Resilience and coping strategies in adolescents

Abstract
Resilience has gained considerable attention over the past four decades since researchers observed that children and youth could cope and adapt in spite of adversity. Adolescence is considered to be a period of vulnerability for most individuals as they often partake in risky behaviour. Using multiple databases and inclusion criteria, a review of the literature was undertaken to determine what is known about this concept in reported studies from 2000-2008.

Empirical evidence indicates that resilience is dynamic, developmental in nature, and interactive with one’s environment. A variety of variables have been studied to clarify the concept of resilience in adolescents. Although there is an abundance of literature on adolescent resilience, little is known about this process in the healthy, well-adjusted adolescent. There are gaps and inconsistencies in reported findings. Results of the review provide useful resources for application to nursing education, practice, and research. Research resources and instruments measuring resilience provide additional knowledge. Nurses are in a key position to help the adolescent minimise risky behaviors and promote positive lifestyle practices.

Resilience is often associated with discussions about periods of transition, disaster or adversity. Whether the topic of interest concerns a homeless teen living on the street, a dysfunctional family, or communities trying to rebuild after a disaster, resilient people seem to survive. Resilience is often viewed as an adaptive, stress-resistant personal quality that permits one to thrive in spite of adversity. Although there is controversy as to whether resilience is a characteristic, a process, or an outcome, the construct has been characterised by many researchers as a dynamic process among factors that may mediate between an individual, his or her environment, and an outcome. It is of particular relevance to nurses working with children and young people as some strategies can enhance resilience to improve outcome.

This article reports on a review of the literature that aimed to determine what is known about resilience in 25 studies reported from 2000-2008. Implications for nursing practice, education and research are drawn from the review and presented in Table 1. Further tables developed from the review are available on the Paediatric Nursing website: summaries of the research studies; resources for adolescent resilience research and instruments for measuring resilience (www.paediatricnursing.co.uk/adolescentresilience).

Resilience research also focused on factors or characteristics that helped individuals manage adversity (Garmezy 1991, Rutter 1985). Subsequently, attention turned toward seeking an understanding of the
mechanisms that protected individuals from risk and ways in which interventions could promote protection (Luthar 1991, Rutter 1990). Research was needed to identify resilient characteristics and the processes that enhance resilience in individuals. Such knowledge could also enable nurses and other healthcare providers to promote the ability of adolescents to negotiate risky situations.

**Developmental aspects of resilience**

Adolescence is a time of rapid development and change, with important consequences, some of which include the adoption of risky behaviour. Erikson (1968) hypothesised that the developmental stage of identity can result in the adolescent taking unnecessary risks. According to Erikson, risk was an essential tool in the formation of identity as the adolescent tests different identities. Fischhoff et al (2001) found that adolescents engage in risky behaviour because they may consider themselves to be invulnerable to danger. They may make poor life choices putting themselves at risk of physical and/or psychological harm.

Little is known about how this age group develops protective behaviour against perceived risks. A plethora of research has evaluated ways of enhancing health-promoting behaviour in adolescents? Protective factors, such as parental caring during infancy, are likely to change during subsequent developmental stages. Rutter (1993) exemplifies this idea by positing that parental caring during infancy is protective, while such parental behaviour in adolescence could hinder the child’s attempts at testing different identities.

The link between resilience and development seems to reflect the fact that the processes are interactive and endure over time. Because of their apparent sense of invulnerability to risk and danger, many adolescents participate in risky behaviour. Adults have traditionally been concerned about risk-taking behaviour in adolescents. Some US surveys indicate that such concerns may be valid, especially in relation to sexual risk-taking (Centers for Disease Control (CDC) 2006a, 2006b). In its UK Snapshot on adolescent health reports from 1990-2001 the Office of National Statistics (2004) provides summaries of health inequities in the adolescent age group, documenting that the sexual health of adolescents in the UK is of grave concern. Such concerns are most likely due to an increase in risky sexual behaviour with a resultant increase in sex-related infections and unwanted pregnancies.

**Conceptual and measurement factors**

Questions about what resilience is, and how it is manifested, have led to attempts to gather theoretical and empirical evidence in nursing and other disciplines. Researchers need to be able to define and measure the concept of resilience to conduct studies on it. A review of the literature shows there are a number of conceptual analyses, theoretical models, and theories which act as resources for researchers (for example, Ahern et al 2006, Earvalino-Ramirez 2007). Measurement instruments have also been developed; Ahern et al’s (2006) review identified the seven most commonly used instruments. Such resources can help nurses to plan research and help guide the planning of interventions and programmes.

**Resilience research**

Resilience has primarily been studied in relation to stressful times of transition (Luthar et al 2000,
Adolescents are no strangers to such transitions. There is an extensive body of theoretical and empirical literature on resilience. As the roots of the concept are found in psychological aspects of coping and physiological aspects of stress, most of the research has been conducted in the areas of education and social sciences, although there is some published nursing research on resilience.

We conducted a literature review to identify resilience research. Key questions included: What was the study purpose? What were the key findings? What were the nursing implications? Based on these questions, inclusion criteria included all races and ethnic groups; adolescents; quantitative, qualitative, or mixed methods research; studies conducted in the developed world in any setting: nursing or non-nursing; and English language. Search terms included: resilience and adolescent or teen or youth. Limiters (where possible) included English language and human and peer-reviewed; and publication dates 2000-2008. CINAHL, PreCINAHL, PsychINFO, PsychARTICLES, and MEDLINE databases were searched for studies meeting the criteria. A total of 444 citations were reviewed. After elimination of duplications and of studies not meeting inclusion criteria, 25 studies were selected for final review.

Review conclusions
The 25 studies showed that resilience research tends to monitor populations that are at risk or adolescents in adverse situations. Overwhelmingly, the findings

Table 1
Promoting resilience in adolescents: nursing implications

<table>
<thead>
<tr>
<th>Education</th>
<th>Practice</th>
<th>Research</th>
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<tbody>
<tr>
<td>Teach how to enhance positive behaviours and minimise risky behaviors, including appropriate adaptive responses to stress.</td>
<td>Assess for protective factors and risky behaviors. Encourage positive characteristics and discourage risky behaviours. Use the developmental assets (listed below) as a framework to encourage positive characteristics:</td>
<td>Define further the concept of resilience in the population of study.</td>
</tr>
<tr>
<td>Offer courses specifically designed to help with adjustment to school and ways to cope with stress (Cook 2007).</td>
<td>Use the developmental assets (listed below) as a framework to encourage positive characteristics:</td>
<td>Test resiliency models, theories, and frameworks.</td>
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<tr>
<td>Encourage courses in relaxation techniques. Provide self-help materials regarding positive lifestyle and coping topics in hard copy and/or online resources (Frydenberg 2004).</td>
<td>■ Support.</td>
<td>Determine psychometric properties and usefulness of resilience instruments in variety of applications.</td>
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<td>Educate basic and advanced practice nursing students and healthcare staff about ways to assess for and to encourage resilience and adaptation.</td>
<td>■ Empowerment.</td>
<td>Perform original research and replication studies to determine ways to promote resilience and minimise risky behaviors.</td>
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<td>Stress the importance of looking for the more subtle signs of stress which can easily be missed.</td>
<td>■ Boundaries and expectations.</td>
<td>Search for the evidence (evidence-based practice) for strategies to enhance resilience in population of interest.</td>
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<td>Find ways to minimise the bias and stigma for use of mental health services.</td>
<td>■ Constructive use of time.</td>
<td>Conduct research to develop and implement effective prevention programmes including strategies, such as:</td>
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<tr>
<td></td>
<td>■ Commitment to learning.</td>
<td>■ Comprehensive services.</td>
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<td></td>
<td>■ Positive values.</td>
<td>■ Teaching methods.</td>
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<td></td>
<td>■ Social competencies.</td>
<td>■ Appropriate medical management.</td>
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<td></td>
<td>■ Positive identity (Search Institute 2007).</td>
<td>■ Positive relationships.</td>
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<td></td>
<td>Build trust and credibility with provision of advanced practice care (Davis 2005).</td>
<td>■ Socioculturally relevant interventions.</td>
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<td></td>
<td>Recognise that there may be a need for mental health services.</td>
<td>■ Outcome evaluation (Nation et al 2003).</td>
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<td></td>
<td>Encourage individuals to seek appropriate help when needed, ensuring that systems are in place (online or facility services).</td>
<td>Seek grant opportunities to enhance mental health services especially in the school environment.</td>
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<td>Develop peer support groups, especially in higher education settings.</td>
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<td>Encourage inclusion of culture, family, and the church. Be sensitive to the needs of members of minority groups especially when in an unfamiliar environment. (Ben-Ari and Gil 2004).</td>
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</table>
point to the importance of promoting positive behaviour, identifying risks, and including factors such as family, culture and community resources in intervention or programme development. In a search for an elusive set of behaviours that characterise the ‘resilient adolescent’, researchers have studied vulnerability, characteristics of resilience, relationships of resilience with other factors, and ways to promote a positive lifestyle and minimise risk. There is no single answer to the question of how we achieve this.

Although there is a wealth of literature on this subject, there are gaps and inconsistent findings. Empirical studies have primarily focused on youth who are physically and mentally ill, maladjusted, abused, and educationally dysfunctional and those who are psychologically vulnerable, while little is known about the ‘healthy, well-adjusted’ adolescent. There is a lack of studies measuring resilience in the adolescent who is considered to be physically and mentally healthy.

The findings are contradictory. In most cases, resilience in adolescents is viewed as a positive characteristic, although some researchers have questioned whether resilience is truly a ‘healthy’ state (Hunter 2001, Hunter and Chandler 1999). While studying resilience in adolescents with cancer, Haase (1997) found that these individuals developed defensive coping mechanisms to deal with the adversities of their diagnosis. Other researchers have questioned the positive influence of resilience on stress in children or young adolescents (Higgins 1994, Valliant 1993). Resilience has typically been described as positive, therefore little is known about states of maladaptive resilience.

Another contradiction in the literature involves the relationship between social support and resilience. Despite study findings that indicated the protective factor of social support in resilient youth, the findings are contradictory. Consistent with earlier research findings Carbonell et al (1998) determined that there was a strong relationship between resilience and social support among youth at risk of emotional problems. Tiet et al (1998) in their study of youth seeking mental health services concluded that resilient youth received more guidance and support from their family members. In a sample of African-American adolescent mothers, Hess et al (2002) determined that adolescent mothers who have the benefit of supportive relationships seem better able to develop a satisfying relationship with their own children than mothers who lack that support. Hunter (2001) came to similar conclusions with her sample of adolescents as did Kenny et al (2002) and Printz et al (1999).

By contrast, other researchers have suggested that social support was not predictive of resilience (Aronowitz and Morrison-Beedy 2004, Dumont and Provost 1999, O’Donnell et al 2002, Rouse 2001). In separate studies all of these researchers reported either a contrast to previous studies and/or were surprised that social support was not predictive of resilience in their participants. The sources of social support for the adolescents included family, friends, and the school environment.

Nursing implications

Nursing care of adolescents occurs in a variety of wellness and illness care settings. Although the focus of nurses includes health promotion and health protection, early detection and prompt treatment of adolescents, the primary focus is often on education. Regardless of the setting or the role, all nursing care is guided by evidence-based practice. Knowing what the literature tells us is key to setting education and practice guidelines. Nurses must be cognisant of developmental tasks, levels of stress and effective

‘Adolescents with cancer may develop defensive coping mechanisms to deal with the adversities of their treatment’
coping strategies, health risk behaviours, and levels of resilience when caring for adolescents. This knowledge is essential to the provision of holistic nursing care to youth. Ultimately, the nurse has the opportunity to enhance resilience and minimise high-risk behaviour through assessment, education, and referral, if needed. Advanced practice nurses provide health screening, education, diagnosis and treatment, and referrals for follow-up care of adolescents. Identifying high-risk behaviour is essential to achieving positive health outcomes. Thus, screening for such behaviour and resilience in the adolescent is critical.

For adolescents with low levels of resilience, the nurse would provide appropriate follow-up care and referral. Such interventions may include one-to-one counselling or peer-support group interventions. Perhaps because of their developmental stage, adolescents do not always act in a way that serves their best interest or they underestimate the risks of their own behaviours. Resilience research is crucial, because an understanding of resilient characteristics and the processes that enhance resilience in individuals can enable nurses to promote such behaviour.

Nurses may not always know how resilient their adolescent clients are, or how to promote positive lifestyle behaviour in every situation. Although no single resource can provide answers to all such questions, this review of literature does offer useful resources for application. Table 1 provides a summary of the implications for nursing education, practice, and research. While adolescents struggle for identity and often make poor life choices, they may or may not be resilient. No researcher to date has found the key to how best promote this process in the adolescent, yet the knowledgeable nurse is in a strategic position to make a difference with this population.

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References
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