



**A CORRELATIONAL STUDY: PSYCHOLOGICAL CAPITAL WITH POST
TRAUMATIC STRESS PERCEPTION AND PHYSICAL HEALTH IN ADULTS**

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ABSTRACT

The current correlational study aimed to investigate the relationships between psychological capital, post-traumatic stress perception, and physical health among adults. A sample of 120 adult participants completed self-report questionnaires, including the Posttraumatic Stress Disorder Checklist (PCL-5), Cohen-Hoberman Inventory of Physical Symptoms (CHIPS), and the Psychological Capital Questionnaire (PCQ-12). The PCL-5 assessed post-traumatic stress perception, CHIPS measured physical health symptoms, and the PCQ-12 evaluated psychological

capital components such as hope, resilience, optimism, and self-efficacy. Results indicated significant negative correlations between psychological capital and post-traumatic stress perception, as well as positive correlations between psychological capital and physical health. Additionally, post-traumatic stress perception was negatively correlated with physical health. Mediation analysis revealed that psychological capital partially mediated the relationship between post-traumatic stress perception and physical health. These findings suggest that promoting positive psychological resources may mitigate the adverse effects of trauma on mental and physical well-being. Implications for clinical practice, intervention development, public health policy, and future research are discussed.

Keywords: Psychological Capital, Post Traumatic Stress Perception, Physical Health, Adults

INTRODUCTION

There has been an increasing interest in the psychological factors that influence individuals' responses to stress and adversity, particularly after experiencing traumatic events. Post-traumatic stress disorder (PTSD) is a prevalent mental health condition characterized by symptoms such as intrusive thoughts, avoidance behaviors, negative alterations in mood and cognition, and hyperarousal following exposure to a traumatic event (American Psychiatric Association, 2013). Individuals who have experienced or witnessed a series of events or set of circumstances that they perceive as emotionally or physically harmful or life-threatening, and may affect mental, physical, social, and/or spiritual well-being. Examples include natural disasters, serious accidents, terrorist acts, war/combat, rape/sexual assault, historical trauma, intimate partner violence, and bullying (Sareen, 2014).

While PTSD is traditionally conceptualized as a mental health issue, emerging research suggests that it is closely intertwined with physical health outcomes as well. Individuals with PTSD often reports a range of physical symptoms, including headaches, fatigue, gastrointestinal discomfort, and cardiovascular problems (Schry, 2015). PTSD often occurs with other related conditions, such as depression, substance use, memory problems, and other physical and mental health problems (McFarlane, 2010). Additionally, studies have also shown that PTSD is associated with harmful health behaviors such as substance abuse and less healthy diets, as well as decreased physical activity (Godfrey, 2013). These physical symptoms significantly impacts an individuals' quality of life and may contribute to the development of chronic health conditions over time.

In addition to PTSD symptoms and physical health outcomes, psychological resources play a crucial role in shaping individuals' responses to trauma and adversity. Psychological capital, a construct derived from positive psychology, encompasses four key components consisting of; hope, resilience, optimism, and self-efficacy (Luthans, 2007). Psychological capital has been linked to improved emotional well-being and reduced susceptibility to stressors (Zhao et al., 2022). Previous literature have found that individuals high in psychological capital are better equipped to cope with stressors, adapt to challenges, and maintain a positive outlook on life, which may buffer against the negative effects of trauma exposure.

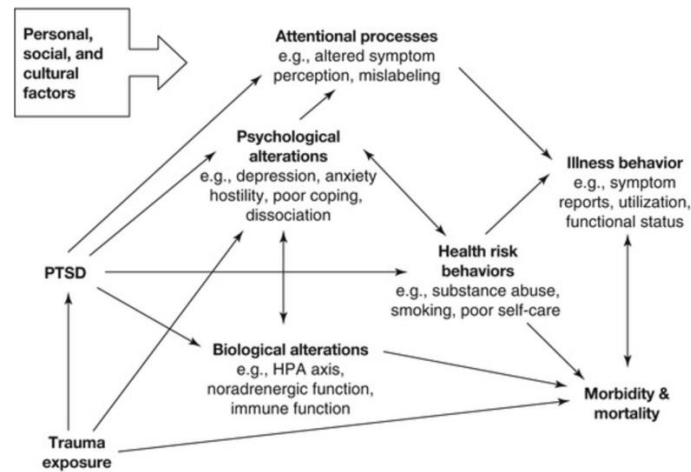


Figure 1

A model relating traumatic exposure and PTSD to physical health outcomes (Schnurr & Green, 2003).

Schnurr and Green (2004) proposed a model that explained the relationship between trauma exposure, post-traumatic stress disorder (PTSD), and physical health outcomes. Their model posits that PTSD symptoms, resulting from trauma exposure, can lead to various health risk behaviors and physiological reactions that ultimately contribute to poor physical health outcomes.

Despite the growing recognition of the interplay between psychological capital, PTSD symptoms, and physical health, relatively few studies have systematically examined these relationships. There is a notable research gap concerning the correlation study of these variables specifically within the Indian adult population. Understanding the correlation between psychological capital, post-traumatic stress perception, and physical health in Indian adults is crucial for several reasons. Firstly, India's unique cultural and societal factors may influence how individuals perceive and cope with trauma, impacting their psychological well-being and physical health outcomes. Secondly, given the increasing recognition of mental health issues in India, particularly related to trauma and stress, investigating these relationships can provide valuable insights for developing targeted interventions and support systems.

Therefore, the present study aims to fill this gap in the literature by investigating the correlations between psychological capital, post-traumatic stress perception, and physical health in Indian adults. By examining these relationships, we seek to elucidate the potential pathways through which psychological resources may influence individuals' mental and physical well-being following trauma exposure. The findings of this study may inform the development of interventions aimed at enhancing psychological capital and mitigating the adverse effects of trauma on both mental and physical health outcomes.

METHOD

AIM

The aim of the study is to investigate the relationship between psychological capital, post-traumatic stress perception, and physical health in adult individuals.

OBJECTIVES OF THE STUDY

- To assess the level of psychological capital among adult participants.
- To measure the perception of post-traumatic stress among adult participants.
- To evaluate the physical health status of adult participants.
- To examine the correlations between psychological capital, post-traumatic stress perception, and physical health.
- To explore potential mediating or moderating factors that may influence the relationships between psychological capital, post-traumatic stress perception, and physical health.

HYPOTHESES

- There will be a negative correlation between psychological capital and post-traumatic stress perception, suggesting that higher levels of psychological capital are associated with lower levels of post-traumatic stress perception.
- There will be a positive correlation between psychological capital and physical health, indicating that higher levels of psychological capital are associated with better physical health outcomes.
- Post-traumatic stress perception will be negatively correlated with physical health, indicating that higher levels of post-traumatic stress perception are associated with poorer physical health outcomes.
- Psychological capital will mediate the relationship between post-traumatic stress perception and physical health, suggesting that the impact of post-traumatic stress perception on physical health will be partially explained by psychological capital.

DESIGN

The study utilized a correlational research design to examine the relationships between psychological capital, post-traumatic stress perception, and physical health in adult participants.

Data was collected through self-report questionnaires.

VARIABLES

Independent variable: Psychological capital

Dependent variables: Post-traumatic stress perception, Physical health

SAMPLE

A sample of 120 people was taken for this study consisting of adult participants aged 18 years and above from diverse backgrounds. A convenience sampling method was employed to recruit participants. All participants provided informed consent before participating in the study, and confidentiality of their responses will be maintained throughout the research process.

Inclusion Criteria

- People above the age of 18.
- People who hold an Indian nationality

Exclusion Criteria

- People below the age of 18.
- People who do not hold an Indian nationality

TOOLS

- **POSTTRAUMATIC STRESS DISORDER CHECKLIST (PCL-5):** The PCL-5 is a self-report questionnaire used to assess the presence and severity of post-traumatic stress disorder (PTSD) symptoms according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria. It consists of 20 items that measure various PTSD symptoms, including intrusive thoughts, avoidance behaviors, negative alterations in mood and cognition, and hyperarousal. Participants rate the frequency and severity of each symptom over the past month on a 5-point Likert scale. PCL-5 test scores have

demonstrated strong internal consistency ($\alpha = .94$ to $.96$), test-retest reliability ($r_s = .74$ to $.85$), and convergent and discriminant validity

- **COHEN-HOBERMAN INVENTORY OF PHYSICAL SYMPTOMS (CHIPS):** The CHIPS is a self-report inventory designed to assess the frequency and severity of physical symptoms experienced by individuals. It consists of a comprehensive list of physical symptoms commonly reported by individuals, such as headaches, fatigue, muscle tension, gastrointestinal discomfort, and cardiovascular symptoms. Each item is rated on a 5-point Likert scale for how much that item bothered or distressed the individual during the past two weeks. The internal reliability of the scale is high, with a Cronbach's alpha of 0.88.
- **PSYCHOLOGICAL CAPITAL QUESTIONNAIRE (PCQ-12):** The PCQ-12 is a short version of the Psychological Capital Questionnaire (PCQ-24) (Luthans et al., 2007, Brazilian version adapted by Ferreira et al., 2013). It is a self-report questionnaire used to measure psychological capital, which comprises four core components. The specific sub-dimensions are: hope (four items), self-efficacy (three items), resilience (three items), and optimism (two items). It is answered on a six-point Likert scale ranging from 1 (I strongly disagree) to 6 (I strongly agree). The questionnaire has been found to produce valid and reliable scores, and its structure has been shown to be invariant across different cultures and age groups: hope, resilience, optimism, and self-efficacy. The PCQ-12 provides a total score reflecting the overall level of psychological capital, as well as scores for each individual component.

RESULTS

The data obtained were analysed using correlation analysis and mediation analysis with the help of SPSS. The result obtained is discussed below in detail.

Table 1

Pearson correlation between Post trauma stress symptoms and Psychological Capital

	Post Trauma Stress Symptoms	Psychological Capital
Post Trauma Stress Symptoms	-	-.408**
Psychological Capital		-

**Correlation is significant at the 0.01 level (2-tailed)

Table (1) represents the Pearson correlation coefficient between post-trauma stress symptoms and psychological capital. The results of the Pearson correlation analysis revealed a significant negative correlation between post-trauma stress symptoms and psychological capital, ($r = -.408$, $p < .001$). This indicates that as levels of psychological capital increase, post-trauma stress symptoms tend to decrease. Thus, the hypothesis (1) suggesting a negative correlation between these variables was supported. These findings suggests that individuals with higher levels of psychological capital may be better able to cope with and manage post-trauma stress symptoms. This highlights the importance of psychological resources in mitigating the negative effects of trauma exposure on mental health outcomes.

Table 2*Pearson correlation between Psychological Capital and Physical Symptoms*

	Psychological Capital	Physical Symptoms
Psychological Capital	-	-.420**
Physical Symptoms		-

**Correlation is significant at the 0.01 level (2-tailed).

Table (2) represents the Pearson correlation coefficient between Psychological Capital and Physical Symptoms. The Pearson correlation analysis revealed a significant negative correlation between Psychological Capital and physical symptoms, ($r = -.420$, $p < .00$), indicating that higher levels of Psychological Capital were associated with fewer reported physical symptoms. Thus, the hypothesis (2) predicting a negative correlation between Psychological Capital and physical symptoms was supported. These findings suggest that individuals with greater psychological resources, including hope, resilience, optimism, and self-efficacy, may experience fewer physical symptoms in response to stress and adversity.

Table 3*Pearson correlation between Physical Symptoms and Post Traumatic Stress*

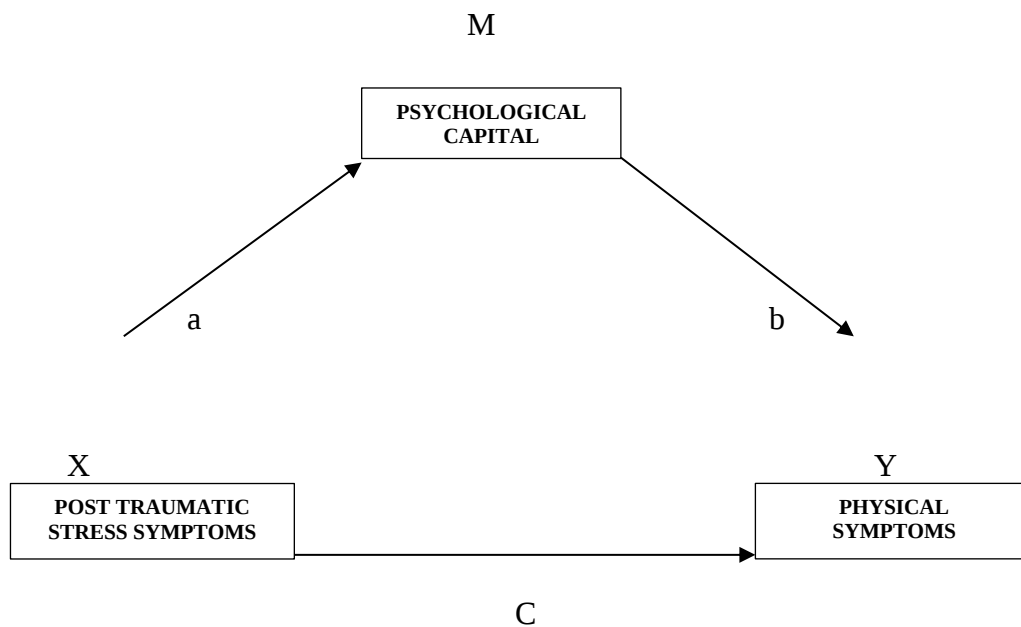
	Physical Symptoms	Post Trauma Stress Symptoms
Physical Symptoms	-	.695**
Post Trauma Stress Symptoms		-

**Correlation is significant at the 0.01 level (2-tailed)

Table (3) represents the Pearson correlation coefficient between Physical symptoms and post-trauma stress symptoms. The Pearson correlation analysis revealed a statistically significant positive correlation between physical symptoms and post-traumatic stress, ($r = .695$, $p < .001$). Thus, the hypothesis (3) that there would be a positive correlation between physical symptoms and post-traumatic stress was accepted. This indicates that individuals who reported higher levels of post-traumatic stress also tended to experience more physical symptoms. The strong positive correlation coefficient suggests a robust association between these variables, highlighting the potential impact of post-traumatic stress on physical health outcomes. These findings underscore the importance of addressing both mental and physical health concerns in individuals exposed to trauma, as they may be interrelated and contribute to overall well-being.

Table 4*Mediation analysis summary*

Relationship	Total Effect	Direct Effect	Indirect Effect	Confidence Interval		t-statistics	Conclusion
Post traumatic symptoms -> Psy Cap -> Physical Symptoms	0.635	0.574	.0611	Lower Bound	Upper Bound		Partial mediation
				0.103	0.1359		



The mediation analysis conducted to examine the relationship between post-traumatic symptoms and physical symptoms, mediated by Psychological Capital, yielded a significant indirect effect ($b = 0.611$). This result supports the hypothesis that Psychological Capital mediates

the association between post-traumatic symptoms and physical symptoms. Therefore, it can be concluded that higher levels of post-traumatic symptoms are associated with increased physical symptoms, and this relationship is partially explained by the presence of Psychological Capital. These findings suggest that interventions aimed at enhancing Psychological Capital may help mitigate the adverse physical health effects of post-traumatic symptoms.

DISCUSSION

The present study investigated the relationships between psychological capital, post-traumatic stress perception, and physical health in adults. The findings provide support for the hypotheses proposed, indicating significant associations between these variables.

Firstly, our results revealed a negative correlation between psychological capital and post-traumatic stress perception, consistent with previous research.

One study investigated the relationship between perceived stress, maladaptive cognitive emotional regulation strategies (CERS), psychological capital, and PTSD symptoms in nurses. The results showed that psychological capital had a negative correlation with PTSD symptoms, although perceived stress had a positive correlation. Moreover, the direct correlation between PTSD symptoms and perceived stress was moderated by psychological capital. Nurses with higher levels of psychological capital showed a weaker positive correlation between perceived stress and PTSD symptoms compared to those with lower levels of psychological capital (Xue et al., 2022).

These findings suggests that individuals with higher psychological capital are better equipped to cope with stress and adversity, leading to lower levels of post-traumatic stress

perception. Psychological capital acts as a protective factor against the development of PTSD symptoms by buffering the impact of perceived stress and maladaptive cognitive emotional regulation strategies. Enhancing psychological capital through interventions focused on building self-efficacy, hope, resilience, and optimism may help individuals mitigate the effects of traumatic experiences and promote mental well-being.

Hence, the research supports the notion that higher levels of psychological capital are associated with lower levels of post-traumatic stress perception. Understanding this negative correlation can inform interventions aimed at improving mental health outcomes in individuals exposed to traumatic events. This suggests that individuals with higher levels of psychological capital tend to perceive fewer post-traumatic stress symptoms. This finding underscores the importance of positive psychological resources in buffering against the negative impact of traumatic experiences on mental health.

Secondly, we found a positive correlation between psychological capital and physical health, supporting the notion that psychological well-being is linked to better physical health outcomes . Studies have shown that psychological well-being plays a crucial role in influencing various aspects of physical health and overall wellness.

One study focused on the relationship between psychological capital and employee wellness in organizations within the manufacturing industry. The research defined psychological capital as an individual's positive psychological state that includes confidence (self-efficacy), positive attribution (optimism), perseverance towards goals (hope), and resilience in overcoming

challenges. The study aimed to determine how these factors of psychological capital affect perceived employee wellness (Solomon, 2014).

The findings from this study and others suggest that individuals with higher levels of psychological capital are more likely to experience better overall wellness, including improved physical health outcomes. Positive psychological states such as self-efficacy, optimism, hope, and resilience have been associated with enhanced well-being and better health indicators. For example, individuals with higher levels of self-efficacy are more likely to engage in health-promoting behaviors, leading to better physical health outcomes (Karsikova et al., 2015).

Hence, the evidence supports the notion that there is a positive correlation between psychological capital and physical health. Enhancing psychological well-being through interventions aimed at developing self-efficacy, optimism, hope, and resilience can lead to improved physical health outcomes and overall wellness. Understanding the impact of psychological factors on physical health underscores the importance of addressing mental well-being as a key component of promoting holistic health and quality of life. Individuals with higher levels of psychological capital may engage in healthier behaviors, exhibit greater resilience to stress, and experience fewer physical symptoms as a result.

Furthermore, our analysis revealed a negative correlation between post-traumatic stress perception and physical health, consistent with previous research demonstrating the adverse effects of trauma exposure on physical health. Individuals who perceive more post-traumatic stress symptoms are likely to experience greater physical symptomatology, highlighting the

interconnectedness of mental and physical health in the aftermath of trauma. Studies have shown that individuals with higher levels of post-traumatic stress perception are more likely to experience poor physical health outcomes.

One study highlighted the association between PTSD symptom clusters and physical health conditions among individuals with PTSD. The findings indicated a relationship between the index trauma, PTSD symptom clusters, and physical health conditions, emphasizing the impact of trauma on physical well-being (Sommer et al., 2019).

Overall, the research supports the notion that post-traumatic stress perception is negatively correlated with physical health, consistent with previous studies. By recognizing the adverse impact of post-traumatic stress on physical health, healthcare professionals can implement strategies to improve overall health outcomes in individuals affected by trauma.

Importantly, our mediation analysis provided evidence that psychological capital partially mediates the relationship between post-traumatic stress perception and physical health. Specifically, we found a significant indirect effect, indicating that higher levels of post-traumatic stress perception are associated with increased physical symptoms, and this relationship is partially explained by the presence of psychological capital. Post-traumatic stress disorder (PTSD) symptoms, such as re-experiencing, avoidance, and hyperarousal, can have detrimental effects on physical health. However, the presence of psychological capital can act as a protective factor, mitigating the impact of post-traumatic stress on physical health.

One study highlighted the mediating effect of psychological capital on the relationship between perceived stress and psychological distress. The findings indicated that psychological capital partially mediated this relationship, suggesting that individuals with higher psychological capital may experience lower levels of psychological distress, which can, in turn, positively influence physical health outcomes (Sun et al., 2022).

Moreover, another study explored the mediating role of psychological capital in the relationship between perceived stress and symptoms of post-traumatic stress disorder (PTSD) among nurses. The findings showed that psychological capital moderated the effects on PTSD symptoms of perceived stress and maladaptive cognitive emotion regulation techniques.. Nurses with higher levels of psychological capital showed a weaker positive correlation between perceived stress and PTSD symptoms compared to those with lower levels of psychological capital, indicating the protective role of psychological resources in mitigating the adverse effects of stress and trauma on mental and physical health (Xue et al., 2022).

Therefore, psychological capital plays a crucial role in mediating the relationship between post-traumatic stress perception and physical health. Understanding this mediating effect is essential for developing interventions that focus on enhancing psychological resources to improve overall health outcomes in individuals exposed to traumatic events. By recognizing the importance of psychological capital in buffering the impact of post-traumatic stress on physical health, healthcare professionals can implement strategies to promote resilience and well-being in individuals affected by trauma.

Overall, the findings of this study contribute to our understanding of the complex interplay between psychological capital, post-traumatic stress perception, and physical health in adults. The results underscore the importance of promoting positive psychological resources as a means of enhancing resilience and mitigating the negative consequences of trauma exposure on both mental and physical well-being. Future research may explore additional factors that influence these relationships and develop interventions aimed at bolstering psychological capital to improve overall health outcomes in trauma-exposed populations.

LIMITATIONS

- The sample size was small and purposive sampling as done. However, random sampling should be done.
- The timeframe for the research was very limited (less than 3 months).
- Responses were self-administered by the subjects. Hence, presumable biases could be around while filling the questionnaire by the respondents.
- There were no measures preventing participants from entering incorrect data, and there were a lack of verification measures as well.
- Other mediating or moderating factors, such as social support, coping strategies, and personality traits, were not explored; future research should consider these factors.
- Findings may not fully generalize to clinical populations with diagnosed PTSD or other mental health conditions; future research should replicate these findings in clinical samples.

IMPLICATION

Following are the implications for the study -

1. Clinicians should consider incorporating interventions that enhance psychological capital (hope, resilience, optimism, and self-efficacy) to mitigate adverse effects of trauma exposure on mental and physical health in PTSD patients.
2. Identification of psychological capital as a mediator in the relationship between post-traumatic stress perception and physical health has implications for developing targeted interventions to improve overall well-being in trauma-exposed populations.
3. Public health policies should address psychological factors to prevent and manage the impact of trauma on health outcomes, promoting resilience-building programs and support services.
4. Further research is needed to explore mechanisms underlying the relationship between psychological capital, post-traumatic stress perception, and physical health, including longitudinal effects, effectiveness of interventions, and potential moderators and mediators.

CONCLUSION

The present study investigated the relationships between psychological capital, post-traumatic stress perception, and physical health in adults. Through comprehensive data analysis, our findings provide valuable insights into the complex interplay between these variables.

The results of this study support the hypotheses proposed, revealing significant correlations between psychological capital, post-traumatic stress perception, and physical health. Specifically, we found that individuals with higher levels of psychological capital tend to perceive fewer post-traumatic stress symptoms and report better physical health outcomes. Additionally, our analysis

demonstrated a negative association between post-traumatic stress perception and physical health, highlighting the detrimental effects of trauma exposure on overall well-being.

Furthermore, our mediation analysis revealed that psychological capital partially mediates the relationship between post-traumatic stress perception and physical health. This suggests that the presence of positive psychological resources may serve as a protective factor against the adverse health effects of trauma, offering potential avenues for intervention and prevention efforts.

In conclusion, the findings of this study contribute to our understanding of the importance of psychological capital in promoting resilience and mitigating the negative consequences of trauma exposure on mental and physical health. By identifying the role of psychological resources in buffering against post-traumatic stress perception and its impact on physical health, this research provides valuable insights for the development of targeted interventions aimed at enhancing overall well-being in trauma-exposed populations. Future research may further explore these relationships and investigate additional factors that influence psychological capital and its effects on health outcomes. Ultimately, the findings of this study have implications for clinical practice, public health policy, and the advancement of theoretical models in the field of trauma and resilience.

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