The impact of religion, support systems, and self-esteem on the resilience on a sample of Haitian Nurses
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BACKGROUND

Haiti one of the lowest resource countries in the Western Hemisphere:
- Perennial shortage of all categories of health care providers:
- Seventy-five percent of health care delivered by transient foreign health care providers and NGOs
- Majority of nurses are diploma educated
- 2014 Haitian Government introduced Baccalaureate level as entry into practice to be on par with the rise of Baccalaureate programs globally.
- Responding to the Haitian Government mandate, not-for-profit organization, Promoting Health in Haiti, partnered with the University of Haiti to offer an RN completion program for nurses.

METHOD

An exploratory, descriptive, correlational pilot study looked at the impact of the independent variables, self-esteem, spirituality, social support, and the covariates on the dependent variable, resilience. Fifty-one Haitian Nurses in an RN completion program completed demographic informational survey, Connor-Davidson Scale CD, Rosenberg Self-Esteem, Social Support System, and Spiritual Exercise Experience Scales in Creole or English. The data analysis plan was conducted in three phases. First, all study variables were presented using descriptive statistics, such as, means, standard deviation, and minimum/maximum values for continuous variables (Interval/Ratio level) and frequencies and percentages for categorical variables (Nominal/Ratio level). Next, a series of bivariate tests (Pearson correlations, One-Way ANOVA, independent samples t-test) were used to identify which explanatory variables are related to the dependent variable resilience at a statistically significant level (p<.05). The final phase used the multiple linear regression model.

RESULTS

The four scales demonstrated good internal consistency: Cronbach’s alphas were as follow: Connor-Davidson Scale .716, Rosenberg Self-Esteem .776, Social Support System .752, and Spiritual Exercise Experience Scales, .957. Regarding data integrity, the negatively phrased items of the social support system and self-esteem scales were reverse coded, one participants data was removed because less than 80% of items were completed (N=51---N=50). Furthermore, the outliers for the spirituality scale were removed. The descriptive data suggest that the participants were evenly dispersed regarding age. The average study participant was approximately 34 years of age (M=34.03; SD=5.65 min/max=22/47).

Bivariate analysis tests indicate: Pearson correlation suggests a statistically significant relationship between self-esteem and spirituality, social support, and the covariates on the dependent variable, resilience. Fifty-one Haitian Nurses in an RN completion program completed demographic informational survey, Connor-Davidson Scale CD, Rosenberg Self-Esteem, Social Support System, and Spiritual Exercise Experience Scales in Creole or English. The data analysis plan was conducted in three phases. First, all study variables were presented using descriptive statistics, such as, means, standard deviation, and minimum/maximum values for continuous variables (Interval/Ratio level) and frequencies and percentages for categorical variables (Nominal/Ratio level). Next, a series of bivariate tests (Pearson correlations, One-Way ANOVA, independent samples t-test) were used to identify which explanatory variables are related to the dependent variable resilience at a statistically significant level (p<.05). The final phase used the multiple linear regression model.

CONCLUSION

The study findings support the hypothesis of higher levels of self-esteem associated with increased levels of resilience. The covariate variables age, and caretaker for parents significantly influence resilience. Interesting, the findings did suggest a statistically significant relationship between social support and spirituality.

Limitations

Although the size of the population met the G power suggestion, the findings from this sample size cannot be generalized to the population. Even though the scales were available in Creole and English, the cultural sensitivity of the survey remains questionable.

The study could have been enhanced if the population was heterogeneous, the sample was females, and from a more diverse background.