

# Assessment of Resilience by Resilience Assessment Scale for Children

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**Abstract:** Adolescent is considered as a difficult period, marked by conflicts in one's autonomy, which culminates with the redefinition of the individual towards adult life introduction. Through hospitalization, the treatment modalities which are getting fulfilled proceed to conflicts among interests in regards to stress and inability of resources leading to adaptation and resilience. While using resilience, child develops to maintain balance, gain confidence and personal strength to cope up with illness. Descriptive research design was used to assess the resilience by Resilience Assessment Scale among the children suffering with chronic diseases in selected hospitals of Haryana. Content validity of the modified Resilience Assessment Scale for children suffering with chronic diseases was assured with 7 experts in the field of nursing. Final data collection was carried out on 100 children suffering from chronic diseases. The data was analyzed using descriptive and inferential statistics in the terms of frequency and percentage distribution, mean, median, standard deviation and chi-square. The findings of the study reveal that there was a significant association between type of family and resilience among children suffering with chronic diseases. Majority of the children in the study had moderate resilience (69%), only 2% of the children had lower resilience and rest children were having higher resilience. The recommendations for the future research can be Psychological interventions on the basis of High, Moderate and Low Resilience given to the caregivers in order to attain their maximum level of health.

**Keywords:** resilience, children

## 1. Introduction

### Background of the Study

Growth is the progressive increase in the size of a child. Development is progressive acquisition of various skills. Psychological development, the development of cognitive, emotional, intellectual and social capabilities and functioning over the course of the life span right from infancy through progressive ages. As the age progress with time development in a child takes place along with growth in physical, psychological, social and spiritual domains as a whole. Child development refers to how a child becomes able to do more complex things as they cognitively get older.

Around the age of 10-18 years, the theories explained the overall development of the individual right from the childhood in aspects of cognitive development, psychosexual development, psychosocial development, moral development and development of faith respectively<sup>1</sup>. Chronic diseases are emerging to be an important aspect which needs close supervision in therapeutic as well as behavioural concept globally. Significant stress associated with risk for emotional and behavioural problems along with chronic diseases in adolescents interferes with adherence to treatment regimens and alters the psychological functioning<sup>2</sup>. By the decade of 1990's researchers became increasingly focused on a phenomenon known as resilience. Resilience is the ability of the resilient to withstand or bounce back quickly from difficult conditions.

Besides being chronically sick there are certain related factors such as , pain due to various rendering procedures, changing health care team shifts, parental separation, per detachment and loss of self esteem during the course of hospitalisation along with psychological deprivation as well. This psychological abilities and positive attitude among

children goes on deteriorating when the child goes through the pathway of chronic treatment. Coping during this (chronic) period and identifying the coping has become a major concern which is termed as "Resilience". Resilience is the word derived from "Resile" which means to "bounce or spring back". Resilience is defined as resistance to illness, adaptation and thriving, the ability to bounce back or recover from stress<sup>3</sup>.

## 2. Need of the Study

During the past decade, resilience has increasingly become a focus of research in the behavioural and medical sciences. Measures that have been developed to assess "resilience" have not focused on these qualities but on the factors and resources that make them possible<sup>(4)</sup>.

Children who live with a chronic illness experience a range of persistent stressors that can increase their risk of developing mental health problems. Chronically ill child may need to manage symptoms that introduce physical and lifestyle limitations, including restricted participation in school and sport, as well as treatment effects and the impact of incorporating ongoing treatment into daily activities. These factors may bounds spontaneity, construct challenges for social connections, and originates worries about the future.

Children and their families suffering from chronic diseases need to appreciate the significance of resilience, and also medical personnel need to be educated in this area as well, in order to provide correct message on right time which can help in reducing the stress and frustration originated from chronic disease<sup>(4,5)</sup>.

During hospitalization, the child loses ability to function adequately in almost all domains of growth and development, namely, physical, social, cognitive, communicative and adaptive. Physical wellness needs to be verified along with psychological wellbeing, during course of hospitalization. In this respect, researchers have developed various scales to determine the coping abilities of children suffering with renal diseases. There are very less studies that have reported assessment of resilience scales in children with chronic diseases. It is necessary to regain the lost activity, positive perception and outlooks and above all educational strengths and behavioural ratings among the children suffering with chronic disease conditions.

Extensive literature in the field of resilience is still lacking to help overcome the children with the chronic conditions. So, the present study implemented the Resilience Assessment Scale for children with chronic diseases to assess their level of bouncing back to previous state of illness. Nurses besides therapeutic regimen should also understand the psychological need and mental abilities of the child hospitalised with chronic diseases in order to render quality and effective care and thus promote rehabilitation and resilience.

### 3. Problem Statement

A study to assess the resilience by resilience assessment scale among the children suffering with chronic diseases in selected hospitals of Haryana.

### 4. Objective

- To assess the resilience by resilience assessment scale among the children suffering with chronic diseases.
- To find out the association of Resilience with selected demographic variables among children suffering with chronic diseases.

### 5. Methodology

A descriptive research design was used for the assessment of resilience by resilience assessment scale among the children suffering with chronic. The study was conducted on 100 children aged 10-18 years with chronic diseases including various systems like gastrointestinal tract, excretory system, blood disorders, eye, ear, nose and throat, neurological system, respiratory system, orthopedic system, oncological conditions, reproductive system and endocrine system, selected by purposive sampling technique in Paediatric wards and Intensive care units of Maharishi Markandeshwar Institute of Medical Science and Research Hospital, Mullana and Government Civil Hospital at Ambala.

Consent was taken from the parents of the study subjects regarding their willingness to participate in the research project. The purpose for carrying out research project was explained to the subjects and confidentiality was assured.

Resilience Assessment Scale for children suffering with chronic diseases was used to collect data. The scoring criteria for resilience assessment scale constituted as:-

- 5= All of the time (>8 times/10 times)

- 4= Most of the time (6-8 times/10 times)
- 3= Some of the time (4-5 times/ 10 times)
- 2= A little of the time (2-3 times/10 times)
- 1= None of the time (<2 times)

The maximum score was 145 and minimum score of Resilience Assessment Scale was 29.

On the basis of scores three levels were made to assess resilience namely:-

- High resilience 107-145
- Moderate resilience 68-106
- Low resilience 29-67

The reliability of the Resilience Assessment Scale was calculated by Cronbach's Alpha which was found to be 0.81 which depicts the Reliability of the questionnaire. The acceptable range is 0.69-1. The tool was found to be reliable.

### Pilot study

Pilot study was conducted in Maharishi Markandeshwar Institute of Medical Science and Research Hospital, Mullana after the formal permission from the Medical Superintendent of Maharishi Markandeshwar Institute of Medical Science and Research Hospital, Mullana. Resilience assessment scale for children admitted with chronic diseases was used to collect data through structured interview from 10 children by purposive sampling technique suffering with chronic diseases in Pediatric surgery ward, Pediatric medicine ward and Pediatric outpatient department. Findings of pilot study revealed that it was feasible to carry out the final study.

### Data collection procedure

Final study was conducted in Maharishi Markandeshwar Institute of Medical Science & Research Hospital, Mullana and Civil Hospital Ambala after the formal permission from the Medical Superintendent of Maharishi Markandeshwar Institute of Medical Science & Research Hospital Mullana, and Civil Surgeon of Civil Hospital Ambala. Initially children and their parents were explained about the research topic and need for data collection. Written informed consent was taken from parents of children suffering with chronic diseases. Data was collected from parents and children using socio-demographic tool and resilience assessment scale and confidentiality was assured. Total time taken by each child during data collection was 40-45 minutes.

### Data analysis

Descriptive and inferential statistics was planned to analyze the obtained data as shown below:-

Frequency and Percentage distribution of clients by demographic variables: Age, date of birth, gender, type of school, class, education of father and mother, occupational status of father and mother, family income per month (in rupees), place of residence, siblings, birth order, type of family, number of times being hospitalized, present diagnosis, diagnosed since and any counseling sessions

attended by either child or parents, regarding the disease condition.

Chi square test: To determine the association of the resilience with the selected demographic variables.

**Table 1:** Description of frequency distribution of demographic variables and Chi-Square showing association of Resilience with demographic variables among children suffering with chronic diseases in selected hospitals of Haryana, N=100

| S.n | Demographic variables  | Frequency %                          | $\chi^2$ |
|-----|--|--------------------------------------|----------|
| 1   | <b>Age</b><br>a) 10-12 years<br>b) 13-15 years<br>c) 16-18 years   | 48%<br>28%<br>24%                    | 3.5 NS   |
| 2   | <b>Gender</b><br>a) Male<br>b) Female  | 56%<br>44%                           | 5.58 NS  |
| 3   | <b>Type of school</b><br>a) Government<br>b) Private   | 42%<br>58%                           | 4.04 NS  |
| 4   | <b>Class</b><br>a) 3 <sup>rd</sup> -7 <sup>th</sup> standard<br>b) 8 <sup>th</sup> -12 <sup>th</sup> standard  | 63%<br>37%                           | 0.61 NS  |
| 5   | <b>Education of father</b><br>a) Non – literate<br>b) Middle education<br>c) Secondary education<br>d) Senior secondary education<br>e) Graduation<br>f) Any other | 35%<br>42%<br>16%<br>02%<br>05%<br>- | 3.28 NS  |
| 6   | <b>Occupational status of the father</b><br>a) Unemployed<br>b) Laborer<br>c) Private Job<br>d) Government Job<br>e) Self employed                                 | 04%<br>21%<br>08%<br>02%<br>65%      | 8.18 NS  |
| 7   | <b>Education of mother</b><br>a) Non – literate<br>b) Middle education<br>c) Secondary education<br>d) Senior secondary education<br>e) Graduation<br>f) Any other | 61%<br>23%<br>10%<br>01%<br>05%<br>- | 12.9 NS  |
| 8   | <b>Occupational status of mother</b><br>a) Homemaker<br>b) Private Job<br>c) Government job<br>d) Self employed  | 96%<br>04%<br>-<br>-                 | 1.28 NS  |
| 9   | <b>Family Income per month (in rupees)</b><br>a) ≤ 5000<br>b) 5001-10000<br>c) 10001-15000<br>d) ≥ 15001   | 56%<br>28%<br>09%<br>07%             | 11.5 NS  |
| 10  | <b>Place of residence</b><br>a) Rural<br>b) Urban  | 70%<br>30%                           | 1.91 NS  |
| 11  | <b>Siblings</b><br>a) None<br>b) 1<br>c) 2<br>d) ≥ 3   | 01%<br>06%<br>26%<br>67%             | 3.22 NS  |
| 12  | <b>Birth order:</b><br>a) 1  | 32%                                  | 5.22 NS  |

|    |   |  |         |
|----|---|--|---------|
|    | b) 2<br>c) 3<br>d) >3   | 34%<br>22%<br>12%  |         |
| 13 | <b>Type of family</b><br>a) Nuclear<br>b) Joint<br>c) Extended  | 58%<br>40%<br>02%  | 10.19*  |
| 14 | <b>No. of times being hospitalized</b><br>a) 1<br>b) 2<br>c) ≥ 3  | 43%<br>23%<br>34%  | 4.73 NS |
| 15 | <b>Present diagnosis</b><br>a) Gastrointestinal tract<br>b) Excretory system<br>c) Blood disorder<br>d) Eye, ear, Nose and throat<br>e) Neurological system<br>f) Respiratory system<br>g) Orthopedic system<br>h) Cancerous condition<br>i) Reproductive system<br>j) Endocrine system | 07%<br>12%<br>07%<br>22%<br>21%<br>16%<br>06%<br>02%<br>03%<br>04% | 14.5 NS |
| 16 | <b>Diagnosed since</b><br>a) 3 months to 9 months<br>b) 10 months to 4 years<br>c) 5 years to 11 years<br>d) 12 years to 18 years   | 70%<br>20%<br>06%<br>04%   | 1.27 NS |
| 17 | <b>Any Counseling session regarding the disease condition attended by parents/child</b><br>a) No<br>b) Yes.   | 99%<br>01%   | 2.87 NS |

NS = non significant, \* = significant

## 6. Conclusion

The findings of the study revealed that the majority of the children suffering from chronic diseases were having moderate level of resilience and among all the demographic variables only type of family has significant association with resilience among children suffering with chronic diseases in selected hospitals of Haryana. Thus Resilience Assessment Scale for children suffering with chronic diseases develops the strong understanding to the health care professionals about the level of resilience the child is up to.

**Table 2:** Description of frequency and percentage distribution of levels of Resilience among children suffering with chronic diseases in selected hospitals of Haryana, N=100

| Levels of Resilience | Frequency | Percentage |
|----------------------|-----------|------------|
| Low resilience       | 02        | 02%        |
| Moderate resilience  | 69        | 69%        |
| High resilience      | 29        | 29%        |

## 7. Limitations

The following limitations were observed in the study: Resilience among the caregivers of the children suffering with chronic diseases was not taken into consideration.

## 8. Scope of the Study

On the basis of the findings, the following recommendations are offered for future research:-

- Psychological interventions on the basis of High, Moderate and Low Resilience can be given to caregivers of children in order to understand their lacking domains that are responsible for low and moderate resilience.
- As per the present study, the resilience scale can be used for the parents and primary care-givers to assess the resilience while caring up for their children with chronic diseases.

### References

- [1] Marlow R. Dorothy, Redding A. Barabara. Textbook of Paediatric Nursing. 6<sup>th</sup> Edition. Elsevier India pvt.ltd.2005.p 163-180
- [2] Newacheck P et.al Prevalance and impact of multiple childhood chronic illnesses. Journal pf Paediatrics. [Internet].[cited in 1994].124;40-84 available from <http://www.ncbi.nlm.nih.gov/pubmed/7506774>
- [3] Marlow J et.al The psychosocial wellbeing of children with chronic diseases, their parents and siblings. [Internet].[Cited in 2006].32:19-31. Available from <http://www.ncbi.nlm.nih.gov/pubmed/16398788>
- [4] National institute of diabetes and digestive kidney diseases. United States Renal Data System. USRD [Internet]. [Cited in 2008]. Annual Data Report. Available from <http://www.niddk.nih.gov/health-information/health-topics/kidney-disease/kidney-disease-of-diabetes/Pages/facts.aspx>
- [5] Stumpers et.al, Review of kidney diseases. Health info net [Internet]. [Cited in 2013].Available from [http://www.healthinfontet.ecu.edu.au/chronic-conditions/kidney/reviews/kidney\\_review](http://www.healthinfontet.ecu.edu.au/chronic-conditions/kidney/reviews/kidney_review).

