



ORIGINAL

Resilience and the Intervention of Nursing in Adolescents of an Educational Institution in Vulnerable Area of Lima

Resiliencia y la Intervención de Enfermería en Adolescentes de una Institución Educativa en Zona Vulnerable de Lima

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ABSTRACT

Introduction: the relationship within the family is very important in adolescence, since it will allow them to develop skills and behaviors that improve their resilience, so the research objective is to determine resilience and nursing intervention in adolescents of an educational institution in a vulnerable area of Lima

Methods: it is a quantitative, descriptive and cross-sectional study, with a population of 571 adolescents who answered a questionnaire of sociodemographic aspects and the Conno-Davidson resilience scale

Results: in their results, 157 (27,5 %) of the adolescents have low resilience, 301 (52,7 %) medium resilience and 113 (19,8 %) high resilience

Conclusions: in conclusion, intervention in the family should be taken into account in order to identify factors that put the adolescent at risk in his early development.

Keywords: Resilience; Mental Health; Family Health.

RESUMEN

Introducción: la relación dentro de la familia es muy importante en la adolescencia, ya que les permitirá desarrollar habilidades y conductas que mejoren su resiliencia, por lo que el objetivo de la investigación es determinar la resiliencia y la intervención de enfermería en adolescentes de una institución educativa de una zona vulnerable de Lima

Métodos: es un estudio cuantitativo, descriptivo y transversal, con una población de 571 adolescentes que respondieron un cuestionario de aspectos sociodemográficos y la escala de resiliencia de Conno-Davidson,

Resultados: en sus resultados, 157 (27,5 %) de los adolescentes tienen resiliencia baja, 301 (52,7 %) resiliencia media y 113 (19,8 %) resiliencia alta

Conclusiones: en conclusión, se debe tener en cuenta la intervención en la familia para identificar los factores que ponen en riesgo al adolescente en su desarrollo temprano.

Palabras clave: Resiliencia; Salud Mental; Salud Familiar.

INTRODUCTION

The coronavirus pandemic (COVID-19) during the propitious confinement as a method of coping use our personal and emotional resources to try to control it, becoming a very stressful situation for the population, since the fear of contagion or the death of a loved one, deprivation, changes in daily life and worries and uncertainty affect especially the adolescent population, because they were not prepared,⁽¹⁾ since the causative agent SARS-CoV-2, mainly affected the youngest since they felt the direct and indirect consequences of preventive measures against the virus; Among them were measures taken by governments, such as forced social confinements and the closure of public facilities to prevent the spread of the virus, all of which led to multiple restrictions on human activities, physical interactions and a growing recognition of the effects on the mental health of children and adolescents.⁽²⁾

Most importantly, resilience is not a state but a highly dynamic process characterized by fluctuating protective factors that are used to their own advantage to cushion risks in different circumstances and at different times of life stage.⁽³⁾

Among which, of different population groups affected, adolescents presented a great emotional vulnerability, since pandemic restrictions added significant suffering that hindered the relationship with the peer group, a fundamental factor for socio-emotional development,⁽⁴⁾ despite the existing difficulties, the human being tends to adapt to stressful life situations, like COVID-19.⁽⁵⁾

Therefore, as in the adult population, adolescents are expected to adapt to the pandemic;⁽⁶⁾ since, since the beginning of the pandemic, multiple studies have been published on its impact on mental health, especially in school-age children, who have presented an increase in internalization problems, such as anxiety and depression; and externalization problems, such as anger, and lower life satisfaction causing their level of resilience to vary according to the individual's state,⁽⁷⁾ so that due to confinement young people are at greater risk of developing mental health problems than adults.⁽⁸⁾

Among youth and children, physical isolation from classmates, friends, and other important adults leads to chronic loneliness, which in turn leads to an unsafe home environment that is physically, psychologically, or sexually abusive, would lead to mental health problems, such as increased anxiety, because they may worry that they or a loved one will become infected. or they may worry about the future of the world.⁽⁹⁾

In North America, a study in the United States of 225 refugee adolescents in Massachusetts showed that the proportion of anxiety and depression above the threshold was 34,2 % and 24 %, revealing that resilience was inversely associated with both anxiety and depression, since the highest resilience score had a significantly lower risk of anxiety and depression.⁽¹⁰⁾ Another study in Mexico to 116 students showed that 13 adolescents have a medium level of resilience, compared to 103 adolescents who are located at a high level of resilience and 85 % of adolescents have a high percentage of internal protective factors, that is, their levels of hope for the future are high. Of these, 75 % are at a high level of resilience with respect to external protective factors, allowing us to infer that they have resilient characteristics favored by the personal structure they have.⁽¹¹⁾

In Europe, a study conducted in Switzerland of 317 students participated in two moments (before and during the pandemic) revealing that high mental health problems and high levels of protection factor at both points of time could be considered the resilient group where before the pandemic it was 21 % and during the pandemic it is 26,3 %; and the so-called non-resilient group before the pandemic is 42,8 % and during the pandemic it is 37,3 %, highlighting the importance of research, health promotion and specific interventions in terms of resilience.⁽¹²⁾

A study in Spain of 476 adolescents (50 % from Spain and 50 % from Ecuador) revealing that 20,4 % suffered a stressful life event during confinement, the most frequent being the loss of someone close, 21,4 % prior to the pandemic had a physical health problem and 12,6 % of mental health showing that adolescents in Ecuador had experienced more stressful life events than those in Spain. Since resilience can buffer, reducing the levels of anxiety, depression and stress that occurred during confinement. An adjustment to adolescence can help an early detection that facilitates both the prevention of future psychological problems and the development of programs that seek to enhance the well-being of the adolescent and develop their ability to cope with adverse situations.⁽¹³⁾

In South America, in Ecuador, 77 students revealed that 62 % of students rate with a level of resilience between high and average, while 38 % with a low level and women rate slightly above average with 66 % between high and average, evidencing that students can establish judgments related to their own possibilities and the link with the environment.⁽¹⁴⁾

A study conducted in Peru, in 93 students from Puerto Maldonado, revealed that 43 % have a moderate level of resilience, 23,7 % have a high level, 14 % a low level and 8,6 % a very low level, which indicates that resilient students are characterized because they have partially developed those skills necessary to overcome difficulties and adapt to risky situations they go through.⁽¹⁵⁾ Another study in Lima, in 141 adolescents between 11 and 17 years old, revealed that 16,3 % have high resilience, medium level with 34,7 % and low with 48,9 %, evidencing that the formation of resilience is due to the interaction of various factors such as constitutional or genetic, psychological and social that are involved in it.⁽¹⁶⁾

Therefore, the objective of the research is to determine the resilience and intervention of Nursing in adolescents of an educational institution in vulnerable area of Lima.

METHODS

Research type and Design

According to the properties of the study, it is quantitative, with descriptive-transversal methodology.⁽¹⁷⁾

Population

The population is made up of a total of 571 adolescent participants of an educational institution.

Inclusion Criteria

- Participants who are enrolled on a regular basis
- Participants between 10 and 18 years old
- Participants who agree to participate and whose parents authorize their participation in the study

Technique and Instrument

The technique used was the survey, which was carried out through the google form, to put the data collection instruments APGAR familiar and Connor Davidson Resilience Scale (CD - RISC).

As for the Connor Davidson Resilience Scale instrument (CD - RISC) which evaluates 25 items distributed in 5 dimensions (persistence - tenacity - self-efficiency, control under pressure, adaptability and resilience, control and purpose and spirituality), structured on a Likert scale where "0 = absolutely", "1 = rarely", "2 = sometimes", "3 = often" and "4 = almost always". Where the final score is from 0 to 100, where the higher the score, the greater the resilience of the adolescent.⁽¹⁸⁾

The validation of the instrument was given through the sample adequacy of Kaiser-Mayer-Olkin obtaining a coefficient of 0.968 (KMO > 0.6) and in Bartlett's sphericity test obtained significant results (X^2 approx. = 26308.933; gl = 300; p = 0.000).

As for the reliability of the instrument, it was given through Cronbach's Alpha obtaining a score of 0.989 (α > 0.6) for the 25 items of the instrument.

Place and Application of the Instrument

For the realization of the survey, prior coordination was given with the direction of the educational institution, to obtain the necessary permits for the study, and thus also providing information about the subject to be treated.

RESULTS

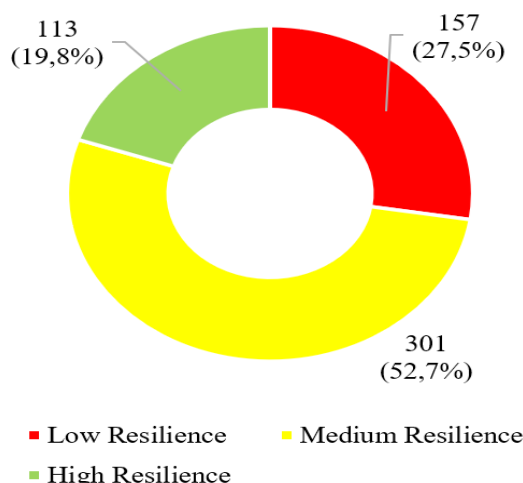


Figure 1. Resilience in adolescents of an Educational Institution in a vulnerable area of Lima

In figure 1, it can be seen that 27,5 % (n=157) of the participants have a low resilience, 52,7 % (n=301) medium resilience and 19,8 % (n=113) high resilience.

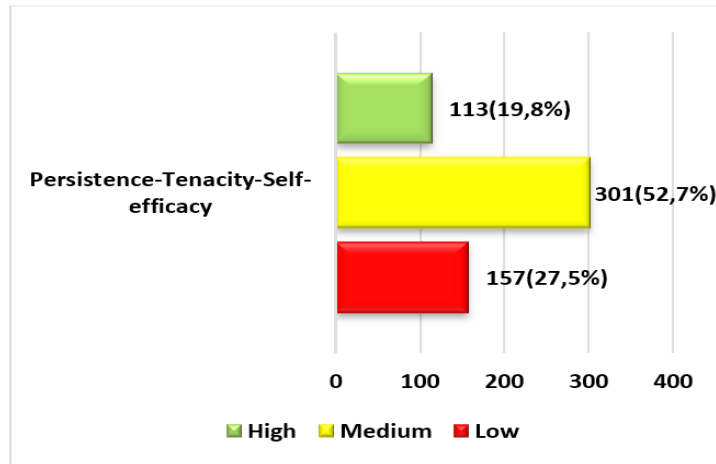


Figure 2. Resilience in its dimension persistence-tenacity-self-efficacy in adolescents of an Educational Institution in vulnerable area of Lima

In figure 2, we can observe that 19,8 % (n=113) have a high resilience with respect to their persistence-tenacity-self-efficacy dimension, 52,7 % (n=301) medium resilience and 27,5 % (n=157) low resilience.

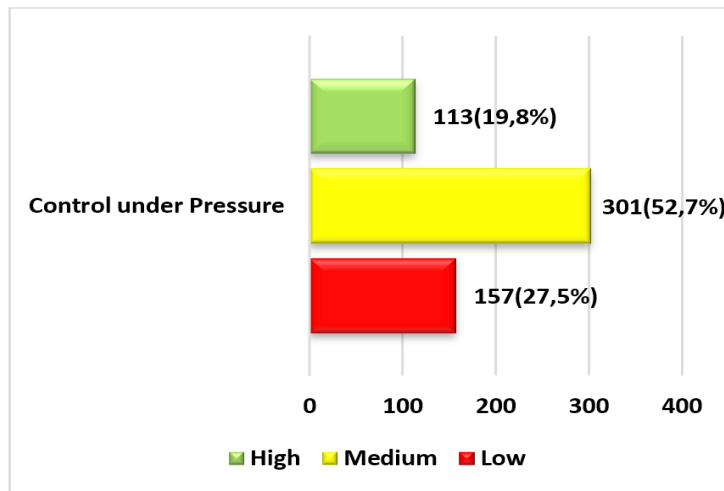


Figure 3. Resilience in its dimension control under pressure in adolescents of an Educational Institution in vulnerable area of Lima

In figure 3, we can observe that 19,8 % (n=113) have a high resilience with respect to their control dimension under pressure, 52,7 % (n=301) medium resilience and 27,5 % (n=157) low resilience.

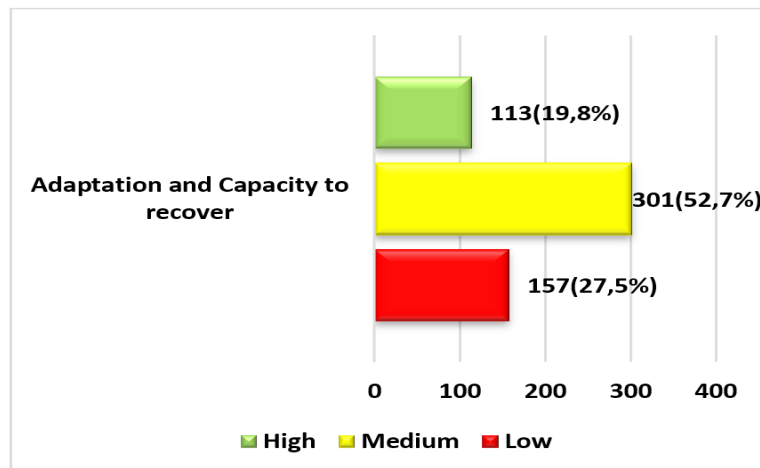


Figure 4. Resilience in its dimension adaptation and capacity to recover in adolescents of an Educational Institution in vulnerable area of Lima

In figure 4, we can observe that 19,8 % (n=113) have a high resilience with respect to their adaptation dimension and ability to recover, 52,7 % (n=301) medium resilience and 27,5 % (n=157) low resilience.

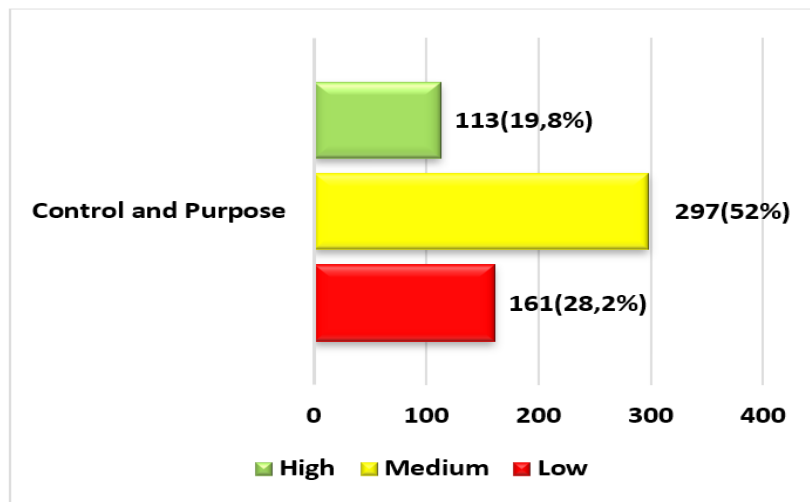


Figure 5. Resilience in its dimension control and purpose in adolescents of an Educational Institution in vulnerable area of Lima

In figure 5, it can be seen that 19,8 % (n=113) of the participants have a high resilience with respect to their control and purpose dimension, 52,5(n=297) a medium resilience and 28,2 % (n=161) a low resilience

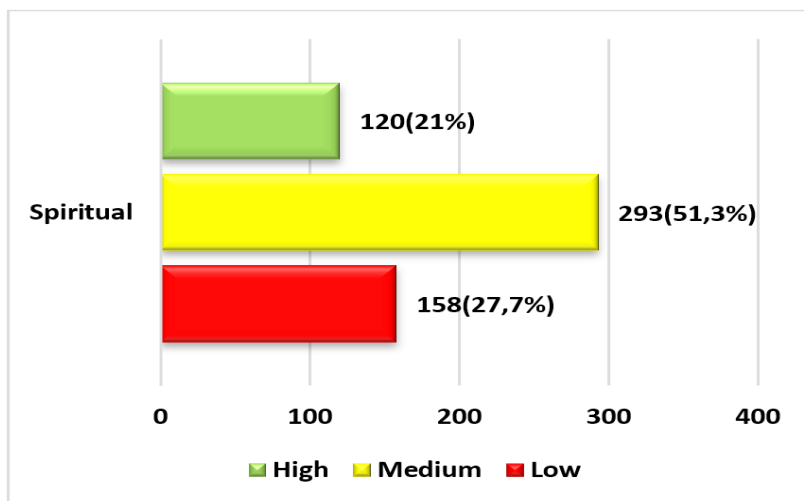


Figure 6. Resilience in its spiritual dimension in adolescents of an Educational Institution in vulnerable area of Lima

In figure 6, we can see that 21 % (n=120) of the participants have a high resilience with respect to their spirituality dimension, 51,3 % (n=293) a medium resilience and 27,7 % (n=158) a low resilience

DISCUSSION

In the present research work, we give a point of view from the perspective of family health and mental health in adolescents in relation to their family environment.

In the results we observe that adolescents have a medium resilience, this is because today the intrafamily relationship, is increasingly scarce with the adolescent, given that factors such as empathy, sensitivity, love and affection, is not demonstrated so much in parents today, in addition to the adolescent stage is a stage where emotional support by the family will have an important role for development. The adolescent, in turn, can function normally manifesting their abilities or abilities that they may possess, making positive decisions towards it and in addition to being able to adapt to society, all this will allow the adolescent to improve their levels of resilience.

Regarding its dimensions, we observe that there is a medium resilience, given that resilience in adolescents is very important for their academic, family and social performance, but that, factors that can decrease their levels of resilience such as family dysfunction, problems within the home, separated parents, consumption

of harmful objects, among others, They are factors that can compromise the development of adolescent skills in their development in society, therefore, a good family relationship, helps the adolescent to be able to positively interpret all types of intrafamily action and that this also allows to improve their adaptability in society, in addition to making good decisions that allow them to improve as a person.

CONCLUSIONS

It is concluded that it is necessary to intervene in the family before risk factors that compromise the adolescent in his development of skills.

It is concluded that counseling should be made to parents on how to improve the development of the capacities of their adolescent children, since this will help to have a better family interaction.

It is concluded that adolescents should be guided to expand their social and emotional knowledge to increase their levels of resilience.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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