



A DESCRIPTIVE STUDY TO ASSESS LEVEL OF RESILIENCE AMONG RURAL ELDERLY AT SELECTED VILLAGES OF TRICHY DISTRICT, TAMIL NADU.

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ABSTRACT

Resilience in older age is the ability to stand up to adversity and to 'bounce back' or return to a state of balance following individual adverse events. For continuing adversity, it may be a matter of having the ability, or learning how, to cope with or manage that adversity in the longer term.

Objectives: 1. To assess the Socio demographic characteristics of rural elderly 2. To assess the Level of resilience among rural elderly
Methodology: A descriptive study was conducted at on 200 elderly people by applying CD-RISC Tamil version to assess the level of level of resilience and information regarding the sociodemographic characteristics were collected.

Results: Level of resilience in respondents was determined using the Connor-Davidson Resilience Scale (CD-RISC) Tamil version tool. Out of 200 elderlies, 48% of the respondents were having low resilience and 22 % of the respondents were having Intermediate resilience and 30% of the respondents were having High level of resilience level

Conclusions: The current research has shown that out of 200 elderlies 96 (48 %) elderlies were having Low Level of resilience according to CD-RISC Tamil version tool and the score level was below 70. So, the results endorse that there is low level of resilience among the geriatric population and adequate measures should be taken to identify factors associated with resilience of elderly at rural community and designed interventions to enhance resilience among older adults is the mandate of the present scenario in our country.

KEYWORDS : Resilience, Rural Elderly, and Connor-Davidson Resilience Scale (CD-RISC).

INTRODUCTION

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors (APA 2006). It means "bouncing back" from difficult experiences. Resilience in older age is the ability to stand up to adversity and to 'bounce back' or return to a state of balance following individual adverse events. Resilience may be a latent characteristic in some individuals but will only manifest itself when they experience adversity. For older people that adversity may have been lifelong, in the case for example of a disability, may be a single life event for example the bereavement of a close friend, spouse or other family member or may be a long-term adversity experienced in later life for example the development of a chronic illness. Factors associated with resilience are many. For resilience to be achieved, protective factors, variously called assets, resources or strengths, come into play. These may be at the individual, social or community and societal level.

In India, there is scarceness of research on Resilience among elderly from rural poor locality by adopting a CD-RISC scale, which has been linguistically validated in Indian language-Tamil. In this regard, the present study was undertaken to determine the level of resilience among rural elderly.

STATEMENT OF THE PROBLEM

A descriptive study to assess level of resilience among rural elderly at selected villages of Trichy District, Tamil Nadu.

OBJECTIVES

1. To assess the Socio demographic characteristics of rural elderly
2. To assess the Level of resilience among rural elderly.

MATERIALS AND METHODS

Research Approach

In this study, Descriptive survey approach was adopted, aimed at assessing level of resilience among rural elderly (age 60 years and above)

Research Design

The research design adopted for this study was descriptive survey design, to assess level of resilience among rural elderly (age 60 years

and above)

Setting of the study

The study was conducted in selected villages of Anbil Primary health center (PHC) at Trichy District, Tamil Nadu.

Sample and Sampling technique Population

The target population for the study was elderly (60 years and above) in the rural villages. Accessible population for the present study was elderly (60 years and above) from selected rural villages were 600. The process selecting a portion of the population to represent the entire population the sample of the study comprised of 200 elderlies in selected villages. Probability Random sampling technique was used to select the samples.

Sample Size: The study comprised of 200 elderlies (60 years and above) in selected rural villages.

Sampling criteria

Inclusion criteria

Elderly who were:

- both males and females above 60 years of age.
- willing to participate in the study
- residing in selected villages
- available during the study.
- able to participate in the study.

Exclusion Criteria

1. Those who are not willing to participate in the study.
2. have an unfortunate event during the past three months.
3. are suffering from cognitive disorder.

DATA COLLECTION INSTRUMENT

Data collection tools were the procedures or instruments used by the researcher to observe or measure the key variables in the research problem.

The following tools are used in this study to collect the data.

Tool: 1-Demographic Characteristics of Elderly.

Tool: 2- Connor-Davidson Resilience Scale. (Tamil Version)

Descriptions of the tools

Tool 1: Socio Demographic Data

Socio Demographic Data Consists of Demographic variables of elderly such as age, sex, education, marital status, income and Present employment status.

Tool 2: Connor Davidson Resilience scale (CD-RISC)

Resilience level was measured by the original validated English version of Connor-Davidson Resilience Scale. CD-RISC is a Standardized Scale Developed by Connor-Davidson (2003) consisting of 25 items. Written permission was obtained from the Authors- Jonathan RT, MD and Kathryn M Connor, MD. CD- RISC is scored on a 5-point Likert scale. CD-RISC is 5 Point Likert scale with Responses of Not True at all (0) Rarely true (1) Sometimes true (2) Often true (3) True nearly all of the time (4). The Score ranges: from 0-100. Score were categorized as Low Resilience (below 70), Intermediate Resilience (70-79) and High Resilience (Above 80). Interview technique was used to collect the data from the Subjects.

Translation of Tool to Tamil Version:

WHO Process of translation was used to translate CD-RISC instruments. The process was involved like Forward translation, Expert panel Back-translation, Pre-testing and cognitive interviewing and Final version.

VALIDITY AND RELIABILITY

Content validity of the tool

Content validity refers to the degree to which an instrument measures what it is supposed to measure. Validity of the tools was ascertained by 11 experts from experts in the field of Psychiatry, Medical-surgical Nursing, Psychiatric Nursing, Community health Nursing, Psychology, Nutrition, Geriatrics and Statistics to get their opinion and suggestion regarding the relevance, adequacy and appropriateness of items in the tools. Language validity-Bilingual validity was obtained for the translated Tamil version. The modifications were made in the tool as per the validators' suggestions.

Pre-testing and Reliability

Pre-testing is the trial administration of a newly developed instrument to identify flaws and assess the time requirements. Reliability of the research instrument is defined as the extent to which the instrument yields the same results on repeated measures. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. Reliability of Tool was established using split half method. The following findings are obtained. Cronbach's a coefficient was obtained in order to provide an overall measure of the internal consistency of the Translated Tamil version Connor-Davidson Resilience Scale. The computed value of the alpha coefficient was 0.86 with a high degree of internal consistency.

DATA COLLECTION PROCEDURE

After getting approval from Institutional Ethical Committee and Permission from Deputy Director of health service (DDHS), Tiruchirappalli. House to house survey was conducted to enumerate total number of elderly at Villages of Anbil Primary Health Centre Lalgudi, Taluk, Trichy District. The elderlies residing in the selected villages were 600, among them 240 were males and 360 were females. All the males and females were line listed in the table separately. Among them, 200 Elderly (80 males and 120 proportion to size) were randomly selected females were selected based on probability using a random table-number.

After getting informed consent, Elderly were interviewed separately in their residence and Connor-Davidson Resilience Scale. (Tamil Version) was applied to assess the level of resilience and information regarding the sociodemographic characteristics were collected using a pretested structured proforma.

DATA ANALYSIS

The collected data has been organized, tabulated and analyzed by

using descriptive Statistics such as frequency and percentage.

RESULTS

Table.1 shows that distribution of elderly in relation to their age group reveals that 53 % of were in the age group of above 70 years. Distribution of elderly in relation to gender reveals that 40 % of the elderly were male and 60% of the elderly were female. Distribution of the elderly in relation to their Education reveals that 37 % of them were not having formal education,32.5 % of the were having primary were education and only 20.5 of them were having secondary and above level education. Distribution of the elderly in relation to their marital status reveals that 84 % of the were married and 16 % were never married, widowed, divorced and separated. Distribution of the elderly in relation to their Income reveals that 84 % of their family income were having below Rs. 10,000. Distribution of the elderly in relation to their current employment status reveals that 6.5 % of them were employed, 93.5% of the were not employed. Table:2 Level of resilience in respondents was determined using the CD-RISC Tamil version tool. Out of 200 elderlies 48% of the respondents were having low resilience and 22 % of the respondents were Intermediate resilience and 30% of the respondents were having High level of resilience level. (Figure-1)

Table 3. Distribution of samples according to socio-demographic variables

Demographic Variable	Characteristics	Frequency	%
Age	a) 60 – 69	94	47
	b) 70 – 79	77	38.5
	c) Above 80	29	14.5
Gender	a) Male	80	40
	b) Female	120	60
Education	a) No formal education	74	37
	b) Primary	65	32.5
	c) Secondary	25	12.5
	d) Higher Secondary	26	13
	e) Graduate	10	5
Marital Status	a) Never Married	2	1
	b) Married	168	84
	c) Widowed	13	6.5
	d) Divorced/Separated	17	8.5
Income (Total Family Income per month in Rupees.)	a) Below 5000	116	58
	b) 5001 – 10,000	51	25.5
	c) 10,001 – 20,000	17	8.5
	d) Above 20,000	16	8
Current Employment Status	a) Employed	13	6.5
	b) Unemployed	187	93.5

Table 2: Distribution of elderly according to level of resilience score.

Level of Resilience	Score	Frequency	%
Low Resilience	Below 70	96	48
Intermediate Resilience	70-79	44	22
High Resilience	80-100	60	30

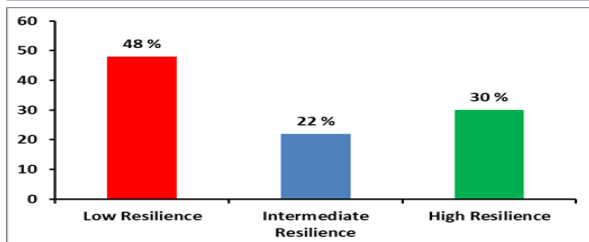


Figure:1 Distribution of elderly according to their level of resilience among rural elderly

DISCUSSION

Level of resilience in the present study finding showed that Out of 200 elderlies 48% of the respondents were having low resilience and 22 % of the respondents were Intermediate resilience and 30% of the respondents were having High level of resilience level. Based on literature reviews research finding revealed that resilience is most often viewed as a process rather than a personality trait; as such many older adults are capable of improving their resilience later in life. The key characteristics of highly resilient individuals have been demonstrated in various studies such as conducted by Merten et al (2012), Gooding et al (2012) and Wells et al (2009), Hildon et al (2010) and include mental, social, and physical factors that lead to optimal outcomes of improved quality of life, quality of relationship, happiness, and wellbeing as well as reduced depression.

The current study has several limitations that are worth noting. First, the sample for this study was comprised of rural elderly which limits the variation of locality of elderly. Results may not generalize to other locality like people residing in urban area. On the other hand, the CD-RISC had not previously been studied in elderly in India, so the current study adds to the literature on this measure by examining its validity in another demographic group. So far, it is one of the two study in Indian background with this scale, it would contribute markedly about resilience.

The sample size was small and only self-reported CD-RISC questionnaire was used to determine the level of resilience in the older adults. In future longitudinal studies on a larger group of elderly at rural elderly are needed.

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CONCLUSION

The level of resilience in older age may be associated with the level of overall health and wellbeing with those with a greater feeling of health and wellbeing better able to cope with adversity. The present study had shown Out of 200 elderlies 48% of the respondents were having low resilience and 22 % of the respondents were Intermediate resilience. Adequatae measures should be taken to spot this low resilient elderly. Designed interventions to enhance resilience among older adults to date generally do not exist; however, there are opportunities to benefit from the adaptation of effective strategies from other psychological interventions targeting this population. Already existing mental health services should emphasize more on psychosocial interventions in aged is the mandate of the present scenario in our country.

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