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الصلابة والمرونة لدى الاختصاصيين الاجتماعيين في الكويت

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ملخص:

هدف الدراسة: الهدف من هذه الدراسة هو استكشاف العوامل التي تسهم في مرونة وصلابة الاختصاصيين الاجتماعيين في دولة الكويت. وتعرف العوامل (Resiliency) الديموغرافية والاجتماعية/الاقتصادية وتأثيرها على مرونة الاختصاصيين الاجتماعيين وصلابتهم. المنهجية: طبقت الدراسة على عينة من (420) من الاختصاصيين الاجتماعيين، الذين يعملون في الوزارات والمؤسسات الاجتماعية في الكويت. وقد قيست المرونة والصلابة لديهم، واستخدم اختبار تحليل متعدد المتغيرات الإحصائي؛ وذلك لمعرفة أي من المتغيرات المستقلة - سواء الديموغرافية أو الاجتماعية/الاقتصادية - كان له دلالة إحصائية على مرونة الاختصاصيين الاجتماعيين وصلابتهم. وكخطوة أخيرة في منهجية الدراسة قام مساعدو الباحث بمقابلة (21) اختصاصياً اجتماعياً واختصاصية اجتماعية؛ لمعرفة وجهات نظرهم تجاه نتائج الدراسة الكمية. النتائج: أجاب على الاستبانة (320) اختصاصياً اجتماعياً واختصاصية اجتماعية؛ بمعدل استجابة (77%). وأشارت النتائج إلى أن عمر الاختصاصيين الاجتماعي ارتبط بشكل موجب مع مرونته وصلابته. وأن الاختصاصيين الاجتماعيين الكويتيين كانوا أكثر مرونة وصلابة من الاختصاصيين الاجتماعيين غير الكويتيين. وأن الاختصاصيين الاجتماعيين الحاصلين على مؤهلات تدريبية وتطويرية كانوا أكثر مرونة وصلابة من غير الحاصلين عليها. ومن النتائج التي تدعو للدهشة والاستغراب أن الاختصاصيين الأعلى دخلاً كانوا أقل مرونة وصلابة من الأقل دخلاً خلاصة: نتائج الدراسة أشارت إلى أهمية الدراسات العليا بعد التخرج وكذلك أهمية التدريب الذي يركز على التخصص الرئيس في الممارسة للاختصاصيين الاجتماعيين. ويبدو أنه كلما كان الاختصاصي أكبر سناً وأكثر خبرة وتدريباً مهنيّاً كان أعلى صلابة ومرونة. المصطلحات الأساسية: المرونة والصلابة، الاختصاصيين الاجتماعيين، الكويت، الرفاه الذاتي.

Resiliency among Kuwaiti Social Workers

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Abstract:

Objective: The purpose of this study was to explore the factors that contribute to the resiliency of social workers in Kuwait country. It was also very important to see the effect of the demographic variables of the social workers on their resiliency. **Methods:** A questionnaire was given to a sample of 420 social workers who worked in different Ministries and social institutions in Kuwait. In this study the level of resiliency among social workers in Kuwait was examined. In addition, a multivariate statistical test was conducted to see which of the independent variables either demographic or socio/ economic had statistical significance on the resiliency of the social workers. Finally, Research assistants interviewed 21 social workers to find out the social workers thoughts about the quantitative results. **Results:** A total of 320 questionnaires were returned (response rate 77%). The results showed that the age of the social worker was positively correlated to their resiliency. Kuwaiti social workers were more resilient than the non-Kuwaiti social workers. Social workers who had engaged in post qualifying training and development were more resilient than the social workers who had not pursued continuing professional development opportunities. Surprisingly, the level of income affected resiliency negatively; the higher the income of the social worker the lower the resiliency. **Conclusion:** The study showed the importance of post graduate degree in social work. The study also showed the importance of intensive training on specific area of interest to the social worker him/ or herself. In addition, it seemed that older social workers with intensive training and experience in the job were more resilient than other social workers.

Keywords: Resiliency, Kuwait, Social Workers, Well-being.

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Introduction

This article analyzes the concept of resilience and applies it to social work practice amongst Kuwaiti social workers. It explores both the concept and the characteristics of resilience. The respective tensions between the innovative qualities of social work to support the resilience of people accessing services whilst managing the challenging nature of the work is often related to literature on burnout of staff (Schaufeli, W. and Greenglass, E., 2001). This study analyzes what factors contribute to Kuwaiti social workers' ability to sustain and cope with job stress through the concept of resilience.

The concept of Resilience

Resilience theory looks to identify the strengths that people (and systems) demonstrate which enable them to rise above situations that they perceive as challenging (Van Breda, 2001). Resilience is important to both our physical and psychological wellbeing (Wagnild, 2010) and reflects the ability to anticipate rather than fear change, to be determined and optimistic and to achieve balance and stability in the face of adversity (Rutter, 2007). Plomin (2004) suggested that a mixture of biological, psychological and social factors determine how people respond to difficult situations.

Whilst there are many definitions of resilience, common themes amongst these definitions include adaptation, balance, competence, determination, optimism and acceptance.

Wagnild and Young (1990) identified five underlying characteristics of resilience:

- Self-reliance; a belief in oneself and one's capabilities
- Meaning; having a purpose and making a valued contribution
- Equanimity: a balanced perspective of one's life and experience
- Perseverance; ability to be persistent despite adversity or discouragement
- Existential aloneness; how far people feel a sense of freedom and uniqueness.

Van Breda (2001) reviewed the literature on resilience and found they could be clustered into seven themes:

- Individual resilience

- Family resilience
- Community resilience
- Resilience-based policy
- Cross-cultural perspectives on resilience
- Deployment resilience (the resilience to resist the stress of military separations).
- Resilience theory in social work

Van Breda (2001) focused on those aspects of social work practice which aim to promote and encourage resilience amongst service users. He suggested that the Strengths Approach (White, 1989; Saleebey, 1997) and the Solution-Focused Therapeutic Approach (De Shazer & Berg, 1988) embraced the principles of resilience theory on the basis that:

“They place problems and pathology in a secondary perspective, external from the individual” (Van Breda, 2001, p.213), and that:

“They seek to weave these instances or unique outcomes into a story of victory and strength over the problem - a story of resilience. They do not deny the problem or even deal directly with it, but rather find ways to strengthen the ability of the family or individual to be resilient in the face of the problem, thereby reducing the problem in actual terms or in terms of influence“ (ibid, p. 214).

Saleebey (1997) suggested that this required social workers to think in a different way about themselves and their clients. It also required social workers to reflect on their job role and experience of their working environment.

Social work - the profession

Social work is an international profession with a core set of values and a diverse knowledge and skills base (ADASS, 2010). Social workers put these knowledge, skills and values into practice to contribute to better outcomes when people are made vulnerable - by abuse, addiction, bereavement, disability, isolation, mental distress, neglect, poverty or other circumstances. Good social work depends on confident and effective frontline professionals, which in turn depends on high quality training and leadership as well as the necessary resources and working conditions. However, many social workers do not find these resources and conditions, good training and leadership exist (SWTF, 2009).

High levels of risk are inherent in social work practice, both for the vulnerable people accessing social care as well as for staff themselves in certain situations. Social workers are expected to routinely deal with difficult and stressful situations, with little recognition from society, as played out in the way the profession is reported on in the media and the impact of this on the perceptions of colleagues and the public. In addition, social workers receive comparatively lower financial rewards than colleagues in the healthcare sector. Yet despite these tensions, many social workers remain in frontline practice.

One of the contributory factors to maintained practice is that social work is amongst the most rewarding of jobs (Rose, 2003). Social workers believe they can make a difference to people's lives and derive satisfaction from their work with users (Huxley et.al. 2005). There is a strong correlation between performance and empowerment. Sickiness rates, stress at work, perceptions and experience of organisational culture, can all have implications not only on the health and wellbeing of the workforce, but also on their ability to deliver effective, quality services - especially in child care work (Coffey et al., 2004).

Schaufeli and Greengrass (2001) report that teachers, nurses and social workers shared a high vulnerability to burnout given the demands on them as individuals and the demands of their profession. However, whilst there has been considerable research on social workers' burnout, (Acker, 1999; Lewandowski, 2003), there is little research on social workers' resilience. Acker (1999) found that younger inexperienced social workers are less likely to stay in the job than those older more experienced workers. Cherniss (1980) found that the supervisee - supervisor relationship was a critical indicator in ameliorating or exacerbating burnout.

Collins (2007) asks what might enable some workers to persist, endure and thrive in their careers, compared to others who may become ill and eventually leave the profession? Van Breda (2001) suggests that there may be a number of variables contributing to resilience:

"Consider the example of a person with a specific problem and who needs counseling. Many other people may have the same problem and not need counseling. So the problem is not the problem. The focus need not be so much on the problem itself as on the factors around the problem that influence how the problem is perceived and handled" (ibid, p. 203).

A study by Cohen (1998) compared stress and resilience amongst Israeli and US social workers and looked into why some social workers seemed more able to cope with the stress of the job than others. The findings indicated that older staff, with more confidence in their practice and lower levels of job ambiguity, were more resilient.

Social work in Kuwait.

Kuwait is a monarchy state and in 1954, Sheikh Abdullah Al-Salem Al-Jaber Al-Sabah (the then Amir, Prince of Kuwait) set up the Department of Social Affairs, with the intention to ensure all citizens were granted social welfare. Initially the services provided were given to those who requested assistance and disabled people.

In 1961, the population stood at 200,000. In 2013, there were over 3 million people living in Kuwait. 1.2 million were Kuwaiti citizens (70% Sunni and 30% Shia Muslims) with 2 million migrants, many from India and Asia.

When Kuwait gained its independence from the UK in 1961, governmental departments became governmental Ministries. The Department of Social Affairs had taken responsibility for the Labour sector, and was renamed the Ministry of Social Affairs and Labour. In 1962, the Amir established a constitution for Kuwaiti citizens built on the principles of freedom, equality and justice. In the early 1970s, a taught qualifying degree in social work was introduced at Kuwait University, the only state university in Kuwait. Currently, the qualifying programme takes place over 4 years with a generic taught and practice component. Students - over 90% are female - have to complete 800 hours of practicum (practice placements). They are guaranteed a job after qualifying, although they are allocated a post by the state rather than choose to apply for one.

There are approximately 3300 qualified social workers in Kuwait, working in different settings such as schools, hospitals, social and psychological clinics, prisons and social welfare institutions. Virtually all social workers are employed by the state, for example, social workers in schools are employed by the Ministry of Education; social workers in health settings by the Ministry of Health. The services they provide are free to Kuwaiti citizens. There is no social welfare provision for the migrant population.

Social work in Kuwait is agency-based. Social workers do not visit people at home and Kuwaiti citizens approach social workers for assistance when the resources of the family and extended family have been exhausted.

Social workers in schools, for example, work with student numbers of 700 plus and there will be one to two social workers based in the school. Social workers would most usually be approached by the child's parents for support, when their child is not achieving academically or where other problems may exist.

Child protection has not traditionally been a concern of the state as parental authority is absolute within the traditions of the country. However as a country in transition, there is progress in social policy and legislation towards generating greater safeguards for vulnerable children and adults. There is no foster provision for children who have existing parents and extended family. The only childcare residential facility is for abandoned babies (The Institute for Children of Unknown Parents). Social workers assess the eligibility of prospective adoptive parents of the children in this institute, which has strict criteria in terms of socio-economic status of such prospective parents.

As in many other countries, mental illness carries a great deal of stigma. There is only one psychiatric hospital in Kuwait, which provides services across a broad spectrum of demography and need. Social workers have a key role in delivering recovery-based interventions to support discharge. There are no state-run community mental health services to refer onto once someone is discharged from hospital, although some psychiatrists and psychologists run private clinics.

The research problem

The purpose of this study was to explore the factors that contribute to the resilience of social workers in Kuwait. It was also very important to see the effect of the demographic variables of the social workers on their resilience. These demographic variables were age, sex, marital status, number of children, and religion. Meanwhile, the researchers thought that the length of time in work base, case load activity, income and post qualifying training were vital to social workers' resilience. However, all previous factors were included in the questionnaire which the social workers had to answer.

The study hypothesis

The main hypothesis of this study was to find out what factors contributed to the resilience of social workers in Kuwait. However, from these main factors sub-hypotheses could be drawn:

Sub-hypothesis 1 - It is predicted that the social workers' age will be positively correlated with resilience scores, with greater age being associated with greater resilience.

Sub-hypothesis 2 - It is predicted that the number of children of the social worker will be negatively correlated with resilience scores, with greater number of children being associated with less resilience.

Sub-hypothesis 3 - It is predicted that male social workers will be positively correlated with resilience scores, with being a male (sex) associated to greater resilience.

Sub-hypothesis 4 - It is predicted that single social workers will be positively correlated with resilience scores, with being single associated to greater resilience.

Sub-hypothesis 5 - It is predicted that Kuwaiti nationals will be positively correlated with resilience scores compared to non-nationals.

Sub-hypothesis 6 - It is predicted that the social workers' religiosity will be positively correlated with resilience scores, with greater religiosity being associated with greater resilience.

Sub-hypothesis 7 - It is predicted that the social workers' case load will be negatively correlated with resilience scores, with greater case load being associated with less resilience.

Sub-hypothesis 8 - It is predicted that the social workers' income will be positively correlated with resilience scores, with higher income being associated with higher or greater resilience.

Sub-hypothesis 9 - It is predicted that the social workers' post qualifying training will be positively correlated with resilience scores, with greater qualifying training being associated with greater resilience.

Methodology

A Resilience Scale RS 14 (Wagnild & Young, 1993) was used as the tool to measure resilience. The RS 14 was translated into Arabic (the first ever use of the scale in a Middle Eastern Country) by one of the researchers and different instructors at the College of Social Sciences at

Kuwait University. A back translation was conducted in order to be more confident about the quality of the Arabic translation and approved by the copyright holder (Wagnild) for use in the study. The RS 14 was distributed to 420 social workers who were graduates from the social work qualifying programme at the University of Kuwait College of Social Sciences. On February 20, 2016 the questionnaire was distributed by senior bachelor students who were trained by one of the researchers. The questionnaires were given to social workers who worked in different ministries and institutions in the State of Kuwait; i.e., Ministry of Education, Ministry of Social Affairs, Ministry of Interior, Ministry of Health, Autism Center, and Social Development Office. The social workers (subjects) had the choice to answer the questionnaire or not. An approval was taken from each Ministry and each institution to distribute the questionnaire. There were no coercion on the students to distribute the questionnaires. The process of learning about the questionnaire and distributing the questionnaire was optional. A course credit was given to those (senior students) who participated in such process. Collecting the data by the senior students took five months (until the end of June, 2016).

Results

A total of 324 questionnaires were returned (response rate 77%). Respondants came from all six governorates (counties) of Kuwait: Al Asima (Kuwait city); Al Ahmadi; Al Farwaniya; Al Jahra; Hawalli; and Mubarak al Kabeer.

Demographics

Table 1
Demographic Data

Demographic Variables	Category	Frequency	%
Gender	Male	32	12
	Female	234	88
Age, yr.	18 - 25	54	20.4
	26-35	140	52.8
	36 - 45	59	22.3
	46-55	12	4.5
Nationality	Kuwaiti	223	84.0
	Non-Kuwait	42	16.0

Cont/ Table 1
Demographic Data

Demographic Variables	Category	Frequency	%
Marital Status	Marries	192	72.5
	Single	58	21.9
	Divorced	11	4.2
Clients	Widow	4	1.5
(You attend per day)	1 to 3	29	13.1
	4 to 6	55	24.9
	7 tp 10	47	21.3
	10 to 15	21	9.5
	Above 15	69	31.2
AFTDEG Did	Yes	185	84.2
you det any qualifying degrees	No	35	15.8

Age: 20.4% were 8-25 years old, 52.8% were 26-35 years old, 22.3% were 36-45 years old, and 4.5% were 46-55 years old. **Gender:** 88% were women and 12% were men. **Citizenship:** 84% were Kuwaiti citizens and 16% were non-Kuwaitis. **Marital Status:** 72.5% were married, 21.9% were single (unmarried), 4.2% were divorced, and 1.5% widowed. **Number of children:** 32% had 1-2 children, 21% had 3-4 children, 9% had 4-5 children, e and 6% had more than 5 children, and 60% had no children.

Religion: All the respondents were Muslims and the vast majority (97%) practiced religious rituals, such as praying five times a day, fasting in the holy month of Ramadan; they also gave the Zakat (the systematic giving of 2.5% of one's wealth each year to benefit the poor) and went to Mecca or were planning on going for the pilgrimage. Only 3% did not practice Islam rituals.

Work-based results

Work setting

86% of social workers were employed by the state with 14% working in private practice or in private educational settings. Of the state employed social workers, almost half of the respondents (46%) worked for the Ministry of Education and were based in schools. 25% worked

for the Ministry of Social Affairs working in a range of organisational settings, but mainly institutions for people with learning disability, orphans and isolated older people. 12% were employed by the Ministry of Public Health working in hospitals and different health clinics with 3% working for the Ministry of Justice.

Table 2
Case load activity

Number of clients / service users seen by social workers per working day	%
One to three	10%
Four to six	21%
Seven to ten	17%
Eleven to fifteen	9%
More than fifteen	26%
Not recorded	17%

Income

52% of the social workers sample had an income of 800 hundred Kuwaiti Dinars (which equaled \$2,800 USDs per month); 27% percent had an income of 801 KD to 1,200 KDs (up to \$4200 per month); 3% percent had an income of 1,601 to 2000 KDs (up to \$7000 per month); and 1% had an income more than 2000 KDs (17% not recorded).

Post-qualifying training

78% of social workers had undertaken post qualification training either through further degree study or other continuing professional development activities. 12% had not engaged in any post qualification study (10% not recorded).

Multivariate analysis

A multiple regression test was conducted in order to see which of the independent variables either demographic or socio/economic had statistical significance on the resilience of the social workers. Results of the analysis showed that age, nationality of the social worker and the post qualifying education after the bachelor degree had an effect on the resilience of the social worker. Table 3 illustrates the results of the multivariate analysis.

Table 3
Multiple Simultaneous Regression for Predicting Resilience among Social Workers

Predictor	B	SE B	β	t	p
Age	2.49	1.13	.25	2.20	.030**
Children	.18	.82	.03	.22	.824
Gender	2.02	1.92	.10	1.06	.294
Marital Status	.83	1.41	.06	.59	.555
Income	-4.22	1.29	-.38	3.27	.001***
Nationality	-9.74	3.39	-.35	2.87	.005**
Religious Practice	-8.70	4.84	-.15	1.80	.075
After degree	-5.28	2.07	-.22	2.55	.012*
Clients	.14	.52	.02	.27	.788
Constant	117.82	1-.73	-	10.98	.000
$R^2 = .17$					

** $p < .01$. *** $p < .001$.

Age of the social worker affected his resilience positively; the older the social worker the more resilient, $b = .25$, $t = 2.201$, $p < .05$. Kuwaiti social workers were more resilient than the non-Kuwaiti social workers, $b = -.35$, $t = 2.875$, $p < .01$. Social workers who had engaged in post qualifying training and development were more resilient than the social workers who had not pursued continuing professional development opportunities, $b = -.22$, $t = 2.550$, $p < .05$. Surprisingly, the level of income affected resilience negatively; the higher the income of the social worker the lower the resilience, $b = -.38$, $t = 3.268$, $p < .01$. No significant prediction of resilience score by the number of children, gender of respondents, marital status and effects of religiosity.

The researchers thought that interviewing some social workers and asking them in a narrative way about the study results might strengthen and benefit the study more. In addition, interviewing social workers might help in clarifying some results that were unusual or surprising to the authors. The local author made some phone calls to different institutions in Kuwait in order to interview some social workers and ask

them about the different results of the study. The local author explained over the phone to the different social workers the purpose of the interview. Only twenty one social workers agreed to be interviewed by the local author and his assistants (who were senior undergraduate social work students at Kuwait University). On May 16, 2016 the author met with the twenty one social workers in the meeting room of the Department of Sociology and Social Work at Kuwait University and explained again to the social workers the purpose of the interviews. As it was explained previously, the purpose was to discuss the study results with the social workers individually. The local author also explained to the interviewees that what would be discussed in the interview was totally confidential and their names would not be included in the study. The interviewees were notified by the local author that the interviews would be conducted by the researchers' assistants.

My research assistants (undergraduate senior social work students) helped me collect qualitative type of data; they interviewed 21 social workers comprising 5 males and 16 females who had been working in different social institutions (Ministry of Social Affairs, Ministry of Education, Ministry of Health, Ministry of interior, and other institutions) and who had a work experience of at least 7 years. The purpose of the interviews was to find out the social workers' thoughts about the quantitative results.

The interviewed social workers were asked the following question: "Do you think that training and postgraduate studies helped you become more resilient at work?"

The vast majority of the interviewees (19) answered (yes). Only one social worker said that the general type of workshops did not help her much in her work and her resilience. Although she thought that training at her work was very beneficial and made her withhold more work stresses and family stresses. They thought that postgraduate studies and work training helped them become more aware of work demands and work responsibility, and more resilient as social workers. Another social worker thought that the question was not clear to her.

The vast majority of the social workers (20) believed the postgraduate studies and work training and workshops were a great help for them to adapt with the work and become more aware of work

demands and responsibilities. The interviewees were also asked: "Why was income negatively related to the resilience of the social workers?". Almost all social workers (19) thought that this result was strange to them. Only (2) social workers who worked in the Ministry of Education and had a higher position (worked as supervisors for school social workers and had a better salary than the school social workers) thought that this result could be true.

Discussion

The vast majority of the social workers in the study thought that the older the social worker were the more experienced in life they were. Eventually, the older the social worker the more used to the harsh life working experiences they were. However, Kuwaiti social workers were more resilient than the non-Kuwaiti social workers due to the fact that the non- Kuwaiti social workers did not have guarantees to retain their jobs. Income, on the other hand, affected resilience negatively; the higher the income of the social worker the lower their resilience. It seems that the higher income of social workers in Kuwait would put more financial commitments on their shoulders. The higher your income in kuwait the higher your loan bank could be. Meanwhile, the higher income social workers usually hold higher job positions; high position jobs might create more responsibilities and commitments to work. Such a fact might influence the resilience of those high income social workers. The vast majority of the social workers thought the older the social worker the more experienced he was.

Conclusion

The vast majority of Kuwaiti social workers graduated from Kuwait University; there was no other university offering a bachelor program or degree in social work in the State of Kuwait. Kuwait University social work graduates were general practitioners with a bachelor degree in social work. There was no postgraduate degree in social work in the whole country of Kuwait. In addition, social work students did not have enough training in a specified area or field for a long time. The total hours of practicum were 450 hours. The practicum did not focus on field work and there was no intensive training on a specific area. Therefore, the majority of social workers felt that post graduate training was important for their resilience. Age was another factor that was related positively to resilience. It seemed that older social workers had more

postgraduate training and experience in the job, and this fact had affected their resilience positively.

However, Kuwaiti social workers were more resilient than non-Kuwaiti social workers due to the fact that non-Kuwaiti social workers did not have a guarantee that they would retain their jobs for a long period of time. All Kuwaiti social workers had a tenure in their jobs, while the non-Kuwaiti social workers could lose their jobs anytime. The authors support Cohen's definition of a resilient social worker as "one who is able to see him or herself as an effective social worker with regard to clients; that is, one who believes him or herself to have a high professional sense of efficacy and demonstrates emotional strength (as opposed to emotional exhaustion)" (Cohen, 1998, p.7).

Implications for the social work profession and social work institutions

- The importance of postgraduate training for the resilience of the social workers and for the social work profession.
- Older social workers in Kuwait were more experienced and had more postgraduate training, and therefore, they were more eligible to undertake social work duties.
- Income was not a big factor in the life of the social workers and their resilience in Kuwait. However, the vast majority of the social workers had a good income (\$ 3,300) per month which was suitable taking into consideration the standard of living in Kuwait.

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Appendix 1 Resilience Scale

This questionnaire's purpose is to recognize the social worker's resilience. Please answer all the questions below and make sure that you give an honest answer to each item. Such a process would benefit the research in general and the social worker in particular.

Please be aware that the researchers are not interested in the name of the respondent but rather in the factors that influence the social worker's work, as follows:

Sex

Age

Work Place

Governorate

Town

Marital Status

Number of Children

Income

Nationality

How many clients do you see per day?

Do you practice religion?

Yes NO

On a scale of one to ten, how important is religion to you?

Did you get any qualifying degrees or workshops after your bachelor degree?

Then the Resilience Scale.

RS₁₅

Please circle a number indicating how much you agree or disagree with each statement

Disagree

Agree

1. When I make plans I follow through with them.

1

2

3

4

5

6

7

2. I usually manage one way or another.
1 2 3 4 5 6 7
3. I feel proud that I have accomplished things in my life.
1 2 3 4 5 6 7
4. I usually take things in my stride.
1 2 3 4 5 6 7
5. I am friends with myself.
1 2 3 4 5 6 7
6. I feel that I can handle many things at a time.
1 2 3 4 5 6 7
8. I have self-discipline.
1 2 3 4 5 6 7
9. I keep interested in things
1 2 3 4 5 6 7
10. I can usually find something to laugh about.
1 2 3 4 5 6 7
11. My belief in myself gets me through hard times.
1 2 3 4 5 6 7
12. I can usually look at a situation in a number of ways.
1 2 3 4 5 6 7
13. My life has meaning.
1 2 3 4 5 6 7
14. When I am in a difficult situation, I can usually find my way out of it.
1 2 3 4 5 6 7
15. I have enough energy to do what I have to do.
1 2 3 4 5 6 7

