more than one social welfare organization reported higher psychological wellbeing than their counterparts that were beneficiaries to only one social welfare organization. This finding may be justified by the expectation that an increase in the number of social welfare organizations that needy single parents benefit from, is very likely to strengthen their social support system. Hence, it is recommended that increased forms of social support should be made available to needy single parents. The findings from the third hypothesis supports the findings from previous studies that showed that elements of social supports are imperative enough for fostering wellness in persons facing stressing life events (e.g. Staniute, Brozaitiene, & Bunevicius, 2013).

The results from the fourth hypothesis showed that there was no significant sex difference in psychological wellbeing between male and female needy single parents. Thus, it is recommended that both male and female needy single parents should be encouraged to participate in health programs that promotes wellbeing among them.

The results from the fifth hypothesis showed that, needy single parents' age and the number of children raised, jointly contributed to their psychological wellbeing. On the other hand, the independent contributions showed that, only number of children raised contributed to psychological wellbeing, and that when the number of children raised is high, it poses threats to the psychological wellbeing of needy single parents. This may be explained by the insufficient coping resources that surrounds needy single parents. Hence, sufficient coping resources are required by needy single parents, especially those of them raising a high number of children.

Conclusion and Suggestion for Further Research

Beyond its contributions to literature, this research targeted a subgroup of single parents at risk of health problems resulting from the insufficient coping resources which they face, and this was not observed to have been previously studied in the African context. Hence, this research is suggested to be advanced by empirically designing a comparative analysis on the cultural factors that promotes/hinders the wellbeing of single parents, using single parents from different cultural backgrounds.

REFERENCES

[1] Abankwa, A. (2013). Relationship between single parenting and academic performance of adolescents in senior high school. A case study of Afigya Sekyere Distric in Ashanti Region. *Concordia Publishing House.*

[2] Altundag, Y. & Bulut, S. (2014). Prediction of resilience of adolescents whose parents are divorced. *Psychology, 5,* 1215-1223.

[3] Bandura, A. (1997). Self-efficacy and health behavior. In Baum, Wienman & McManus (Eds), *Cambridge handbook of psychology, health and medicine (pp. 160-162)*. Cambridge University Press.

[4] Clark, S., & Hamplova, D. (2017). Single motherhood and child mortality in Sub-Saharan Africa: A life course perspective. *Demography (2017) 50*: 1521-1549.

[5] Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and Positive and Negative Feelings. *Social Indicators Research 39*: 247-266.

[6] Fotiadou, M., Barlow, J. H., Powell, L. A., & Langton, H. (2008). Optimism and psychological wellbeing among parents of children with cancer: An exploratory study. *Psycho-oncology, 17*(4):401-9.

[7] Graessel, E., Berth, H., Litche, T., & Grau, H. (2014). Subjective caregiver burden: validity of the 10-item short version of the burden scale for family caregivers. *BMC Geriatrics*, 2014, 14:23.

[8] Manne, Myers-Virtue, Kashy, Ozga, Kissane, Heckman, Rubin, & Rosenblum, (2015). Resilience, positive coping, and quality of life among women newly diagnosed with gynecological cancers. *Cancer Nurs.* (2015) 38(5):375-82.

[9] Moraitou, D., Kolovou, C., Papasozomenou, C, & Paschoula, C. (2006). Hope and adaptation to old age: Their relationship with individual-demographic factors. *Social Indicators Research, vol 76*, pp. 71-93

[10] Mupfumira, I. M. (2017). Lived experiences of single parent families in a high density suburb in Masvingo province, Zimbabwe. *Advances In Social Sciences Research Journal, (423)* 107-121.

[11] Olaleye, F. O., Ajayi, A., Oyebola, O. B., & Ajayi, O. A. (2017). The psycho-social effect of single parenthood on children academic performance among selected secondary school in Ife central local government, Osun state, Nigeria. *International Journal of Higher Education And Research, 7(1)*, 81-109.

[12] Ryan, R. M., & Huta, V. (2009). Wellness as healthy functioning or wellness as happiness: The importance of eudaimonic thinking. *The Journal of Positive Psychology, 4*, 202-204.

[13] Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069–1081.

[14] Scheier, M. F., & Carver, C. S. (1985). Development of a measure for the assessment of optimism: *Current Directions in Psychological Science*, v. 10, no. 1, p. 21-24.

[15] Schwarzer & Jerusalem (1995). *Self-Efficacy Measure*, New York: Harper and Row.

[16] Sharma, N., & Jasleen, A. (2017). Resilience and parent adolescent attachment as predictors of happiness among adolescents of single parent families. *Internat. J. Appl. Home Sci.*, 4 (7&8) : 494-506.

[17] Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioural Medicine*, 15(3), 194-200.

[18] Snyder, Harris, Anderson, Holleran, Irving, Sigmon, Yoshinobu, Gibb, Langelle, & Harney (1991). The will and the ways: Development and validation of an individual differences measure of hope. *Journal of personality and social psychology, 60, 570-585.*

[19] Stack, R. J., & Meredith, A. (2018). The impact of financial hardship on single parents: An exploration of the journey from social distress to seeking help. *Journal of Family and Economic Issues*, *2018*, *vol. 39*, no. 2, 233.

[20] Staniute, M., Brozaitiene, J., & Bunevicius, R. (2013). Effects of social support and stressful life events on health-related quality of life in coronary artery disease patients. *The Journal of Cardiovascular Nursing, 28*(1): 83-89.

[21] Tsai, P. F. (2003). A middle-range theory of caregiver stress. *Nurs Sci Q.* 2003 Apr;16(2):137-45.

[22] U.S. Census Bureau, (2017). Statistics on single parenting. www.census.gov

[23] Youssef, C. M., & Avolio, B. J. (2017). Psychological capital. New York: Oxford University Press.