ORIGINAL

Resilience and its Relationship with Nursing Care in a Vulnerable Population during the COVID-19 Pandemic

Resiliencia y su Relación con los Cuidados de Enfermería en una Población Vulnerable durante la Pandemia del COVID-19

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ABSTRACT

Introduction: resilience in the population allows to develop coping skills in situations that put their health well-being at risk, and during the pandemic it has been shown that the population can adapt and face this situation without altering their health well-being, therefore, their research objective is to determine resilience and its relationship with nursing care in a vulnerable population during the COVID-19 pandemic.
Methods: it is a quantitative, descriptive and cross-sectional study, with a population of 1343 participants who developed a sociodemographic questionnaire and the Connor-Davidson resilience scale.
Results: in their results, 13 (1 %) of the inhabitants have a low resilience, 413 (30,8 %) a medium resilience and 917 (68,2 %) a high resilience.
Conclusions: in conclusion, strategies regarding the mental health of the inhabitants have been promoted to improve their coping skills.

Keywords: Resilience; Mental health; Pandemic; Coronavirus.

RESUMEN

Introducción: la resiliencia en la población permite desarrollar habilidades de afrontamiento ante situaciones que ponen en riesgo su bienestar de salud, y durante la pandemia se ha demostrado que la población puede adaptarse y enfrentar esta situación sin alterar su bienestar de salud, por lo tanto, su objetivo de investigación es determinar la resiliencia y su relación con los cuidados de enfermería en una población vulnerable durante la pandemia COVID-19.
Métodos: es un estudio cuantitativo, descriptivo y transversal, con una población de 1343 participantes que elaboraron un cuestionario sociodemográfico y la escala de resiliencia Connor-Davidson.
Resultados: en sus resultados, 13 (1 %) de los habitantes tienen una resiliencia baja, 413 (30,8 %) una resiliencia media y 917 (68,2 %) una resiliencia alta.
Conclusiones: En conclusión, se han promovido estrategias relativas a la salud mental de los habitantes para mejorar sus habilidades de afrontamiento.

Palabras clave: Resiliencia; Salud mental; Pandemia; Coronavirus.

INTRODUCTION

In these times of mandatory confinement and in times of COVID-19, humanity has been vulnerable to acute stress, a traumatic situation with symptoms similar to post-traumatic stress; chronic stress that produces psychobiological dysregulation leading to multiple physical and mental problems; post-traumatic stress, a mental disorder that appears after a traumatic situation. On the other hand, anxiety and fear are the fuels that most psychopathology entails.[1] Here it is important to be aware of its appearance to detect it in time and request help and be able to act against it.[2] In this context, health personnel and the population in general are experiencing chronic stress with probable episodes of acute stress, which makes it potentially very harmful to the emotional balance of our health personnel.[3]

The pandemic caused by the COVID-19 virus, caused prevention measures such as washing hands, maintaining social distance and wearing a mask, many people have placed their hopes in a vaccine that can counteract the virus, however, although many vaccines are being developed, it may still be a long time before they can be administered to citizens, In the meantime, people should focus more on prevention and building resilience.[4]

Resilience is the ability to withstand adversity and recover from difficult life events. In a community way it is the sustained capacity, on the part of a group of people who use available resources, such as urban planning, transport, food, etc. to respond to adverse events, endure them and recover from their effects,[5] a universal quality that has always existed, historians have reflected it when describing how people and peoples face adversity and progress culturally.[6]

The word resilience refers to the ability to overcome critical moments and adapt after living an unusual and unexpected situation, it also indicates returning to normal, however, experience shows us the opposite, it is to jump and overcome obstacles, as has been happening in the pandemic generated by COVID-19.[7]

Many health and education professionals have been surprised to see how subjects who live extremely difficult situations are able to overcome and lead a normal life, people who with their attitude and mentality have been able to positively overcome the limits that medical science predicted.[8] This characteristic of people and peoples have surely been present since the origins of the human species, but it was not until the eighties when it was scientifically analyzed.[9,10]

The World Health Organization points out that resilience is an adaptive response that we have used as psychological, occupational, spiritual strategies that have helped us on a daily basis to cope with the anxiety and stress of changes, and the uncertainty of facing a new invisible agent that has disrupted life on the planet and we do not know when it will end.[11]

A study in Mexico of 7439 people during the confinement by COVID-19 revealed that only 9 % managed to adapt to confinement, 11,5 % presented indicators of anxiety and that 58 % changed their sleep habits; evidencing that the pandemic has caused negative changes in habits in a broad sector of the population, reaching that they can be considered as risk factors for physical and mental health, affecting the person to be resilient.[12]

In Europe, a study in Spain of 976 people in the city of Vasco, revealed that 37 % presented a level of severe depression and 35 % anxiety. Showing that the confinement imposed by the authorities and in the face of a threat of getting sick, the levels of stress, anxiety and depression increase in the population, but above all they do so in those groups called risk, generating that the level of resilience is low.[13]

In Asia, a study in a population of 4004 people in Thailand showed rates of 43,9 % with low resilience, followed by 39,2 % moderate resilience and 16,9 % were high. Revealing that low-resilience copers were more likely to have mental health adversities.[14] Another study in China of 1210 people from 194 cities indicating that 53,8 % rated the psychological impact of the outbreak as moderate or severe; 16,5 % reported moderate to severe depressive symptoms; 28,8 % reported moderate to severe anxiety symptoms; and 8,1 % reported moderate to severe stress levels. Showing that since the COVID-19 pandemic, the population presented an alteration in mental health, showing according to the study a low level of resilience.[15]

A study carried out on a community in Ecuador revealed that 53 % of people had a high level of resilience, followed by medium with 39 % and low 8 %, indicating that the inhabitants of this community in their vast majority have the ability to face the adversities that arise in life, despite the fact that we continue with the confinement due to the resurgence of COVID-19 they do not show negative attitudes, which allows them to advance in their daily lives despite the limitations of confinement.[16]

Therefore, the research objective is to determine resilience and its relationship with nursing care in a vulnerable population during the COVID-19 pandemic.

METHODS
Research type and Design
According to the properties of the research is quantitative of non-experimental descriptive-cross-sectional methodology.[17]

Population
The total population is made up of 1343 participants from a vunerable zone in Lima.

Inclusion Criteria
- Participants who are over 18 years old.
- Participants who voluntarily participate in the study.
- Participants residing more than 2 or 3 years in the area.

Technique and Instrument
The data collection technique was the survey, in which sociodemographic data were written and the Connor-Davidson Resilience Scale data instrument in its version of 25 items (CD-RISC 25).

The CD-RISC 25 comprises 25 items in which they are represented in 5 items (persistence – tenacity – self-efficacy, control under pressure, adaptation and ability to recover, control and purpose and spirituality), in which they are valued with a Likert scale with 5 response options: "0 = never", "1 = rarely", "2 = sometimes", "3 = often" and "4 = almost always", obtaining a total score by adding all the items, so its score would range from 0 to 100, where, "0 to 33" is low resilience, "34 to 66" medium resilience and "67 to 100" high resilience, the higher the score, the higher the level of resilience of the inhabitants of a vulnerable area in Lima.[18]

The validity of the instrument was determined by the Kaiser-Mayer-Olkin sample adequacy obtained a coefficient of 0,968 (KMO > 0,5), while Bartlett's sphericity test obtained significant results (X2 approx. = 58412,426; gl = 300; p = 0,000).

The reliability of the instrument was determined by Cronbach's alpha, obtaining a result of 0,985 (α > 0,8).

Place and Application of the Instrument
For the realization of the survey, it was virtual in which it was coordinated with the heads of family of each household whose purpose was to collect data and in turn they were provided with information about what will be done.

RESULTS
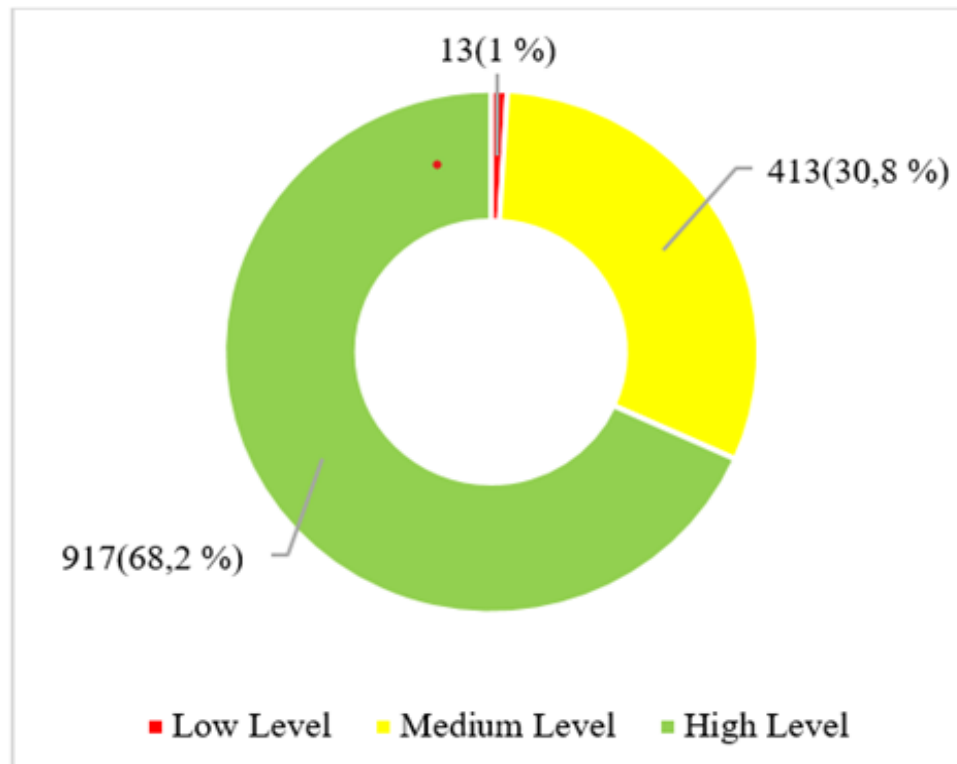
Figure 1. Resilience in a vulnerable population during the COVID-19 pandemic

In figure 1, it can be seen that 1 % (n=13) of the participants have a low level of resilience, 30,8 % (n=413) a medium level of resilience and 68,2 % (n=917) a high level of resilience.
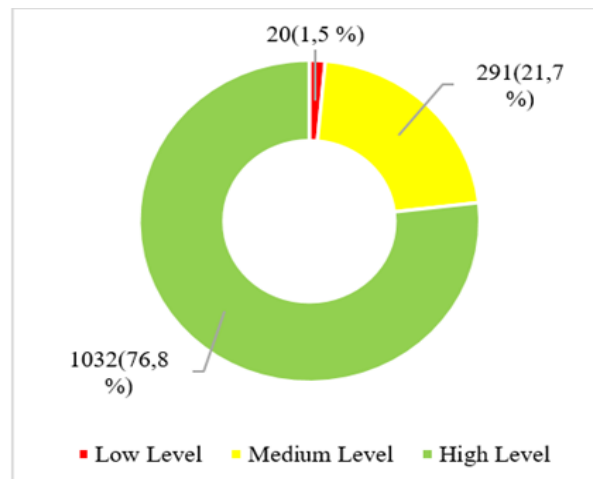
Figure 2. Resilience in its persistence-tenacity-self-efficacy dimension in a vulnerable population during the COVID-19 pandemic

Figure 2 shows that 1,5 % (n=20) have a low level of resilience with respect to the persistence-tenacity-self-efficacy dimension, 21,7 %(n=291) a medium resilience level and 76,8 % (n=1032) a high resilience level.

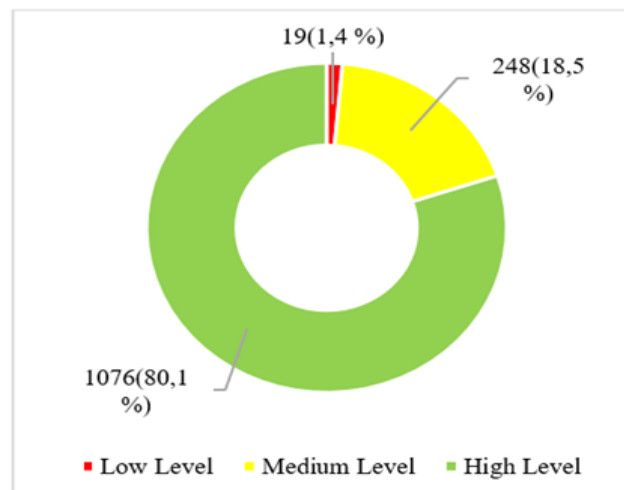**Figure 3.** Resilience in its dimension control under pressure in a vulnerable population during the COVID-19 pandemic

In figure 3, it can be seen that 1,4 % (n=19) of the participants have a low level of resilience with respect to the control dimension under pressure, 18,5 % (n=248) a medium level of resilience and 80,1 % (n=1076) a high level of resilience.

Figure 4. Resilience in its adaptation dimension and capacity to recover in a vulnerable population during the COVID-19 pandemic

In figure 4, we can see that 1,8 % (n=25) of the participants have a low level of resilience with respect to adaptation and resilience, 36,2 % (n=486) a medium resilience level and 62 % (n=832) a high resilience level.

Figure 5. Resilience in its control and purpose dimension in a vulnerable population during the COVID-19 pandemic

In figure 5, it can be seen that 1,5 % (n=20) of the participants have a low level of resilience with respect to the control and purpose dimension, 20,8 % (n=280) a medium resilience level and 77,7 % (n=1043) a high level of resilience.
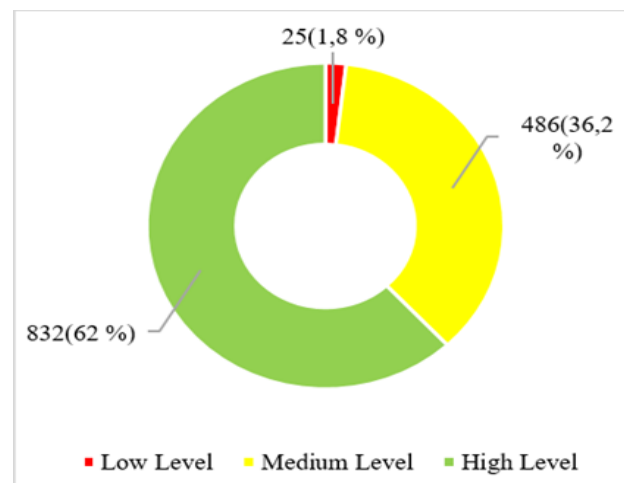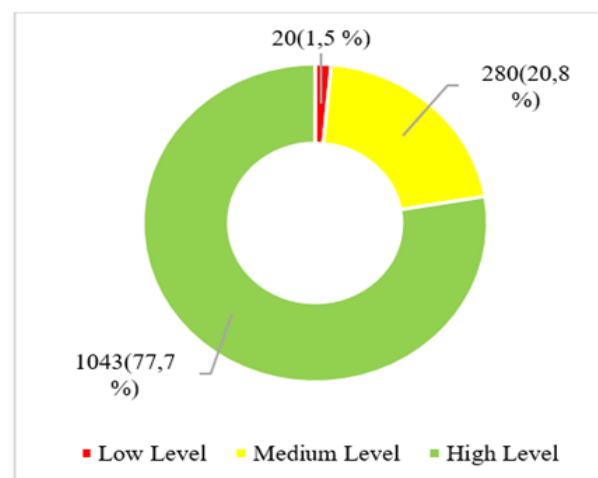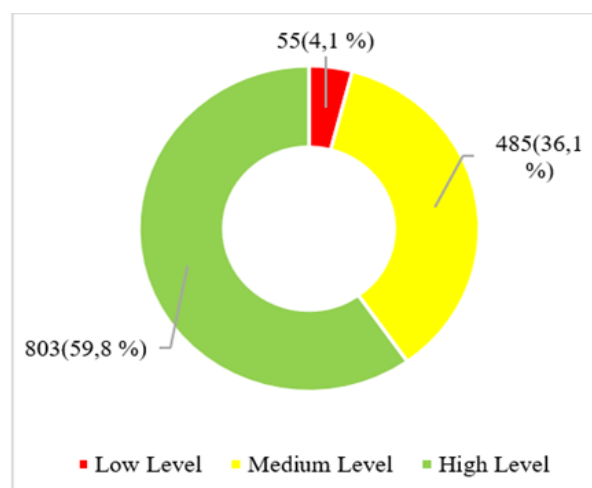

Figure 6. Resilience in its spirituality dimension in a vulnerable population during the COVID-19 pandemic

Figure 6 shows that 4,1 % (n=55) of the participants have a low level of resilience with respect to their spirituality dimension, 36,1 % (n=485) a medium resilience level and 59,8 % (n=803) a high level of resilience.

DISCUSSION

In the present research study, a focus was given from the area of mental health of the inhabitants during the COVID-19 pandemic.

In the results we can see that the inhabitants have a high resilience, this is due to the fact that the situation due to COVID-19 the way of adaptation of the inhabitants has been positive, given that when facing a situation that puts their health and that of their family at risk, they make sudden changes in order to be able to adapt to reality, so the resilience that presented begins to increase, since resilience is part of the person in the development of adaptability and the ability to make decisions that allow facing reality.

Regarding its dimensions, we observed that the inhabitants presented a high resilience, this is because during the COVID-19 pandemic, the time that has allowed the population to improve their coping skills has allowed them to adapt to the current situation in which we are, where their mental health has remained balanced during most of the time of the pandemic, That is why, in the long term, they will develop skills where the situation that once compromised their health well-being, becomes more adaptable and that they can perform their daily activities normally, and that the search for resources so that they can adapt to these

adversities improve their potential by improving their capabilities.

CONCLUSIONS

It is concluded that educational interventions should be carried out in the inhabitants about how to face situations that may compromise the health of themselves and their families.

It is concluded that, strategies must be developed to maintain mental health in the face of situations that expose their health well-being.

It is concluded that the population should be guided to situations that generate stress, depression or anxiety and how to prevent them.

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CONFLICT OF INTEREST
The authors declare that there is no conflict of interest.

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