



The effectiveness of positive psychological capital training on health-enhancing lifestyle and rumination in depressed adolescent girls

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Background and Aim: The positive approach emphasizes the ability to expand, nurture, flourish, and perfect human beings and become what they can be, and instead of focusing on diseases and disorders, it emphasizes on abilities. Therefore, the aim of the present study was to determine the effect of positive psychological capital on health-promoting lifestyle and rumination in depressed adolescent girls. **Methods:** This research is applied in terms of purpose and quasi-experimental in terms of method with a pre-test, post-test design with a control group; The statistical population of this research was the female students of middle school 1 and 2 in Tehran in the academic year 2018-2019. By the available sampling method, using the Health Development Lifestyle Questionnaire (1997) and Nolen Hoeksma's rumination, 30 depressed adolescent girls were selected and randomly placed in two experimental groups (15 girls) and group (15 girls). The experimental group received 8 sessions of 90 minutes as a group intervention based on Luthans and Youssef's (2004) positive psychological capital training. Data were analyzed using multivariate and univariate one-way analysis of covariance. **Results:** The results showed that positive psychological capital intervention is effective on healthy lifestyle and rumination. **Conclusion:** The results of this research showed that the eight sessions of positive psychological capital have been able to significantly improve the health-developing lifestyle of adolescents; Although it was not very effective in the field of rumination. Due to the effectiveness of this treatment method, its widespread use is recommended.



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Introduction

Adolescence is a critical period of human evolution, in which the transition from childhood to adulthood occurs along with changes in various physical, cognitive and social-emotional areas, and during which the life of a teenager can move quickly in a positive or negative direction. (Dahl et al., 2018). This period of evolution is very important in the formation of mental disorders, especially the occurrence of depression and anxiety disorders. The peak age of onset of depressive disorders, which are the most common mental disorders across the lifespan, is in the first decades of life, with almost half of all cases occurring at age 14 (Mirid C. Cardmon et al., 2017). These disorders in childhood and adolescence are one of the important, stable and debilitating problems that also weaken social and academic performance (Hadi, Ghorbani and Besharat, 2018). Therefore, improving the psychological characteristics of these people has been the focus of many therapists.

Depression is one of the most common adolescent disorders that causes many problems for adolescents, especially in academic and social fields. The World Health Organization has estimated that 350 million people worldwide are affected by depression. Global burden of disease studies in 2010 showed that depressive disorder is the leading cause of 3.8% Disability Adjusted Life Years (DALY), which means the total number of years lost as a result of premature death or the sum of years spent with disability. In Iran, according to the Ministry of Health, 12.7% of the population, or 6 million people, are suffering from this disorder. And depression is expected to be the second leading cause of concern among all ages by 2020 (Kimble, Mirhosseini, & Rockledge, 2018).

Adolescence is one of the most critical ages in terms of developing mental disorders, especially depression. Nearly twenty percent of children and adolescents suffer from mental disorders or from problems related to mental health (Patel et al., 2007). Different research shows that the prevalence of this disorder from the beginning of adolescence is almost twice as high in girls as in boys. (Kessler, 2006; Johnson and Wiseman, 2013). Research also shows that the intensity of symptoms is more in girls than in boys (Granrad et al., 2017). One of the important components in depression that has recently received more

attention from psychologists is the concept of rumination, which according to Nolen Hoeksma has a close relationship with depression. Rumination is defined as persistent and repetitive thoughts that focus on a distressing factor and its possible causes and consequences (Nolen Hoeksma, 1991 cited in Nolen Hoeksma, Gilbert & Lowry, 2017).

Nolen Hoeksma explained the concept of rumination in depression in the theory of response styles (1991). In response style theory, the effect of two types of response styles (rumination and distraction) in depressed mood have been compared. Rumination response style: Rumination responses can be defined as repetitive thoughts and behaviors that focus the depressed person's attention on the symptoms of depression, its causes and consequences. In this theory, it is emphasized that ruminative responses are the opposite of effective and structured problem solving, that is, they prevent effective behavior that can help treat depression. Distracting response style: Here there are thoughts or behaviors that give the mind the opportunity to escape from the symptoms of depression and lead the person to pleasurable and neutral activities. According to research findings, people who use safe distracting behaviors in response to depressed mood are more likely to use effective problem solving in the next step to overcome the problems that led to depression. (Nolen Hoeksma et al., 1993); Another approach related to rumination and suggested by Wells and Matthews (1994; 1996) is the self-regulating executive function model. According to this view, when people face a negative incident in life, instead of directing their attention towards solving the problem, they focus their attention on the discrepancy between the existing state and the desired state. Wells and Mathews (1994) believe that a certain thinking style can lead to a mental disorder called cognitive attention syndrome. This syndrome includes a variety of coping styles, including inflated thinking (such as wishful thinking, rumination, and worry), alertness to threats, thought suppression, and avoidance, which have opposite effects on self-regulation and difference reduction (Spada et al., 2015).

Lifestyle means the way a person chooses to deal with life's tasks and events. Based on unconscious defense mechanisms, conscious adaptive strategies and the influence of environmental factors, each person has a special

way of dealing with tasks and life events, which is usually received and learned through mutual social actions with parents, family, friends, peers, acquaintances and mass media. (Elehrabi & Sohrabi, 2016) According to Adler, the pioneer of the lifestyle theory, all people should deal with three basic tasks of life, including work, social relations, and love and marriage. Later, Dreycourse and Muzak (1967), who were both Adler's scientific collaborators, defined two other tasks, namely self and spirituality, for life. Finally, another Adlerian theorist and expert named Dink Mayer (1979) added the sixth task of life, i.e. child rearing and family, to the previous list. These six tasks constitute the important challenges of life (Muzak and Maniachi, 1999, cited by Khatib, 2015).

Positive psychology is a branch of psychology that studies optimal human performance. In fact, Martin Seligman can be considered the founder of the school of positive psychology. He believed that positive psychology is a term for the study of positive emotions and personality traits (Seligman, Peterson, & Park, 2005). In this regard, the components proposed by Luthans and his colleagues as psychological capital components are: hope, optimism, self-efficacy and resilience (Luthans & Youssef, 2004). In fact, Lutzan and his colleagues (2015) define psychological capital as creating a positive psychological state in an individual, which is characterized by: (1) having self-confidence (self-efficacy) and the necessary effort to succeed in challenging tasks; (2) having a positive view (optimism) about being successful now and in the future; (3) maintaining the movement towards the goals and, if necessary, directing the paths towards the goals (hope) in order to achieve success; (4) and in case of being surrounded by problems and difficulties, have stability and spirit and even beyond that (resilience) to achieve success (Luthans, 2017) People whose psychological capital values are high can effectively overcome their problems. outcome, expect good results, recover quickly from disappointments, and deal with adverse situations with a more appropriate perspective (Shang John, 2017). The positivist approach emphasizes the ability to expand, nurture, flourish, and perfect human beings and become what they can be, and instead of focusing on diseases and disorders, it emphasizes on abilities. Therefore, the importance and necessity of the

current research is raised because, firstly, contrary to what Luthans and his colleagues emphasize, the current research examines the concept of psychological capital from its non-organizational dimension; secondly, it measures its effectiveness in the statistical population of teenagers, an issue that According to the research done, it has not happened so far. Therefore, the present study was conducted with the aim of determining the effectiveness of the positive psychological capital training package on rumination and lifestyle of depressed adolescent girls.

Method

The current research is applied in terms of purpose and semi-experimental in terms of method. The design used in the research is pre-test-post-test with the control group, where the effectiveness of the positive-oriented psychological capital package was applied in the experimental group. The statistical population in this research includes female students of high school one and two in Tehran who were studying in the academic year 2018-2019. For this purpose, among the statistical population of the study, 30 people who met the entry criteria (age between 10 and 19 years, being a girl, informed consent to participate in the research, having a Beck depression test score above 11) were selected as available sampling. Then, they are randomly assigned to two groups of 15 people, and in one group, a therapeutic intervention is implemented, and in the other group, no intervention is performed. In the pre-test stage, the subjects of the two groups were examined using Beck's depression measurement tools, second edition, 1996. After that, if they had a quorum score of 11, they filled out Walker's three health-promoting lifestyle questionnaires, self-regulation strategies questionnaire, and rumination questionnaire. Exclusion criteria include: 1) If the subject presents a medical record with severe mental disorders or serious and advanced chronic diseases such as cancer. 2) People who do not attend the meetings more than three times are removed from the research process. In this research, the pre-test and post-test scores were analyzed by spss software, and descriptive statistics methods such as mean, variance, standard deviation, etc. were used to analyze the data. Also, covariance analysis method with repeated measurements was used in inferential statistics.

Materials

1. Rumination Questionnaire (RRS): Rumination response style scale is a scale of Nolen Hoeksma and Morrow response styles questionnaire (1991). This scale has 22 four-point Likert questions designed to achieve rumination. Cronbach's alpha coefficient is in the range of 88% to 92%. Various studies show that the retest correlation for this scale is 67%. In this test,

the range of scores is from 22 to 88. The total score of rumination is calculated by the sum of all items, which are from the three subscales of distraction, contemplation, and preoccupation. Its intraclass correlation was also measured 5 times and 75% was reported (Papageorgiou and Wells, 2004). In Iran, Bagherinejad et al. (2010) calculated Cronbach's alpha coefficient of 88% as an index of internal consistency by sampling 119 participants.

2. Health promoting lifestyle questionnaire: This questionnaire was developed by Walker et al. It measures the health-promoting lifestyle by focusing on the individual's innovative actions and perceptions, which act in the direction of maintaining or increasing the individual's level of well-being, self-actualization, and satisfaction. This questionnaire consists of 52 questions in 6 scales of nutrition, physical activity, responsibility for health, stress management, interpersonal relationships and spiritual growth. Walker and his colleague Cronbach's alpha reported 94% of this scale. Zaidi et al. (2011) found Cronbach's alpha to be 82% in the Persian sample.

3. Beck Depression Questionnaire: Beck Depression Questionnaire includes 21 groups of statements that evaluate the severity of depression symptoms in emotional, cognitive and physical fields.

For each substance, there are 4 options, whose grading range is from zero (absence) to three (severe). Therefore, the total scores range from 0 to 63. Beck reported in 1972 that the reliability of this questionnaire with the Spearman-Brown method is around 0.93. Rajabi et al.'s research results (2018) show the construct validity and appropriate reliability of Beck Depression Questionnaire, second edition, and it can be used in clinical research.

4. Intervention package based on positive psychological capital training: The intervention model based on psychological capital is an intervention model that has been prepared in order to improve the level of psychological capital and deals with the growth and strengthening of its components, which are: hope, optimism, self-efficacy and resilience. This model was first proposed by Luthans and Youssef (2004) and its Iranian protocol was implemented by Iranian researchers (Akhundi & Agha Alikhani, 2015) on adult samples. However, this educational package has not been implemented on teenagers or people with specific mental disorders, therefore, in this dissertation, the researcher intends to make changes by creating a package suitable for his statistical population, which includes depressed teenage girls.

Table 1. Positive psychological capital protocol

Session	Subscale	Content	Ojjective
1	Hope Optimism Efficacy Resilience	Learn the concept of hope Learn the concept of true optimism Learn the concept of self-efficacy Learn the concept of resilience	Getting to know the participants, teaching the concept of psychological capital and taking the pre-test
2	Hope Optimism Efficacy Resilience	Getting to know the types of emotions and the motivational concept of hope The concept of learned optimism and its relationship with explanatory style The concept of learned helplessness and its relationship with self-efficacy What is the concept of toughness and its components (challenge, ?commitment and control)	The motivational concept of hope, optimism and learned helplessness, perseverance
3	Hope Optimism Efficacy Resilience	The role of goals in motivating and increasing hope Familiarity with the document process and control location How to increase self-confidence and use the positive feedback technique Focusing on the commitment component and using techniques to promote it	Using techniques to increase psychological capital
4	Hope Optimism Efficacy Resilience	Acquaintance with clear and achievable goals Using hunting technique Using mental imagery technique to increase self-efficacy Focusing on the challenge component and how to turn problems into opportunities and providing examples in these cases	Explaining the concept of ABCDE model and mental imagery techniques
5	Hope Optimism Efficacy Resilience	Teaching how to divide big goals into small ones Familiarization of members with the role of documents in optimism Using the surrogate strengthening technique by presenting global examples of self-efficacious people Focusing on the control component and discussing how to increase control	Providing patterns and techniques to increase psychological capital

6	Hope Optimism Efficacy Resilience	Formulating clear and objective goals ?What is the difference between real and unrealistic optimism Familiarity with the scientific method of problem solving and its practical role in self-efficacy Familiarizing the participants with problem-oriented and emotion-oriented strategies	Familiarity with problem-oriented and emotion-oriented problem solving methods
7	Hope Optimism Efficacy Resilience	Familiarizing members with the role of setting daily goals in achieving big goals Controversy and confrontation with catastrophic attitudes and beliefs Using a successful person in order to provide an objective model in increasing the level of self-efficacy More familiarity with direct and problem-oriented strategy	Familiarity with cognitive errors and presenting models in the field of increasing the level of self-efficacy
8	Hope Optimism Efficacy Resilience	Familiarizing members with how to use multiple crossings to achieve goals, familiarizing people with turning obstacles into challenges to achieve goals and presenting an objective model Using the technique of analyzing unpleasant events and determining its positive consequences, using the technique of positive self-talk Teaching self-esteem and self-confidence skills and teaching social skills of self-expression More familiarity with the indirect and emotion-oriented strategy and the need to use it in stressful situations and provide objective .models to increase endurance	Teaching skills and techniques to increase the level of psychological capital of positive thinking

Implementation

According to the statistical population and the sample size, 30 people who met the entry criteria were selected as available sampling and then randomly assigned to two groups of 15 people, and one group received therapeutic intervention and the other group received no intervention. In the pre-test stage, the subjects of the two groups were examined using Beck's depression measurement tools, second edition, 1996. Then, in case of having a quorum score of 11, two Walker health promoting lifestyle questionnaires and a rumination questionnaire were filled and the positive psychological capital training package was implemented for 8 sessions on the subjects of the experimental group. Then once more questionnaires

were taken from the subjects as a post-test. After that, the researcher made a lot of efforts to follow up the effectiveness, but due to the large number of questions in the questionnaire and the resistance of the subjects, which is a characteristic of teenagers, the researcher gave up this position in consultation with expert and experienced supervisors.

Results

In Table No. 2, the average and standard deviation of the scores of the dependent variables of the research are presented separately for two research groups (positive psychological capital training and proof) and two times of implementation.

Table 2. Mean and standard deviation of research data

Variable	Stage	Intervention		Control		
		(n=15)		(n=14)		
		Mean	SD	Mean	SD	
Rumination	Pre-test	55/60	11/98	60/43	7/91	
	Post-test	53/47	13/61	59/00	6/60	
healthy lifestyle	self flourishing	Pre-test	22/47	5/89	21/86	4/50
		Post-test	29/87	6/13	22/50	4/99
Responsibility for health	Pre-test	26/47	4/27	27/64	6/02	
	Post-test	32/40	5/05	28/00	5/02	
Interpersonal support	Pre-test	18/47	3/18	17/71	2/89	
	Post-test	20/93	3/92	18/14	2/57	
stress management	Pre-test	9/47	2/17	11/36	2/84	
	Post-test	12/20	2/60	12/07	2/62	

Nutrition	Pre-test	12/93	3/65	13/36	4/91
	Post-test	17/73	3/56	13/64	4/14
Sport	Pre-test	12/20	3/05	12/86	3/32
	Post-test	15/07	3/86	13/50	2/95
Total	Pre-test	102/00	15/66	105/57	9/94
	Post-test	128/07	17/91	107/86	11/30

Considering that one of the presuppositions of parametric statistical tests is the normality of the data distribution, this presupposition should also be examined in order to use this category of tests. For this purpose, the normality of the distribution of the data obtained from the measurement of the research variable was investigated using the Kolmogorov-Smirnov statistical test. The significance level of Kolmogorov Smirnov's z

index in the investigated variables was greater than 0.05 in both research groups. Therefore, with 95% confidence, the data distribution of the investigated variables in the current research is normal. In the following, to check the homogeneity of the two research groups in the pre-test scores, the mean test of two independent groups was used. The results are reported in the table below.

Table 3. Mean test of two independent groups to compare pre-test scores of two research groups

Variable	N	Group	M	SD	Equality of variances F	Mean test of two independent groups		
						Mean Diff.	SE	t(df=27)
Rumination	15	Exp.	55/60	11/98	3/112	4/83	3/800	1/271
	14	Control	60/43	7/91				
healthy lifestyle	15	Exp.	22/47	5/89	1/866	0/61	1/958	0/311
		Control	21/86	4/50				
Responsibility for health	15	Exp.	26/47	4/27	0/909	1/18	1/928	0/610
		Control	27/64	6/02				
Interpersonal support	15	Exp.	18/47	3/18	0/295	0/75	1/132	0/665
		Control	17/71	2/89				
stress management	15	Exp.	9/47	2/17	1/153	1/89	0/935	2/022
		Control	11/36	2/84				
Nutrition	15	Exp.	12/93	3/65	0/387	0/42	1/599	0/265
		Control	13/36	4/91				
Sport	15	Exp.	12/20	3/05	0/028	0/66	1/184	0/555
		Control	12/86	3/32				
Total	15	Exp.	102/00	15/66	3/258	3/57	4/913	0/727
		Control	105/57	9/94				

*Significant at the 0.01 level

Considering that the observed t indexes are smaller than the critical t index of 0.05 in two-domain tests and 27 degrees of freedom (2.052). Therefore, with 95% confidence, the null hypothesis that there is no difference between the

mean scores of the pre-test in the two research groups is confirmed. In the following, the summary of the covariance analysis results is reported in the table below.

Table 4. Summary of multivariate and univariate one-way analysis of covariance

	Rumination	self flourishing	Health responsibility	Interpersonal support	stress management	Nutrition	Sport
Source	F(7,15)	F(1,21)	F(1,21)	F(1,21)	F(1,21)	F(1,21)	F(1,21)
Group	* 2/850	* 14/842	** 10/588	** 10/942	* 4/361	* 7/071	** 8/531
Effect size	0/517	0/619	0/335	0/343	0/172	0/252	0/289

* P < 0.01, P < 0.05

Considering that the calculated F is greater than 0.05 F, therefore, the null hypothesis that the average post-test scores are equal in the two

research groups, after removing the effect of the pre-test scores (adjusted post-tests), is rejected with 95% confidence. Therefore, the hypothesis

of the research based on the effectiveness of positive psychological capital training on health-enhancing lifestyle and rumination in depressed adolescent girls was confirmed.

Conclusion

The purpose of this research was to determine the effectiveness of positive psychological capital training as an independent variable and to investigate its effect on two dependent variables of health-promoting lifestyle and rumination and its components in the statistical population of depressed adolescent girls. The results of multivariate and univariate one-way analysis of variance showed that the hypothesis of the research about the effectiveness of positive psychological capital training on health-enhancing lifestyle and rumination in depressed adolescent girls was confirmed.

In line with this research, other studies have also confirmed this issue. Lopesa and Virga (2020) discusses the role of psychological capital as an influencer on health and performance. Also, this research points to the mediating role of the relationship between psychological capital and health and performance. Virga and his colleagues (2020) believe that social workers who have high psychological capital can protect themselves more against stress. Also, Khodaei and Fomeni (2017) concluded in a research that the style of coping with stress (as one of the components of lifestyle) can predict the psychological capital of female heads of the household. Hashemi Nik et al. (2017) concluded that there is a significant positive relationship between various components of psychological capital (hope, resilience, optimism and self-efficacy) with self-fulfillment. In a research, Forohar et al. (2015) concluded that psychological capital can predict the level of mental and physical health of people. They believed that psychological capital does not only affect people's performance, but includes a wide range of psychological mechanisms that can affect people's physical and mental health. Liu and his colleagues (2012) concluded that psychological capital can be a positive resource for combating depressive symptoms in Chinese doctors, and psychological capital training is effective in preventing depressive symptoms, especially for female doctors, in addition to reducing job stress. Barghi Irani and his colleagues (2017) also pointed out the role and importance of lifestyle and psychological capital

in the psychological and social well-being of the elderly.

In explaining these results, it can be said that people with high psychological capital persist more to solve life problems and have more resilience and endurance against the adverse feedback they receive from their environment. As a result, they can express higher levels of positive emotions, also enabling people to be immune to stress and other negative aspects that threaten their mental health and health-oriented lifestyle (Song et al., 2019). In fact, resilience through increasing levels of positive emotions strengthens self-respect and successfully copes with negative experiences. Based on this explanation, resilience through strengthening self-esteem as a mediating mechanism leads to positive adaptability. This explanation requires that in the case of weak resilience, self-respect is weakened and the process of dealing with negative experiences becomes ineffective. Resilient people take advantage of these skills and abilities when facing difficulties and adversities in life and use constructive relationships with others. This factor reduces depression, anxiety and mental stress and consequently increases mental health (Akbarzadeh, Akbarzadeh and Javanmard, 2014). Also, self-efficacy (one of the components of psychological capital) allows a person to overcome stressful situations and enables him to make a constant effort to achieve his goals. People who have more self-efficacy spend their efforts to achieve more difficult goals, achieve their goals more confidently and evaluate them with other more difficult goals. (Barghi Irani et al., 2017) The higher the amount of psychological capital, the higher the hope, resilience and self-concept of a person, and accordingly, the person can attract the social support of others. Hope makes a person have more hope in God and the support of others when there are problems. People who have higher hope are more committed to doing activities related to health and health. Adolescents with high levels of hope look to others as sources of support. These people have the belief that they can adapt to life's challenges. In fact, people who have high psychological capital have more ability for group interactions and social participation. What connects people and causes repetition, continuation and increase of interactions is

psychological capital, which is considered as a force in the direction of personal development. In line with the result of the effectiveness of psychological capital training on the rumination of depressed adolescent girls, Fan and Su (2014) in a research concluded that hope moderates the relationship between rumination and depression. Students who had a low level of hope and higher rumination reported higher depression scores than those who had low rumination, however, the effect of rumination on depression was not significant in the group with high hope. On the other hand, Carabetti, Ansari and Fiorentino (2019) concluded that even if employees have high self-efficacy (which is one of the variables of psychological capital), they have rumination caused by low job satisfaction and it is difficult to deal with it. In explaining this finding, it can be said that when a person drowns in rumination, he feels that he is in an uncontrollable situation that is dangerous; That is, negative beliefs about rumination arise and lead to a person becoming depressed, and this issue has an effect on emotional disorders and the durability of emotional disorders. Rumination, as it was said, is known as a constant preoccupation with a thought or topic and thinking about it, which focuses on the causes and results of the symptoms and prevents the solution of the compromised problem, and as a result, leads to an increase in negative thoughts. This situation may eventually end up creating a depressed mood in the person, and as a result, the tendency to perform risky behaviors increases in the person.

In the present study, like many other studies, there were limitations: 1) The statistical population in this research includes teenage girls and boys were not used in the educational courses despite the great demand of parents, so the effect of these interventions on boys is not known properly. 2) In the field of psychological capital training, many researches have been conducted in Iran, but most of the researches have been conducted in the field of organizational productivity or people who have mental health, and there are less researches in the field of mental disorders such as anxiety or depression. Therefore, the lack of reliable scientific sources in this field, especially the Persian language, was one of the limitations of the research. 3) It is safe to say that one of the main symptoms of major depressive disorder is the lack of psychological capital, in the sense that

teenagers who have very high depression have no hope in life, are pessimistic, and usually do not have proper self-esteem and self-concept to do things. Finally, due to their special age, they lack the necessary resilience to reach the goal, for this reason, accompanying them and changing their thoughts and attitudes was very difficult and one of the limitations of the research. 4) This research was conducted on the middle classes of the society and in a school in Shahr Ray area of Tehran. At first, the researcher, on the recommendation of the supervisor and his personal concern, carried out this package on the lower deciles of the society and marginalized teenagers of Pakdasht city. But because they had the lowest welfare conditions, they did not have the ability to comply with the closed goals.

It is suggested to investigate the effectiveness of psychological capital on adolescent boys in future studies.

Also, it is suggested that in future research, the impact of psychological capital on other disorders such as anxiety, personality, obsession... In addition, adolescence was one of the cases that was less discussed in the field of psychological capital, both in Iran and abroad. Therefore, it has its own charm and its own difficulties, it is suggested to the researchers to pay more attention to the ages that have been less discussed, such as adolescence, old age or children in the field of psychological capital. The present study shows that this package can be implemented in other communities such as the working environment of hospitals and other institutions, so that the evidence of reproducibility and the range of correlations can be re-examined. Finally, the current research showed that considering the prominent role of psychological capital in people's lives, it is suggested that programs such as lectures, training sessions in the field of psychological capital can be effective in all members of the society.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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