Resilience and family functionality in high school students

Resiliencia y funcionalidad familiar en estudiantes de secundaria

ABSTRACT. Objective: Determine the relationship between resilience and family functionality in high school students of one Peruvian Peruvian Public Education Institution. Method: It was a non-experimental design study, descriptive type correlational and cross-sectional. The total population was 300 fourth and fifth secondary students. The technique was the survey and the instruments the resilience test created by Wagnild & Young and the Family Apgar developed in 1978 by Dr. Gabriel Smilkstein (University of Washington). Results: 51% of adolescents have medium high resilience, 17% average resilience and 2.5% low. 39% presented mild family dysfunction, 16.6% moderate dysfunctionality and 15.8% severe dysfunctionality. While the 13.3% belonging to functional families, in turn, has high resilience. Conclusion: There is a significant relationship between level of resilience and type of family functionality with sig. 0.011 (pv <0.05)

Keywords: Family, family relations, family functioning, resilience, adolescents.

RESUMEN. Objetivo: Determinar la relación entre resiliencia y funcionalidad familiar en estudiantes de secundaria de una Institución Educativa Publica de Lima – Perú. Métodos: Se trató de un estudio de diseño no experimental, tipo descriptivo correlacional y de corte transversal. La población total fue de 300 estudiantes de cuarto y quinto de secundaria. La técnica fue la encuesta y los instrumentos el test de resiliencia creado por Wagnild & Young y el Apgar Familiar elaborado en 1978 por el Dr. Gabriel Smilkstein (Universidad de Washington). Resultados: El 51% de adolescentes presenta resiliencia media alta, el 17% resiliencia media y 2.5% baja. El 39% presenta disfuncionalidad familiar leve, 16.6% disfuncionalidad moderada y 15.8% disfuncionalidad severa. Mientras que el 13.3% que pertenece a familias funcionales, en su vez, tiene alta resiliencia. Conclusiones: Existe relación significativa entre nivel de resiliencia y tipo de funcionalidad familiar con sig. 0.011 (pv<0.05)

Palabras clave: Familia, relaciones familiares, funcionamiento familiar, resiliencia, adolescentes.

1 Bachelor’s Degree in Nursing. orcid.org/0000-0003-0095-8115
2 Bachelor’s Degree in Nursing. orcid.org/0000-0001-6856-8506
3 Bachelor’s Degree in Nursing. orcid.org/0000-0002-4703-4086
4 Bachelor’s Degree in Nursing. orcid.org/0000-0002-7868-249X


Correspondence: mjessica707@hotmail.com

RECEIVED: 30/09/2020 ACCEPTED: 14/11/2020
INTRODUCTION

At present, the greatest number of health problems in adolescents is the result of risky behaviors. Family dysfunction is an important condition in the emergence of health problems and the relationship with society of the student such as drug addiction, pregnancy, venereal disease, dropout, suicide, depression, for example.

In addition to the changes in the family structure, there were also changes in the number of single-parent households and more working mothers, which weakened the nucleus that protected the adolescents. The above-mentioned is manifested in a relevant way in the family, school and/or community environments where the adolescent develops, exerting a positive or negative influence on the capacity for resilience.

According to positive psychology, the definition of resilience focuses essentially on the strengths and positive aspects that people, and adolescents in this case, possess. In addition to focusing on risk factors for the physical and mental health of young people, it is interested in investigating the circumstances that contribute to stronger and more effective growth.

The family has a difficult dynamic that governs their schemes of relationship between themselves and their functioning. If this dynamic is given in an adequate and flexible way; that is to say, in a functional way, it will favor the union of the family and will offer its members the opportunity to increase strong feelings of well-being, security and identity.

An important and key process for the family to be functional is the family communication that is based on what its members feel, as well as on objective and subjective information that is transmitted and received. If the family has communication, there are more possibilities that they possess an environment of unity and affection, companionship and complicity. There are three aspects of communication that are decisive for resilience: clarity, sincere emotional expression and cooperative problem solving.

In several investigations, it has been linked to the extraordinary way in which many children who were abused, for example by abusive parents, alcoholics, offenders, etc., or who live in places of extreme poverty, places of war or natural disaster, have managed to overcome and maintain their psychological well-being and health. However, there is also evidence that there is a relationship between family functioning and resilience.

Therefore, the importance of the study of this relationship lies in the fact that the family is the promoter of the health or mental illness of its members and the adolescents, being vulnerable; they need to develop strengthened resilient attitudes in their families.

The most relevant studies related to the topic that can be consulted are the one by Hernández-Castillo, Cargill-Foster, Gutiérrez-Hernández, in Tabasco - Mexico. In 2012, they conducted the study “Funcionalidad familiar y conducta de riesgo en estudiantes de nivel medio superior Jonuta, Tabasco 2011” (Family Functionality and Risk Behavior in Upper Middle School Students Jonuta, Tabasco 2011) which, when applying the SS-FIL Family Functionality Perception Test, found that 48% of the families are Moderately Functional, 29% Dysfunctional, only 21% Functional and 2% Severely Dysfunctional. Of the respondents, 32% have consumed alcohol and 24% reported smoking initiation.

Similarly García Z, in Arequipa - Peru, 2016, conducted the study “Influencia de la estructura y funcionalidad familiar en la resiliencia de adolescentes en situación de pobreza” (Influence of family structure and functionality in the resilience of adolescents in poverty), found that resilience is an interactive process involving several factors, being the family one of the main ones. Some characteristics such as coming from a rigid and detached family significantly reduce the development of resilience, while being a woman and being older favor it very significantly.

In 2016, Palacios S, Sanchez L, in Lima - Peru, conducted the study “Funcionamiento familiar y resiliencia en alumnos de 2º a 5º de secundaria de una institución educativa pública de Lima-Este, 2015” (Family functioning and resilience in students from 2nd to 5th grade of high school in a public educational institution in Lima - East, 2015), they concluded that there is a fragile relationship between the dimensions of cohesion, adaptability and resilience, adolescents who have high emotional closeness and limited leadership in their family, also acquire the ability to overcome problems even if everything comes together against them.

Therefore, the present study was proposed with the objective of determining the relationship between resilience and family functionality in high school students from a Peruvian Public Educational Institution in Lima.

METHODOLOGY

It was a study of non-experimental design, of descriptive correlational and cross-sectional type. The population consisted of 300 students of fourth and fifth grade of high school from a Public Educational Institution in Lima, the sample was 241 students. The technique was the survey and instruments such as the resilience test created by Wagnild & Young in 1987 and the Family Apgar designed in 1978 by Dr. Gabriel Smilkstein (University of Washington). The data collection was done with the previous authorization of the director of the educational institution, entering the classrooms to survey the students.
The program SPSS version 24 was used for the data processing. From the instructions of interpretation of the results of the validated instruments, we proceeded to apply the descriptive statistics showing these results in tables and graphs; as well as the bivariate statistics presented the crossing of variables in a contingency table and the inferential statistics for the hypothesis test.

RESULTS

A total of 241 adolescents were surveyed, 50.2% were 16 years old, 38.2% were 15 years old, 11.2% were 17 years old and the rest were 18 years old. In addition, 57.7% were boys and 52.3% were in their fifth grade of high school. They came from nuclear (38.6%), single-parent (22.8%), extended (16.6%), and extended (13.3%) families, among others.

In the study, it was found that the majority of adolescents present medium-high resilience (51%); while the lowest percentages are in medium and low resilience (fig. 1).

In figure 2, it can be seen that the majority of adolescents belong to families with mild dysfunction.
Finally, when analyzing the crossing of variables, it is observed that there are a good number of young people (21.2%) who have medium-high resilience and belong to families with mild dysfunction and 13.3% who come from functional families, have high resilience.

Table 1.
Resilience and Family Functionality in High School Students

<table>
<thead>
<tr>
<th>FAMILY FUNCTIONALITY</th>
<th>SEVERE DYSFUNCTION</th>
<th>MODERATE DYSFUNCTION</th>
<th>MILD DYSFUNCTION</th>
<th>FUNCTIONAL FAMILY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESILIENCE</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
</tr>
<tr>
<td>Low</td>
<td>1</td>
<td>4%</td>
<td>1</td>
<td>4%</td>
<td>2</td>
</tr>
<tr>
<td>Medium</td>
<td>9</td>
<td>3.7%</td>
<td>12</td>
<td>5.0%</td>
<td>16</td>
</tr>
<tr>
<td>Medium-high</td>
<td>21</td>
<td>8.7%</td>
<td>20</td>
<td>8.3%</td>
<td>51</td>
</tr>
<tr>
<td>High</td>
<td>7</td>
<td>2.9%</td>
<td>7</td>
<td>2.9%</td>
<td>25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>38</td>
<td>15.8%</td>
<td>40</td>
<td>16.6%</td>
<td>94</td>
</tr>
</tbody>
</table>

Chi-square tests: There is a significant relationship between level of resilience and type of family functionality with sig. 0.011 (pv<0.05)

**DISCUSIÓN**

13.3% of adolescents in the Peruvian Public Education Institution who belong to functional families, present high resilience. Likewise, there is a significant relationship between the level of resilience and the type of family functionality with sig. 0.011 (pv<0.05). This result coincides with that found by García Z, in Arequipa - Peru, in 2016, who mentions that family structure and functionality influence 18.1% in the resilience of adolescents.⁶ It also coincides with Galvez A, Guaylupo F, in Chimbote - Peru, in 2015, who concluded that the marital relationship of the parents and the existence of a significant adult, have a significant statistical relationship with the level of resilience of young people.⁷ Similarly Alca V, in Puno - Peru, in 2014, who concluded that family functionality is directly related to the resilience capacity of the adolescent, the greater the family functionality, the greater the resilience capacity.⁶ Likewise Carbajal C, Ingaroca P, Yupanqui I, in Lima - Peru, in 2012, found that family functioning is quite related to the level of resilience of young people, since at a high level of resilience, more functionality in most dimensions of communication is not significantly related to resilience.⁶ On the other hand, there was also an antecedent that differs with the results found, such is the case of Palacios S, Sanchez L, in Lima - Peru, in 2016, which concluded that there is a relationship between the dimensions of cohesion, adaptability and resilience, as well as the young people extreme emotional closeness and limited leadership in their family, also possess the capacity to face the difficulties, although everything seems to go against them.⁷ According to the theoretical base, a functional family is the one that manages to promote the development of all its members and also a good state of health where these members feel the family functioning expressing their great satisfaction fulfilling the basic parameters of the family function, which are, affection and resources, participation, gain or growth, adaptation.⁹ Familiar functionality is defined as the ability to face and overcome all stages of the life cycle and the difficulties that arise. Most of the health problems suffered by young people are due to their risk behaviors, such as the consumption of alcohol, drugs, early initiation of sexual life.¹ On the other hand, for the authors resilience is a state, which occurs as a result of a dynamic process between protective and risk factors that can be promoted, built and developed. It is built from the strengths of the person developing individual potentialities. It seeks to define and develop the competencies and resources that people have, a positive conception of oneself and the environment, stimulate self-esteem, expectations of control over one’s own life and develop appropriate behaviors for problem solving.¹⁰ From what has been pointed out, it can be seen that although it is true that there is an antecedent that makes one doubt about the relationship between the study variables, the majority of antecedents agree that such a relationship exists and is significant: the same is reaffirmed with the theoretical basis that points to the family as a protective factor but at the same time it could become a risk factor for resilience. The truth is that in one way or another, family behavior, dynamics and support will contribute positively or negatively to adolescents’ resilience.
In an analysis by variables carried out in the current research, it was found that 51% of adolescents in the Swiss Peruvian Public Education Institution present medium-high resilience, 17% medium resilience and 2.5% low resilience. Similar results were found by Gálvez A, Guaylupo F, in Chimbote - Peru, in 2015, which mentions that 59.2% of youths have a medium resilience degree; 28.1% a high resilience degree and only 12.5% a low degree. While better results obtained Alca V, in Puno - Peru, in 2014, indicating that the capacity of resilience in adolescents is high with 40.26%. As mentioned in the theoretical background, the definition of resilience includes a set of skills and attitudes that drive successful adaptation and change in the face of risk and adversity. A number of researchers have focused on defining the factors that play a role in avoiding stress. On the other hand, the promotion of resilience should not only be carried out by health services, but also in the school environment. For this reason, this is a central theme in the model of health promoting schools, considering that the protection of health and the anticipation of risk situations promote the development and strengthening of the quality of life and education especially in children and adolescents, recognizing their capacities to be the architects of their personal development, of their family members and their environment. Therefore, in spite of having optimistic results regarding the level of resilience, this should be an everyday work, especially the health professionals in the community and educational environments are the ones who have the duty to promote it. Finally, in this research it was found that 39% of adolescents from the Peruvian-Swiss Public Educational Institution present mild family dysfunction, 16.6% of moderate dysfunction and 15.8% of severe dysfunction. These results differ from those found by Moreno M, Chauta R, in Bogotá - Colombia, in 2012, who concluded that most young people have moderate family dysfunction. Less worrying results were found by Hernández-Castillo, Cargill-Foster, Gutiérrez-Hernández, in Tabasco - Mexico, in 2012, who indicate that 48% of the families are Moderately Functional, 29% have a family dysfunction. According to the theoretical basis, direct and clear communicative norms prevail in functional families. Its members voluntarily express both positive and negative feelings, tenderness and affection, their anger and fears, anguish, giving everyone the opportunity to freely and fully show their affectivity. In functional families, a positive emotional and affective environment prevails, which together with the mentioned factors increases family integration and the family’s means to face conflicts, crises and problems that occur in different stages of the family’s evolutionary life cycle. Nurses recognize the family as the basic unit of nursing intervention, and it must be understood that it is a dynamic process. Therefore, it is important to know and understand the impact of composition and structure on family health. As a result, we should not be satisfied with obtaining moderately favorable results with respect to the family situation of adolescents. The nurse together with the health team must continue working to strengthen family relationships so that they have a positive influence on each of their members and on society in general.

It is concluded that the vast majority of young people present medium-high resilience; while the lowest percentages are in medium and low resilience. The majority of adolescents belong to families with mild dysfunction. And finally, there is a significant relationship between resilience and family functionality.

It is recommended to direct the actions of the School and Community Nurse to the welfare of families and adolescents. That the educational institutions promote family integration and personal-family resilience through parent schools and family schools. As well as new studies are suggested to measure the impact of the actions and strategies directed to improve the situation of the adolescents and their families.

Conflicts of Interest: The authors state that there are no conflicts of interest.
BIBLIOGRAPHIC REFERENCES


