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# The contribution of psychological capital and parental age to job satisfaction: a comparison of parents of children with autism spectrum disorder and parents of typically developing children

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**Introduction:** A recent concern is the frequency with which children are classified as having autistic spectrum disorder (ASD). Parents of children with ASD report difficulties in all areas of life, including the workplace. Previous studies show psychological capital (PsyCap), defined as a combination of hope, self-efficacy, optimism and resilience, is a key factor in job satisfaction and coping in numerous areas. I examined the relations of PsyCap with job satisfaction in parents of ASD children and parents of typically developing children.

**Methods:** The study involved 141 participants, 127 women, 14 men. About half ( $n = 69$ ) had a child with ASD (mean age 41.41, SD 5.79), and about half ( $n = 72$ ) had a typically developing child (mean age 43.65, SD 7.29). Measurements comprised the Job Satisfaction Questionnaire and the PsyCap questionnaire (PCQ). Data were collected online.

**Results:** Positive relations between PsyCap and job satisfaction was found for both groups. Parents of children with ASD had higher levels of resilience than their comparators. With increased age, parents of children with ASD reported decreased job satisfaction; parents of typically developing children reported increased job satisfaction.

**Discussion:** The study expands the understanding of how parents of children with ASD cope at the occupational level. Their job satisfaction decreases with age. Organizations who employ parents of children with special needs in general and ASD in particular should take this into account and discuss their employees' changing needs to maximize their job satisfaction and give them room for professional development under flexible conditions.

## KEYWORDS

psychological capital, autism spectrum disorder, job satisfaction, parents, age

## Introduction

A concern in recent professional literature is the frequency with which children are classified as having an autistic spectrum disorder (ASD). An estimated one in 68 children is diagnosed on the autistic spectrum regardless of ethnicity or socio-economic status (Marshall et al., 2008; Fuentes et al., 2016). Parents of children with ASD report that caring for them is challenging, demanding, rife with difficulties and pressures, and can affect the mental health of other family members (Bekhet et al., 2012). They also report that caring for

their child with ASD affects their occupational choices and renders them unable to commit to the demands of a typical work environment (Kogan et al., 2008; Montes and Halterman, 2008), as the diagnosed child requires an increased presence of at least one parent. In fact, a commitment to a child with ASD may delay the parents' career building (Estes et al., 2009).

Previous studies have shown that psychological capital (PsyCap), defined as a combination of hope, self-efficacy, optimism and resilience, is a key factor in greater job satisfaction and successful coping in a variety of areas (Luthans and Youssef, 2007; Aminikhah et al., 2016). Since this is a relatively new concept, few studies consider PsyCap in relation to parenting children with ASD. However, these studies indicate that the components of PsyCap are very significant for parents as elements in effective treatment of their children and as important predictors for the use of optimal coping strategies (Hastings et al., 2005; Jones and Prinz, 2005; Lightsey and Sweeney, 2008; Benson, 2010; Weiss et al., 2013).

Based on these findings, I argued that PsyCap makes a significant potential contribution to the mental wellbeing of parents with ASD children and may have a role in maximizing their career options. Therefore, I examined the psychological and occupational reality of parents with children with ASD. Specifically, I evaluated the degree of job satisfaction of parents of children with ASD and the PsyCap of these parents and compared these to the job satisfaction and PsyCap of parents of typically developing (TD) children. I also examined differences related to the age of the two parental populations.

## Literature review

### Parenting children with ASD

The challenges of raising a child with ASD begins long before the process of formal diagnosis (Woodgate et al., 2008). In the first stages of the baby's development, parents often experience pressure, worry, and stress because of their child's developmental delays or disabilities (Hallahan and Kauffman, 2006). Even after a diagnosis, parents have reported difficulties dealing with the child's diagnosis, with the social stigma in relation to children with ASD, and with the social isolation that is a product of this stigma (Papoudi et al., 2021). In the not-too-distant past, parents blamed themselves for their child's autism or felt others blamed them. Although this notion is less common today, parents still often suffer from guilt, self-blame, and a lack of understanding from community members and extended family (Woodgate et al., 2008; Myers et al., 2009). One study found parents of children with ASD sometimes confronted people who made negative comments about their children in public and even stated that this confrontation made them feel good (Neely-Barnes et al., 2011).

Parents of an autistic child experience significant pressures. Family members must manage the many aspects of providing care, and this is demanding, fraught with difficulties, and can affect the mental health of other family members (Bekhet et al., 2012). Parents of ASD children report high levels of parental stress, low satisfaction in their relationships, and behavior problems with their children, compared to parents whose children do not have

a developmental disability (Hoffman et al., 2009). Since the needs of a child diagnosed with ASD are unique, the parent requires many more tools to adapt to the child's needs (AlHorany et al., 2013). The parent also becomes the main channel through which the techniques and training that the child receives are disseminated, in the effort to promote the child's communication and social skills (Brobst et al., 2009; Papoudi et al., 2021). Studies show that parents of children on the autistic spectrum display increased levels of stress and psychological symptoms of depression, relative to both parents of children with normal development and to parents of children with other neurodevelopmental disorders (AlHorany et al., 2013). Risk factors that increase the stress and distress of family members caring for autistic children include the severity of the child's symptoms, the quality of the parents' marriage and the number of children diagnosed as being on the autistic spectrum (Bekhet et al., 2012).

At the same time, parents of children with ASD can have positive experiences; they report finding a positive meaning in life that arises from the challenges of giving birth and raising such a child. In fact, parents have reported that the child's birth and upbringing changed their worldview and encouraged a more positive perception of life in general, as well as appreciation for specific achievements. It is important to note that this view is often established after the first years of their child's diagnosis have passed, when the parents have learned to accept the situation and adapt to it (Bayat, 2007).

### Job satisfaction among parents of children with ASD

Job satisfaction is defined as an employee's positive attitude toward the workplace, reflected in his/her desire to remain there (Vroom, 1964). Job satisfaction is an indicator of the general quality of the individual's experiences in his/her role at work; job dissatisfaction can explain unwanted organizational phenomena such as poor performance, employee turnover, intentions to leave and even actual leaving (Clark, 1997). Therefore, job satisfaction depends on the employee and varies from employee to employee, but also depends on the work environment itself (Vroom, 1995). An employee in an organization is an essential element in all that is related to organizational standards, and thus, when the conditions of the work environment suit him/her, the employee can perform his/her work according to the goals of the organization in a high-quality and professional manner (Raziq and Maulabakhsh, 2015; Dziuba et al., 2020). The literature confirms that when employees are satisfied with their work, they are more functional and involved and contribute to the overall success of the organization. Unsatisfied employees tend not to perform well and may contribute to the failure of the organization (Bin and Shmailan, 2015; Loan, 2020).

Parents of children with ASD experience challenges in both work and family life (Houser et al., 2014). Having a child with ASD is associated with a significant increase in the need for personal care for their child, and this situation affects parents' occupational decisions. One study found parents of children with ASD reported that care for their child affected their employment situation seven times more than for parents of typical children (Montes and Halterman, 2008). The work challenges of these parents are related

to their inability to commit to the demands of a typical work environment. In fact, parents of children with ASD are more likely to report reducing work hours or stopping work, depending on their child's condition (Kogan et al., 2008). Hence, the condition of the diagnosed child and the need for increased presence of at least one of the parents may delay the parents' career building (Estes et al., 2009).

Families with children diagnosed with ASD face many stressors, such as the care of the child, employment considerations, accessibility, and complex financial situations (Bekhet et al., 2012). A great amount of flexibility is required for parents to have a stable work environment (Koegel et al., 1992; Davis and Carter, 2008; Estes et al., 2009). However, parents' decision-making regarding employment must consider the timing and location of child care, and these considerations often do not allow flexibility (Houser et al., 2014). Although parents of children with ASD would like to integrate into work as regular employees, colleagues and managers do not understand their complex family situation, and the employment policy is not flexible (Hill et al., 2014). Watt and Wagner (2013) examined the factors of job satisfaction in a sample of parents of children with ASD; they found these parents experienced a great deal of stress, reported mental health symptoms, had lower-paying jobs, and were dissatisfied with the degree of consideration by employers. Employee-employer relationships that offer parents of children with ASD respite and social support may help them find satisfaction in the workplace (Benson, 2006; Watt and Wagner, 2013). The provision of family leave and flexible work arrangements has been associated with higher satisfaction among parents of children with ASD (Gnanasekaran et al., 2016).

### PsyCap, its components, and parenting children with ASD

Since World War II, psychology has focused on 'correcting' mental illnesses and dysfunctional behavior, in most cases at the expense of recognizing a person's abilities and functions. The growth of positive psychology encouraged a change in this perception by favoring measuring, developing, and managing people's strengths rather than focusing on their weaknesses (Luthans and Youssef, 2004, 2007). This approach generated the concept of PsyCap, a personal motivational index consisting of four positive qualities: self-efficacy, hope, optimism, and resilience (Luthans et al., 2010; Luthans and Youssef-Morgan, 2017).

The first component, self-efficacy, represents a person's general belief in his/her own ability to complete a wide variety of tasks (Hmieleski and Ensley, 2007; Çavuş and Gökçen, 2015). People with high self-efficacy know how to use their motivation by choosing challenging tasks that motivate them in facing obstacles and achieving their goals (Çavuş and Gökçen, 2015). The second component, hope, refers to a positive motivational state interactively based on goal-directed energy and planning to meet goals (Snyder et al., 1996). The component of hope can be broken down into three separate but complementary components: willpower, goals, and paths to achieve them (Snyder et al., 1996). The third component, optimism, can be defined as a psychological trait that causes a generalized expectation of good and positive

results (Keles, 2011). The fourth component, resilience, represents positive coping and adaptation when dealing with adversity or significant risk factors (Masten and Reed, 2002; Youssef and Luthans, 2007). Studies examining demographic sources with the potential to link to or predict PsyCap (length of employment at the workplace, age, gender, etc.) have not revealed a specific source linked to the variable or explained it consistently (Avey, 2014; Aliyev and Tunc, 2015).

PsyCap is a relatively new concept studied mainly in the field of positive organizational behavior; no studies, to the best of my knowledge, have examined its relations to parenting children with ASD. There is some work in this area on the various components of PsyCap, however. First, some studies have looked at self-efficacy. One study found a gender difference among parents of children with ASD in their coping strategies; the level of self-efficacy was found to be the most important variable for mothers, while for fathers, the use of problem solving (hope) was the main strategy (Folkman and Lazarus, 1980; Godoy et al., 2008). In other studies, developing a high sense of self-efficacy was central to the effective treatment of a child with ASD and served as a mediating factor between stressors and a sense of satisfaction with life (Jones and Prinz, 2005; Lightsey and Sweeney, 2008; Weiss et al., 2013).

Second, studies have found optimism is an important predictor of the use of different types of ideal coping strategies in parents of children with ASD (Hastings et al., 2005; Benson, 2010). One study found positive coping mediated the relations between optimistic disposition and depressive symptoms; that is, parents' level of optimism influenced their use of positive coping strategies and this, in turn, reduced depressive symptoms. Conversely, those who were less optimistic tended to use avoidant forms of coping that increased their depressive symptoms (Willis et al., 2016).

Third, studies have found that parents with better resilience better manage the challenges associated with caring for a child with ASD (Luthar et al., 2000). Resilience helps them to recover from complex problems, adapt in a positive way to reality, and even view difficult life situations as an opportunity to improve and strengthen themselves. In fact, although parents of children with ASD have little control over risk factors such as the severity of their children's symptoms or the number of their children diagnosed with autism, there is no question that their resilience is an important protective factor and, as such, should be strengthened. Strengthening parental resilience can bolster other positive indicators such as self-efficacy, self-acceptance, sense of coherence, optimism, resourcefulness, and parental and family functioning (Bekhet et al., 2012).

Fourth, studies have shown that hope is a key factor in the psychological wellbeing of mothers of children with intellectual disabilities, autism, and Down syndrome (Mednick et al., 2007). Monsson (2010) found higher levels of hope were associated with lower levels of depression, anxiety, and chronic grief among parents of autistic children. A high level of hope has many positive qualities, including the ability to find alternative goals when current goals are blocked or unattainable. Hope makes it possible to see the positive aspects of different situations, reframe situations to find meaning in difficult events, and develop effective problem-solving skills (Snyder, 2002). These qualities are especially important for parents of children with ASD whose day-to-day conduct can seem a continuous, unwinnable battle (Monsson, 2010). A study of

mothers of children with ASD and Down syndrome found mothers with a higher level of hope reported less worry. It also found mothers of children with ASD had lower levels of hope and worried more about their child's future than mothers of children with Down syndrome. Finally, mothers whose children were higher functioning reported higher levels of hope and less tendency to worry generally and to worry about the future specifically (Ogston et al., 2011).

### PsyCap and job satisfaction

PsyCap, job satisfaction, and organizational commitment have a significant effect on each other (Luthans and Youssef, 2007). Employees' PsyCap significantly impacts the creation of a positive work environment, job satisfaction, happiness at work, and organizational commitment (Luthans and Youssef, 2007). It is linked to job satisfaction and to a resulting improvement in work performance (Luthans and Youssef, 2007; Aminikhah et al., 2016). A study on relations between the components of PsyCap and job satisfaction found a distinct positive relationship between resilience and optimism, two components of PsyCap, and job satisfaction (Kaplan and Biçkes, 2013). Another study found hope, optimism, and resilience promoted commitment to the workplace and a positive level of satisfaction with the workplace. In addition, employees with higher levels of hope may be more satisfied with their job and thus more committed to their workplace (Çetin, 2011).

### Study hypotheses

Based on my review of the literature, I formulated the following hypotheses:

1. There will be positive relations between PsyCap and job satisfaction; that is, higher PsyCap will be associated with higher satisfaction.
2. Parents of autistic children will report higher PsyCap than parents of typical children due to the many challenges involved in parenting autistic children and due to their increased need to rely on positive psychological resources. Conversely, parents of children with ASD will be less satisfied with their workplace than parents of typical children due to the difficulties they experience in combining raising a special-needs child with the demands and limitations of their workplace.
3. Studies have shown that parents of children with ASD face significant challenges and difficulties in finding work that allows them leeway with the commitments involved when raising a diagnosed child (e.g., Kogan et al., 2008; Montes and Halterman, 2008). It seems they invest more in raising their children and less in career development and occupational advancement than parents of TD children. I therefore hypothesized that as the age of parents of children with ASD increases, their job satisfaction will decrease, and the job satisfaction of parents of TD children will increase. I also hypothesized that PsyCap is a positive motivational

resource of universal significance in terms of age for both groups, and thus, no differences will be found between parents of ASD and parents of TD children (Avey, 2014; Aliyev and Tunc, 2015).

## Methods

### Participants

An a priori power analysis was conducted using G\*Power version 3.1.9.7 (Faul et al., 2007, 2009) to determine the minimum sample size required to test the study hypotheses. For correlation, the bivariate normal model, to achieve 80% power for detecting a medium effect at a significance criterion of  $\alpha = 0.05$ , the required sample size was  $n = 84$ . For an independent samples *t*-test, the required sample size to achieve 80% power for detecting a medium effect at a significance criterion of  $\alpha = 0.05$  was  $n = 128$ . For linear multiple regression of a fixed model,  $R^2$  deviation from zero design with three predictors, the required sample size to achieve 80% power for detecting a medium effect at a significance criterion of  $\alpha = 0.05$  was  $n = 85$ . Thus, the obtained sample size of  $n = 141$  was adequate to test the study hypotheses.

The study involved 141 participants, all of them parents and defining themselves as primary caregivers of their children, 127 women and 14 men, all of whom participated voluntarily, with no monetary compensation. Their average age was 42.52 (SD = 6.65), with an age range from 27 to 61. About 88% of the participants were married; 5% were single, and the remainder were divorced. About half ( $n = 69$ ) had a child with ASD (mean age 41.41, SD 5.79), and about half ( $n = 72$ ) had a TD child (mean age 43.65, SD 7.29).

Regarding the demographic characteristics of the sample among the two groups of parents, the average age of the parents in the TD group is 43.64 (SD = 7.28), while among the parents of children with ASD, the average age is 41.40 (SD = 5.79). In the TD parents' group, there are five males and 67 females; almost similarly, among the parents of children with ASD, there are nine males and 60 females. Among the TD parents, there are seven single, 61 married, and four divorced individuals; among the parents of children with ASD, 64 are married and five are divorced. In both parent groups, only two parents reported being unemployed at present, the rest are employed. In both groups, the maximum number of children per family is 5. Among the TD parents, the average number of children is 2.88 (SD = 0.86), and among the parents of children with ASD, the average number of children is 2.46 (SD = 0.91).

## Materials

### Job satisfaction

Job satisfaction was measured using the Job Satisfaction Questionnaire (Brayfield and Rothe, 1951), designed to evaluate the individual's attitude and expression of feelings toward the workplace. The questionnaire includes 19 items (for example: "Most days I am enthusiastic about my work"), on a scale of 1–5, ranging from "strongly disagree" (1) to "strongly agree" (5). The questionnaire includes 10 reversed items (1, 4, 5, 7, 9, 11, 12, 15, 17,

TABLE 1 Division and reliability of PCQ subscales.

Scales	$\alpha$	Sample item
Self-efficacy	0.61	I feel confident analyzing a study-related long-term problem to find a solution
Hope	0.72	There are lots of ways around any study-related problem
Optimism	0.44	When things are uncertain for me as a student, I usually expect the best
Resilience	0.59	I can deal with study-related difficulties because I've experienced difficulty before
Overall	0.83	

19). The summed questionnaire score ranges from 19 to 95 points, with a higher score reflecting a greater degree of job satisfaction. The reliability for the original version of this questionnaire was  $\alpha = 0.87$ ; in the present study,  $\alpha = 0.904$ .

### PsyCap

The PsyCap questionnaire (PCQ) used in this study is a modified Hebrew version of the questionnaire composed by Luthans et al. (2007). Its items, generally formulated in a positive way, reflect PsyCap's four psychological capacities with respect to strengths and outcomes. The 12-item version of the questionnaire was validated by Avey et al. (2011). PCQ is comprised of 12 items; the appropriateness of each is evaluated on a five-point Likert scale from "strongly disagree" (1) to "strongly agree" (5). The score range of the PCQ is 12–60, with a higher score indicating a higher level of PsyCap. Table 1 shows the reliability of the PCQ subscales in this study.

### Procedure

The data collection process began immediately after receiving ethical approval from the institutional ethics committee. All procedures followed were in accordance with the IRB standards of the institutional committee (protocol number: 2-8/2022). The data were collected using an online Qualtrics questionnaire. To attract parental participation, I posted announcements of the study at schools with classrooms for ASD-diagnosed students diagnosed and on Facebook groups for parents of ASD-diagnosed children. Participants were informed of the objectives and contributions of the study before entering the online survey site and signing the consent form.

### Data analysis

Initially, descriptive statistics were calculated to summarize participant attributes, including demographic characteristics and scores on the PsyCap and Job Satisfaction Questionnaires. Subsequently, Pearson correlation analyses were performed to assess the strength and direction of relationships between variables of interest and also to compare the correlational coefficients of

two parental groups. Also, to compare the means of PsyCap and job satisfaction between the two groups of parents, independent *t*-tests were conducted. Additionally, multiple regression analyses were utilized to investigate the effects of age, group membership (ASD vs. TD), and their interaction on job satisfaction and PsyCap, considering the potential for confounding variables. Notably, to address concerns regarding the multiplicity of comparisons, Bonferroni correction was applied to adjust significance levels for multiple testing, thereby mitigating the risk of errors.

## Results

The first hypothesis assumed positive relations between PsyCap and job satisfaction, with higher levels of PsyCap associated with higher job satisfaction. I used Pearson correlations to examine relations between job satisfaction and PsyCap (overall PsyCap and self-efficacy, hope, optimism, and resilience subscales). Job satisfaction was significantly positively correlated to overall PsyCap in the two parental groups. For the PsyCap subscales, job satisfaction was positively correlated to hope for participants in both groups, and to optimism for participants without a child diagnosed with ASD (see Table 2).

Hypothesis 2 speculated that parents of children diagnosed with ASD would report higher levels of PsyCap than parents of TD children. It also assumed parents of ASD children would report lower job satisfaction than parents of TD children. *T*-test analyses compared the two parental groups in study variables concerning their job satisfaction and PsyCap (overall PsyCap and self-efficacy, hope, optimism, and resilience subscales). Findings did not support this hypothesis; parents of ASD children and parents of TD children did not differ in their PsyCap or job satisfaction levels (see Table 3). Findings also showed resilience was the only PsyCap resource that was higher for parents of ASD children.

Hypothesis 3 tested the interaction between age and job satisfaction and PsyCap. I predicted that as the age of parents with ASD children increased, their job satisfaction would decrease; in contrast, as the age of parents of TD children increased, their job satisfaction would increase. I also predicted that there would be no differences between groups in relations between age and PsyCap. Findings corroborated both predictions. I conducted multiple regression analysis using age, parental group, and the interaction between them as predictors, and job satisfaction or PsyCap as the independent variable. As shown in Table 4, the interaction between age and parental group was significant only when job satisfaction was the dependent variable, and was close to significant when optimism was the dependent variable. As shown earlier in Table 2 (correlational analysis), age was negatively and significantly correlated to job satisfaction for parents of ASD children and positively correlated to age of parents of TD children. Optimism was positively and significantly correlated to age in parents of TD children but was not correlated in parents of ASD children.

## Discussion

The objective of this study was to learn about the PsyCap of parents of children with ASD and the degree of their satisfaction

TABLE 2 Means, SDs, and correlations between study variables for the two parental groups.

Variables	M (SD)	1	2	3	4	5	6
<b>Child with ASD</b>							
1. Job satisfaction	3.62 (0.68)						
2. PsyCap	4.24 (0.46)	0.28*					
3. Self-efficacy	4.38 (0.57)	0.21	0.70***				
4. Hope	4.18 (0.58)	0.31**	0.86***	0.43***			
5. Optimism	3.91 (0.83)	0.22	0.69***	0.18	0.58***		
6. Resilience	4.39 (0.52)	0.06	0.76***	0.55***	0.50***	0.33**	
7. Age	41.41 (5.79)	-0.29*	0.01	0.16	-0.08	-0.08	0.09
<b>No child with ASD</b>							
1. Job satisfaction	3.79 (0.63)						
2. PsyCap	4.11 (0.56)	0.23*					
3. Self-efficacy	4.27 (0.68)	0.15	0.72***				
4. Hope	4.09 (0.65)	0.25*	0.90***	0.54***			
5. Optimism	4.08 (0.76)	0.34**	0.74***	0.28*	0.66***		
6. Resilience	4.01 (0.67)	0.15	0.83***	0.45***	0.66***	0.56***	
7. Age	43.65 (7.29)	0.30*	0.17	0.08	0.19	0.29*	0.10

\*p < 0.05.  
 \*\*p < 0.01.  
 \*\*\*p < 0.001.

TABLE 3 Mean differences between parents of ASD children and parents of TD children in study variables.

Variables	ASD	Non-ASD	t	Cohen's d
	M (SD)			
Job satisfaction	3.62 (0.68)	3.79 (0.63)	$t_{(139)} = 1.499, p = 0.136$	0.252
PsyCap	4.24 (0.46)	4.11 (0.56)	$t_{(137)} = -1.532, p = 0.128$	-0.260
Self-efficacy	4.38 (0.57)	4.27 (0.68)	$t_{(137)} = -1.041, p = 0.300$	-0.177
Hope	4.18 (0.58)	4.09 (0.65)	$t_{(137)} = -0.945, p = 0.346$	-0.160
Optimism	3.91 (0.83)	4.08 (0.76)	$t_{(137)} = 1.243, p = 0.216$	0.213
Resilience	4.39 (0.52)	4.01 (0.67)	$t_{(137)} = -3.699, p < 0.001$	-0.626

with their workplace. The first research hypothesis was that there would be positive relations between PsyCap and job satisfaction. The findings confirmed this for both parental groups (parents of ASD children, parents of TD children). These results support previous studies emphasizing the contribution of PsyCap to a positive work environment, improved performance, and increased employee organizational commitment—elements that contribute to a sense of satisfaction with the workplace (Luthans and Youssef, 2007; Aminikhah et al., 2016).

The research findings strengthen previous findings on relations between the components of PsyCap and job satisfaction. This study, like previous ones, indicates positive relations between hope and job satisfaction in the two groups of parents and to positive relations between optimism and job satisfaction in parents of TD children. The findings suggest employees who have higher levels of hope are more likely to be satisfied with

their jobs and therefore more committed to the workplace (Çetin, 2011).

The second hypothesis argued parents of ASD children would report higher PsyCap but would be characterized by lower satisfaction with their workplace than parents of TD children. The findings did not corroborate this hypothesis, as no differences were found between the two groups of parents in PsyCap and job satisfaction. In fact, resilience was the only component of PsyCap for which there were differences between the groups; parents of children with ASD had higher levels of resilience than parents of TD children.

As mentioned, PsyCap is a relatively new variable and has not been well studied in the context of parents of children with PsyCap. My findings suggest PsyCap has universal importance for all parents and the type of parenting—for special-needs or TD children—does not necessarily affect the degree of global PsyCap

TABLE 4 Multiple regression analysis using age, group, and their interactions as predictors, and job satisfaction or PsyCap as the dependent variable.

Variables	B	SE.B.	$\beta$	t	p-value
<b>Satisfaction; <math>F_{(3,127)} = 4.98, p = 0.003, R^2 = 8.4\%</math></b>					
Age	0.025	0.011	0.257	2.350	0.020
Group	2.343	0.730	1.810	3.211	0.002
Interaction	-0.060	0.017	-1.941	-3.490	<0.001
<b>PsyCap; <math>F_{(3,125)} = 1.37, p = 0.254, R^2 = 3.2\%</math></b>					
Age	0.013	0.009	0.173	1.510	0.134
Group	0.661	0.608	0.637	1.086	0.279
Interaction	-0.012	0.014	-0.500	-0.863	0.390
<b>Self-efficacy; <math>F_{(3,125)} = 0.90, p = 0.446, R^2 = 2.1\%</math></b>					
Age	0.008	0.011	0.080	0.693	0.489
Group	-0.238	0.754	-0.187	-0.316	0.753
Interaction	0.009	0.018	0.283	0.483	0.630
<b>Hope; <math>F_{(3,125)} = 1.20, p = 0.312, R^2 = 2.8\%</math></b>					
Age	0.018	0.011	0.188	1.640	0.104
Group	1.195	0.734	0.957	1.629	0.106
Interaction	-0.026	0.017	-0.880	-1.516	0.132
<b>Optimism; <math>F_{(3,125)} = 2.29, p = 0.082, R^2 = 5.3\%</math></b>					
Age	0.031	0.014	0.253	2.187	0.031
Group	1.637	0.946	1.015	1.731	0.086
Interaction	-0.042	0.022	-1.110	-1.915	0.058
<b>Resilience; <math>F_{(3,125)} = 4.55, p = 0.005, R^2 = 9.8\%</math></b>					
Age	0.009	0.011	0.099	0.898	0.371
Group	0.446	0.718	0.352	0.621	0.536
Interaction	-0.001	0.017	-0.037	-0.066	0.947

a parent will develop. My findings lead me to think all parents make use of the elements of PsyCap to deal with and care for their children, solve problems, and deal with complex situations, without noticeable differences between parents of special needs and TD children (Folkman and Lazarus, 1980; Godoy et al., 2008; Willis et al., 2016). However, my findings also indicate that parents of children with ASD rely more on resilience than parents of TD children. This corresponds with previous studies where high levels of resilience helped parents of children with ASD recover from complex situations and better manage the challenges associated with caring for their children; resilience also promoted self-acceptance and better parental functioning (Luthar et al., 2000; Bekhet et al., 2012).

Job satisfaction often depends on the individual employee and on the work environment itself (Vroom, 1995). My findings emphasize the individuality of persons in their sense of satisfaction with the workplace; I cannot link increased or decreased satisfaction at any given moment to either parental group studied. Similarly, previous studies indicated some parents of children with ASD find the workplace to be a respite from complex family

challenges and a place of social support (Benson, 2006). My research population may have experienced employee-employer relations that allowed family vacations, flexible work arrangements, and time for respite and social support, helping those parents to feel generally satisfied with their workplace (Watt and Wagner, 2013; Gnanasekaran et al., 2016).

The third research hypothesis anticipated that with increased age, parents of children with ASD would report decreased job satisfaction and parents of TD children would report increased job satisfaction. I did not hypothesize differences between parental groups in relations between age and PsyCap (Avey, 2014; Aliyev and Tunc, 2015). The research hypotheses were fully corroborated. As in previous studies, my findings highlighted the challenges of parents of children with ASD in the workplace over time (Houser et al., 2014). More specifically, their satisfaction with the workplace decreases, while the satisfaction of parents of TD children increases.

The literature indicates that parenting a child with ASD involves continuous and often unpredictable demands, which can significantly impact parents' emotional and physical resources (Hastings and Taunt, 2002). This ongoing stress can lead to

a depletion of energy, which is critical for maintaining job satisfaction and motivation at work (Schaufeli and Bakker, 2004). These findings, in conjunction with the present study, suggest a child with ASD requires a more intensive parental presence and causes a higher degree of parental stress, thus affecting parents' ability to take advantage of career opportunities and advance professionally (Montes and Halterman, 2008; Estes et al., 2009). More specifically, the challenges of balancing work and family life, resulting in lower job satisfaction may be particularly difficult to achieve for parents of children with ASD due to the unique and demanding care needs of their children, which can limit their availability and engagement in professional development opportunities (Dykens et al., 2014).

The many stressors of parents of children with ASD make it difficult for these parents to commit to the demands of a typical work environment (Kogan et al., 2008; Bekhet et al., 2012; Watt and Wagner, 2013). A great deal of flexibility may be required for them to have a stable workplace (Koegel et al., 1992; Davis and Carter, 2008; Estes et al., 2009). This raises the question of whether parents of children with ASD must choose between investing their time and energy in raising their child or investing time and energy in career development and professional advancement. Perhaps these parents would like to integrate into the workplace as regular employees, but the issues preventing them from doing so become barriers that lead to stress and dissatisfaction (Hill et al., 2014). The occupational compromises they must make over the years translate into decreasing satisfaction with the workplace. In contrast, parents of TD children can invest their time and energy in occupational advancement, training, and continuing education; therefore, as time passes, their working conditions improve and their sense of satisfaction grows.

The findings confirmed my hypothesis on PsyCap; there were no differences between the parental groups in relations between age and PsyCap (i.e., no interaction was found). This finding is consistent with previous studies that did not find a demographic factor associated with or able to explain the level of PsyCap. It seems to be a positive personality-based motivational variable that is situational and subject to change and development; there is no relationship between age and the extent to which a person is characterized by this variable (Avey, 2014; Aliyev and Tunc, 2015).

## Implications of the findings for practice

The study expands the understanding of how parents of children with ASD cope at the occupational level as compared to parents of TD children. I did not find differences in the degree of job satisfaction of parents of ASD children and parents of TD children. However, age seemed to have an influence on job satisfaction over time, with the latter reporting more satisfaction with increased age. PsyCap was a significant predictor of job satisfaction for both groups of parents, regardless of parental age. The findings add new information to the literature, especially as PsyCap in general and the relations of PsyCap to job satisfaction in particular have not been examined among parents of children with ASD.

On the practical level, as PsyCap is subject to change and development, the findings are of great importance. They point to

the importance of preserving and developing the PsyCap of parents of children with ASD, so that they can feel satisfied with their work now and in the future. The study indicates that as the age of parents increases, the job satisfaction of parents of children with ASD decreases. Organizations and companies who employ parents of children with special needs in general and ASD in particular should take this into account and discuss with their employees their changing needs in order to maximize their job satisfaction over the years and give them room for training and professional development under flexible conditions so that they can advance in their work.

The implications of this study's findings extend beyond the occupational sphere, offering significant insights for policymakers in education. Recognizing the unique challenges faced by parents of children with ASD, educational institutions can play a pivotal role in supporting these families. In light of the critical role of PsyCap in enhancing job satisfaction for parents of children with ASD, targeted interventions aimed at developing PsyCap elements—hope, self-efficacy, resilience, and optimism—are recommended. Educational policymakers and practitioners should consider implementing specialized training programs for these parents. Such programs could include resilience-building workshops, optimism training sessions, and strategies for enhancing self-efficacy, tailored specifically to the unique challenges faced by parents of children with ASD. Additionally, fostering a supportive educational environment that acknowledges and addresses these parents' unique needs can further augment their PsyCap, thereby improving their job satisfaction and overall wellbeing. By investing in the development of PsyCap among these parents, educational institutions can play a pivotal role in not just the educational success of children with ASD but also in the occupational and psychological wellbeing of their parents.

## Limitations and future work

The study examined the research variables at one point in time; future studies may expand the data collection and examine alterations in the research variables over time. In addition, the study used quantitative data collected by questionnaires; a mixed-methods study could add qualitative information, for example, by using interviews. This type of information can help us understand the reasoning behind parental responses and the lived reality of parents of children with ASD, how they perceive and describe the challenges in their workplace and how their age affects the degree of satisfaction they feel in the workplace. An integrated investigation would also deepen the understanding of the contribution of positive psychological resources, primarily PsyCap, to day-to-day coping in the upbringing of a special-needs child, as well as the contribution to experiences in the workplace.

Another limitation of this study is the relatively low number of male participants compared to female participants. Although both groups of parents, those with TD children and those with children with ASD, included men who identified as the primary caregivers of their children, the overall male representation remains small. This imbalance might limit the generalizability of the findings across genders, especially considering the potential differences in job satisfaction and caregiving roles between mothers and



fathers. Future studies could benefit from a more balanced gender distribution among participants to explore any nuanced differences in the experiences of male and female primary caregivers.

Additionally, the study did not categorize children with ASD by the severity of their disorder, which could have provided more detailed insights into the differences between parents of ASD children and those of TD children. Furthermore, the research neglected to incorporate implicit stress indicators, impeding our insight into stress trends within this specific group. As many parents of special needs children face substantial stress, it would be prudent to incorporate this factor in subsequent studies.

## Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

## Ethics statement

All procedures followed were in accordance with the Ethical Standards of Standards IRB of the Institutional Committee. The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

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