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ABSTRACT: *The construct of resilience has been studied relative to competence, cognitive variables and protective ecological factors. Several models have been developed to explain resilience and several instruments have been used to operationalize the construct. There are many instruments that are used to study resilience in a variety of populations. The Resilience Scale (RS) was chosen for further evaluation because of its focus on resilience as a positive personality characteristic. Construct validity of the RS was obtained from correlations with theoretically relevant constructs, such as depression (ī 0.37), life satisfaction (0.30), morale (0.28) and health (0.26) (Wagnild & Young). Despite some limitations, the RS appears to be a valid and reliable instrument, which can be used with a variety of populations in different stages of health and developmental stage.*

KEYWORDS: *, E , I ,*

the pretest and posttest data (0.87). The Cronbach alpha for the full scale was 0.89, indicating internal consistency of the instrument. Exploratory factor analysis of the CD-RISC resulted in a ýve factor

spiritual inþuences. The authors concluded that the CD-RISC had sound psychometric properties and that resilience is quantiýable and inþuenced by health status. Yu & Zan in their sample of 577 individuals found that the 5-factor structure of the CD-RISC was not veriýed. Exploratory factor analysis resulted in a three factor solution labeled: tenacity, strength, and optimism. The alpha reliability of the Chinese version of the CD-RISC was 0.91. Concurrent validity of the instrument was satisýed with correlations between the total score on the instrument and the variables of self-esteem and life-satisfaction. The authors concluded that the CD-RISC was applicable for Chinese populations, but needed some cultural modiýcations.

The Resilience Scale for Adults (RSA) was developed " R425 D est ɹ o " t ne v ظ m ne v ظ

competence. It measures interpersonal and intrapersonal protective

component analysis reduced 195 statements to 45 items, covering ýve dimensions: Personal competency, social competence, social support, family coherence and personal structure. The Cronbach alpha for the total scale was 0.93 and the alphas for all dimensions ranged from 0.92-0.74 (Hjendal et al., 2001). In a sample of 59 outpatient psychiatric patients and 276 normal controls, the factor structure of the RSA was successfully replicated. Construct validity was obtained with positive correlations of the RSA with the Sense of Coherence Scale and (SOC) and negative correlations on the Hopkins Symptom Check List-25 (HSCL). Discriminate validity was obtained through positive correlations between RSA and SOC (Friborg et al., 2003).

Friborg et al. (2005) studied the predictive validity of the RSA in a sample of 84 adults who were randomized into two stress conditions: low stress and high stress. All subjects were subjected to ischemic pain with a sphygmomanometer in order to test whether high scores on the RSA implied a protective effect against pain and stress. The low-stress group was provided information and safety information about the tourniquet. In the high stress group, no information was given. Individuals scoring higher on the RSA reported less pain and stress. The results showed that as conceptualized resilience provides protection when individuals encounter stressful situations. This study conýrmed the predictive

The Resilience Scale for Adolescence (READ) developed by Hjemdal, Friborg, Stiles, Rosenvinge, and Martinussen (2006) is a 28-item summated self-report scale measuring adolescent resilience. Adolescents respond to items on a 5-point scale from 1 (Totally disagree) to 5 (Totally agree). Scores on the summated scale range from 28 to 140, with higher scores indicating higher resilience. All of the items are positively worded. According to Hjemdal (2007), the positively worded items are consistent with resilience theory, which emphasizes protective factors, rather than absence of risk.

(2006) stated that 41 RSA items were adapted to measure adolescent resilience. The scale was reviewed by seven adolescents. The adolescents had difýculty with the semantic differential response format and the wording of some of the items. For example an item on the RSA ñIf I encounter signiýcant obstacles, I can succeed by working hardò was changed to ñI will reach my goal if I work hardò on the READ. The semantic differential response was changed to a 5 response format and the process yielded 39 items.

Hjemdal et al. (2006) obtained construct validity of the READ in a sample of 425 adolescents, aged 13 to 15, by correlating the Read with the Short Mood and Feelings Questionnaire (SMFQ), a measure of negative mood. The READ total score was negatively related to the SMFQ (r=-0.65, p=-0.01). There were also statistically signiýcant negative correlations between the SMFQ and the READ subscales of personal competence (r=-0.65, p=0.01) Į M

(Wagnild & Young, 1993). The authorsô use of construct validity was important to the use of the RS in the study of resilience. The measures were consistent with the theory and operationally deýned concepts. The alpha reliability coefýcient was also used correctly

it identiýed how a response to a single item on the RS was an indicator of performance on other items (Waltz et al., 1993).

The early use and evaluation of the RS was mainly with older adults. It was important to determine if the scale was reliable for other age groups and populations. Lundman et al., (2007) in their

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