

## **A Co Relational Study of Protective Factors, Resilience and Self Esteem in Pre Medical Dropouts**

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**ABSTRACT:** *Transitional life stage of adolescence can be a difficult time for significant numbers of young people especially those who have to re craft their chosen career paths because of failing competitive exams. Constructing it as a time of turmoil serves only the purpose of stigmatization of the adolescents and their families. A more constructive approach is to study variables that play a supportive role in helping the adolescents cope with this time in their lives. The current study aimed at understanding the relationship between protective factors (self and surroundings), resilience and self esteem in pre medical dropouts. For this, a sample of 125 pre medical drop out adolescents; in the age bracket of 17- 20 years was taken. Product moment coefficient was found to be significantly positive between protective factors and resilience. Also significantly positive relationship was found between resilience and self esteem and also between protective factors and self esteem. This study holds implications in development of interventions that prepare adolescents for competent handling of problems that are an integral part of adolescents' growth.*

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### **I. INTRODUCTION**

Resilience as currently understood is a dynamic, multidimensional construct that incorporates the bidirectional interaction between individuals and their environments within contexts (family, peer, school and community, and society). Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks. It may also be defined as human's amazing ability to bounce back and even thrive in the face of serious life challenges. Research suggests that resilience is a widely shared human capacity that many people may not know they possess until confronted with trauma or crisis ( Baumgardner and Crothers, 2009).

The concept of "protective factor" is often linked to the notion of resilience and risk. Past research often operationalizes resilience as the outcome of specific protective factors or mechanisms. Masten (1994) described protective factors as "either individual or environmental characteristics that facilitate better outcomes in people at risk or exposed to adversity" (p. 7). Rutter (1987) also defined a factor as "protective" if it exerts a buffering effect on the influence of risk. Simply put, protective factors operate only when a risk is present. To the extent that a protective factor is operative, it attenuates, balances, or insulates against the effects of risk factors, and facilitates better outcomes in people at risk than they would be if the protective factor were not present (Garmezy, 1985).

The protective factors that can help youth avoid the negative effects of risks may be either assets or resources. Assets are the positive factors that reside within the individual, such as competence, coping skills, and self-efficacy. Resources are also positive factors that help youth overcome risk, but they are external to the individual. Resources include parental support, adult mentoring, or community organizations that promote positive youth development. Protective factors moderate a person's reactions to chronic adversity so that adaptations become successful (Oswald et al., 2004; Ryff & Singer 2003). They are placed externally in the social/environmental life space of students, and internally as personal attributes and qualities of the individual (Oswald et al., 2004)

The term self-esteem comes from a Greek word meaning "reverence for self." The "self" part of self-esteem pertains to the values, beliefs and attitudes that we hold about ourselves. The "esteem" part of self-esteem describes the value and worth that one gives oneself. Simplistically self-esteem is the acceptance of ourselves for who and what we are at any given time in our lives. It refers to an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself (Blascovich & Tomaka, 1991). The broadest definition of self-esteem within psychology is Rosenberg's (1965), who described it as a favorable or unfavorable attitude toward the self. Self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and

behavioral aspects as well as evaluative or affective ones (Blascovich & Tomaka, 1991). Few of the important research findings that suggest a link between protective factors, resilience and self esteem are cited below.

Grossman et al. (1992) studied the relationship between risk and protective factors with a sample of 179 adolescents. Protective factors identified included the following: family cohesion, internal locus of control, and adolescent communication with parents. Grossman and colleagues found that the protective factors were generally predictive of positive outcomes. However, interaction effects between protective factors and risk were not identified. The researchers concluded that more global factors may establish protection regardless of risk and suggested that "further research needs to explore the possibility that specific protective factors are helpful in the context of specific risks for particular populations." Carbonell et al. (1998), in an investigation of adolescents at-risk for depression, found that resilient adolescents had better family functioning in terms of family cohesion, communication and performance. Blum (1998), based on a review of the literature, delineated dispositional, familial and external factors thought to be predictors of resilience (p. 369). Blum specifically cited the importance of family and community context to resilience.

Many studies show that the primary factor in resilience development is having caring and supportive relationships within and outside the family; and or close relationship with at least one adult is required (WestEd, 2002; Wissing & Van Eeden, 2002; Berk, 2000). These relationships should create love and trust, provide role models, offer encouragement and reassurance, and help

bolster a person's resilience. Coleman & Hendry (1990) stated that those possessing high self-esteem have the tendency to be happy, healthy, productive and successful, make persistent effort to overcome the difficulties, sleep better at nights, are less prone to develop ulcer, show less tendency against accepting others and the pressures of their peers; on the other hand, those having low self-respect, are individuals who are worried, pessimistic, having negative thoughts about future and having tendency of being unsuccessful. Kassin (1998), on the other hand, stated that the individuals having low self-respect exhibit the characteristics, such as expecting failure, being nervous, making less effort, and may ignore the important things in life, also make charges such as worthless and untalented against themselves when they are unsuccessful.

Other research studies (Buckner, Mezzacappa, & Beardslee, 2003; Gordon Rouse, Ingersoll, & Orr, 1998) have observed that resilient adolescents had higher self-esteem and were less likely to be involved in risky behaviour in comparison to their less resilient peers. Self-esteem, which could be seen as part of the individual domain within the resilience framework (Currie et al., 2004), together with other aspects including family, peer-group and environment, is considered as an influential factor in physical/mental health and health-related behavior.

## **II. METHODOLOGY**

### **OBJECTIVE:**

The current study aimed at investigating the correlation between protective factors, resilience and self esteem among pre medical drop out adolescents.

### **HYPOTHESIS:**

- It is expected that there would be a significantly positive correlation between protective factors and resilience.
- It is expected that there would be a significantly positive correlation between self esteem and resilience.
- It is expected that there would be a significantly positive correlation between protective factors and self esteem.

### **SAMPLE:**

The sample comprised of 125 pre medical drop out students in the age bracket of 17-20 years.

### **TESTS USED:**

1. Rosenberg Self-Esteem Scale (Rosenberg, 1965): The Rosenberg scale contains 10 items which are answered on a four point scale: from strongly agree to strongly disagree. The scale was developed from a sample of 5,024 high school juniors and seniors from 10 randomly selected schools in New York State.
2. Protective Factors Scale (Wytt, Bakers and Scott, 1996): The protective factor scale consisted of 30 items five point Likert Scale which assessed the protective factors in different areas such as, knowledge of neighborhood resources, access to interested and caring adults, a sense of acceptance and

belongingness, a positive attitude toward the future, ability to work out conflicts, and ability to work with others.

3. Resilience Scale ( Wagnild and Young,1993 ): The Resilience scale was created by Gail Wagnild and Heather Young in 1987 and is a 25 item Likert scale with possible scores ranging from 25 to 175. The higher the score, the stronger the resilience.

### RESULTS

Table 1: Showing the Co efficient of correlation between various variables and their significance values.

CORELATIONAL VARIABLES	VALUE OF r	Significance level
Self esteem and Resilience	0.324	p< .01
Protective factors and self esteem	0.504	p< .01
Protective factors and Resilience	0.673	p< .01

### III. DISCUSSION

The current study aimed at investigating the correlation between protective factors, resilience and self esteem among pre medical drop out adolescents. The study was conducted on 125 pre medical drop out adolescents; in the age bracket of 17- 20 years. It is a common sense point of view that when adolescents have to divert their career paths due to a failure or any other reason that thwarted their intended career option, the adolescents go through a huge emotional turmoil. A high percentage of them tend to go through a phase of low self esteem and efficacy. Few of them who take success and failure in their stride and have a strongly perceived positive support system around are able to cope up quickly in comparison to those who do not perceive these factors around them.

According to the current study, a positively significant correlation was found between protective factors and resilience, which implies that the ability to bounce back in the face of adversity tends to be high in adolescents who feel a presence of safe internal and external factors around. They tend to find support from significant others present in their environment that act as buffers during adverse situations and hence feel more powerful in their ability to come back to normalcy after a turbulent phase in life. A number of recent studies support the above mentioned findings (Carbonell et al.1998;Blum 1998; Berk, 2000;WestEd, 2002; Wissing & Van Eeden, 2002). Also, a significantly positive relationship was found between protective factors and self esteem which implies that adolescents who feel the presence of cushioning factors around like safe environment, parental support, self efficacy etc. have high self esteem. The presence of these factors helps adolescents face risk without it making long term impacts like hampering of self esteem. They tend to have better self image and feel high self worth in comparison to others even in face of failures.

A significantly positive relationship was also found between self esteem and resilience which implies that high self worth and self efficacy help adolescents buffer the negative effects of stress and frustration caused by a defeat or failure. A number of studies have observed that resilient adolescents had higher self esteem as compared to the less resilient adolescents. (Buckner, Mezzacappa, & Beardslee, 2003; Gordon Rouse, Ingersoll, & Orr, 1998). In the present study, we specifically studied the adolescents who intended to pursue medicine as their career. They could not pursue their intended goal due to the inability to clear the Pre medical entrance exams. This failure at the transitory phase from school to college would have lead to a state of dissatisfaction, upset and emotional turmoil. It is generally agreed that resilience is affected by the strengths of an individual, and of their family, as well as those of the community and the culture in which they live. Through our study we were able to support that a resilient individual was high on self esteem and also perceived his surroundings to be protective. Positive self-esteem could be seen as an essential feature of mental health and also as a protective factor in the field of health and social behaviour. In contrast, negative self-esteem leads to problems, such as depression, anxiety, violence, high risk behaviours and substance use (Mann, Hosman, Schaalma, & de Vries, 2004).

The study has implications in the field of psychological interventions that prepare adolescents for competent handling of problems that are an integral part of adolescents' growth. These interventions should be made a part of the school curriculums so as to strengthen the adolescents during their initial growth periods and prepare them to handle future stressors.

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