**Sociodemographical and academic factors related to health graduate resilience**

# Fatores sociodemográficos e acadêmicos relacionados à resiliência de graduandos da área da saúde

**Factores sociodemográficos y académicos relacionados con la resiliencia de los estudiantes universitarios de salud.**

*Iel Marciano de Moraes Filho1, Fabiana Alves do Nascimento2, Graciela Pereira Bastos3, Francisco Everton de Sousa Barros Júnior4, Rodrigo Marques da Silva5, Ana Lúcia Mendonça Santos6, Clézio Rodrigues de Carvalho Abreu7, Izabel Alves das Chagas Valóta8*

**How to cite:** Moraes-Filho IM, Nascimento FA, Bastos GP, Barros Júnior FES, Silva RM, Santos ALM, Abreu CRC, Valóta IAC. Sociodemographical and academic factors related to health graduate resilience. REVISA. 2020;9(2): 291-303. Doi: <https://doi.org/10.36239/revisa.v9.n2.p291a303>



**RESUMO**

**Objetivo:** analisar a associação de fatores sociodemográficos e acadêmicos ao nível de resiliência de graduandos da área de saúde. **Método:** trata-se de uma pesquisa quantitativa, transversal e analítica, realizada com 138 estudantes da área de saúde por meio de um questionário sociodemográfico e acadêmico e da escala de Resiliência de Wagnild & Young. O teste de qui-quadrado foi aplicado para analisar a associação entre as variáveis sociodemográficas(categóricas) e a resiliência. Valores de p<0,05 foram considerados significativos. **Resultados:** 21,7% dos alunos possui elevada resiliência e 71,7% possuem resiliência moderada. Os fatores que mais contribuem para a resiliência são Resoluções de Ações e Valores e Autoconfiança e capacidade de adaptação. Houve associação estatisticamente significativa das variáveis lazer, satisfação com o curso e pessoas com quem o discente reside e o nível de resiliência. **Conclusão:** os discentes da área de saúde apresentam de moderada à alta resiliência, sendo a realização de atividades de lazer, a satisfação com o curso e a convivência com os familiares elementos associados ao seu fortalecimento**.**

**Descritores:** Estudantes; Resiliência Psicológica; Análise Quantitativa.

1. Universidade Paulista. Brasilia, Federal District, Brazil.

2. Faculdade de Ciências e Educação Sena Aires. Valparaiso de Goias, Goias, Brazil.

3. Faculdade de Ciências e Educação Sena Aires. Valparaiso de Goias, Goias, Brazil.

4. Municipal Secretary of Education. Luziania, Goias, Brazil.

5. Faculdade de Ciências e Educação Sena Aires. Valparaiso de Goias, Goias, Brazil.

6. Emil Brunner World University. Miami, Florida, United States of America.

7. Instituto de Ciência Tecnologia e Qualidade. Anapolis, Goias, Brazil.

8. Universidade de São Paulo, Nursing School. Sao Paulo, Sao Paulo, Brazil.

**ABSTRACT**

**Objective:** To analyze the association of sociodemographic and academic factors with the resilience level of undergraduate health students**. Method:** This is a quantitative, cross-sectional and analytical research conducted with 138 health students through a sociodemographic and academic questionnaire and the Wagnild & Young Resilience scale. Chi-square test was applied to analyze the association between sociodemographic (categorical) variables and resilience. P values <0.05 were considered significant**. Results:** 21.7% of students have high resilience and 71.7% have moderate resilience. The factors that most contribute to resilience are Actions and Values Resolutions and Self-confidence and adaptability. There was a statistically significant association between the variables leisure, satisfaction with the course and people with whom the student lives and the level of resilience. **Conclusion:** health students have moderate to high resilience, being the performance of leisure activities, satisfaction with the course and living with family members associated with its strengthening.

ORIGINAL

**Descriptors:** Students; Resilience, Psychological; Quantitative Analysis.

**RESUMEN**

**Objetivo:** analizar la asociación de factores sociodemográficos y académicos con el nivel de resiliencia de los estudiantes de pregrado en el área de la salud**. Método:** es una investigación cuantitativa, transversal y analítica, realizada con 138 estudiantes en el área de la salud a través de un cuestionario sociodemográfico y académico y la escala de Resistencia de Wagnild & Young. La prueba de chi-cuadrado se aplicó para analizar la asociación entre las variables sociodemográficas (categóricas) y la resiliencia. Los valores de p <0.05 se consideraron significativos**. Resultados:** el 21.7% de los estudiantes tiene una alta capacidad de recuperación y el 71.7% tiene una capacidad de recuperación moderada. Los factores que más contribuyen a la resiliencia son las Resoluciones de acciones y valores y la autoconfianza y la adaptabilidad. Hubo una asociación estadísticamente significativa entre las variables ocio, satisfacción con el curso y las personas con quienes reside el estudiante y el nivel de resiliencia**. Conclusión:** los estudiantes de salud tienen una resiliencia de moderada a alta, con actividades de ocio, satisfacción con el curso y elementos de convivencia familiar asociados con su fortalecimiento.

**Received: 28/02/2020**

**Accepted: 14/03/2020**

**Decriptores:** Estudiantes; Resistencia psicológica; Análisis cuantitativo.

**Introduction**

The trajectory of student life is formed by several events that include sensations such as success, appreciation, recognition and also dissatisfactions, suffering and disappointments. These feelings tend to hinder or facilitate the student's path in different ways, contributing or not to the formation of the new professional. Among the problems found are included even the incompatibility with the desired course, which can characterize an unsatisfactory performance.1

Dealing with these situations and overcoming them or not, are linked to the individual's ability to be resilient, which may not be reduced to a quality or personality trait. Leading to a sum of events that overlap beyond an emotional state, also related to environmental factors, which in turn play an essential role in the formation of the psychological resistance force. As strong as it is, no personality survives in a totally opposite environment, consequently no weak personality can be so fortified by its social environment that it can overcome a crisis with greater ease.2

Resilience does not mean being always well, strong people are also susceptible. Depending on the adversity, some suffer a lot under the results of an experience, others find it difficult to accept the future. Therefore, there are people who have the ability to overcome a situation by not holding onto it, and then rise again and do not give in easily.3

The combination of genetic factors, early or continuous stress, can determine a person's vulnerability to psychiatric disorders, such as depression. Stressors directly linked to self-esteem are more likely to favor depression, being aggravated or not by situations subjugated by the individual, depending on the idiosyncratic meanings he gives to the individual. Professions that require closer and continuous contact with people, loaded with affective involvement such as medicine, psychology, nursing and physiotherapy are more subject to the development of stress, as, in most cases, it becomes an inseparable process from work activity.4

Thus, these professionals need to find strategies that will corroborate the unveiling of daily praxis. This can happen through the capacity of resilience that provides the control of impulsivity, guaranteeing the self-control of these emotions or the possibility of experiencing them in a more pleasant way, making the degree of understanding of the author more sensitive and refined according to the situation. Resilience allows the individual to develop the ability to deal with problems, adapt to changes, overcome obstacles or withstand the pressure of adverse situations such as: shock, stress, some type of traumatic event, etc. Without going into a psychological, emotional or physical breakdown.5

In organizations, resilience is about making a decision when someone comes across a context of tension in the environment. The conduct that the individual tends to take will strengthen him in the face of the adversities that will be encountered. In other words, the resilient person has the ability to remain calm in the face of a stressful situation, and as for this factor, they are able to use the clues they read in other people to reorient their behavior. When this ability is rudimentary, people find it difficult to cultivate bonds and often experience emotional stress, especially in their family and work environment.5

It may seem unnecessary, but taking care of yourself is a fundamental part of the plan to become more resilient. However, this process is only possible if the individual is aware of his health, that is, being in psychosocial balance, if he is disproportionate, that individual is unlikely to be able to overcome the difficulties. When we talk about higher education, the models linked to educational background must consider the development of the student in relation to stress control throughout their academic experience.6

When thinking about the difficulty of human behavior, in their attitudes, related to satisfactions and dissatisfactions, invulnerabilities and fears that intend the individual's psychic mechanism, he understands that resilience becomes another instrument of defense or coping with problems in the personal and professional environment.7 A resilient professional must have a well-disposed intellectual environment, as it is likely to help in this new leap in organizational regeneration. The sooner we acquire knowledge, the greater the possibilities of elaborating, planning, monitoring, solving or providing the moment.5

In view of the few published articles related to higher education students in the health field and their resilience, the need for this study was verified, as adversities will always be present both in academic, personal and professional life, and the resilience is a key point that needs to be addressed. Educational institutions are favorable places for interpersonal relationships to be worked, which is directly linked to the resilience process and activities focused on the health area.

Thus, the objective of this research was to analyze the association of sociodemographic and academic factors with the resilience level of undergraduate students in the health area.

**Method**

This is a cross-sectional and analytical study, developed in a private Brazilian higher education institution located in a city around Brasília - DF. Students over 18 years old and enrolled in health courses (Nursing, Physiotherapy and Pharmacy) from all periods of the course were included in the study. Academic exchange students were excluded.

The subjects were approached through previous scheduling of the responsible researcher with the professors of the disciplines, with the students being approached in the classroom. The instruments were delivered to that location by the researcher, and a period of 10 days was defined for the collection of the instruments also by the responsible researcher.

Data collection took place in March 2019 using the following self-administered instruments: occupational sociodemographic questionnaire and Wagnild & Young's Resilience Scale.

The form for students' sociodemographic and academic characterization contained the following variables: sex; marital situation; presence of children; local and who resides; sport; recreation; source of income; ethnicity; monthly income and expenditure in minimum wages; means of transport used; smoking; consumption of alcoholic beverages; use of drugs to inhibit and stimulate sound; carrying out extracurricular activities; work activity; professional experience in the health field; if you attended another higher education course; satisfaction with the course and interest in giving up the course.

The resilience scale, developed by Wagnild & Young with adult women, was adapted and translated to the Brazilian reality with public school students in 2005.8-9 This instrument measures the levels of positive psychosocial adaptation in the face of important life events. It has 25 items on a likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree), distributed in 3 factors, namely: Stock and Value Resolutions (Items 1,2,6,8,10,12, 14,16,18,19,21,23,24 and 25), Independence and determination (Items 5,7,9,11,13 and 22) and Self-confidence and ability to adapt to situations (Items 3,4,15, 17 and 20).8 These factors correspond to the attributes that support the coping with life's problems, including competence in social relationships, the ability to solve problems, the achievement of autonomy and the meaning or purpose for life and the future.8-9 The scale scores range from 25 to 175 points, and the higher the score, the higher the subject's resilience. A result below 121 is considered by the authors of the instrument to be “reduced resilience”; between 121 and 145, as “moderate resilience”; and above 145, “high resilience”.8-9 In the validation process, the instrument showed good psychometric properties, with Cronbach's alpha of 0.80 for the total sample.8

For data organization and analysis, a database was created in the Excel program (Office 2010) and the Statistical Package for Social Sciences (Version 16.0) was used. The instruments were analyzed as previously described, recommending the analysis described by the authors of the instruments. Categorical variables were presented in absolute (n) and percentage (%) values. The ordinal interval variables were exposed in descriptive measures: minimum and maximum values, mean and standard deviation. The chi-square test was applied to analyze the association between sociodemographic (categorical) variables and resilience. Values ​​of p <0.05 were considered significant.

The project underwent the approval and approval of the Institutional Research Ethics Committee, under opinion No. 3,092,013 (Issued on December 18, 2018), in compliance with the Regulatory Guidelines and Norms for Research Involving Humans (Resolution of the National Health Council 466/12). A Free and Informed Consent Term was sent to the instruments, signed in two copies, authorizing voluntary participation in the research.

**Results**

The initial study population consisted of 491 students from health courses (Nursing, Physiotherapy and Pharmacy) from all periods of the course. Of these, 306 belonged to the Nursing course and 185 to the Physiotherapy course. Of the total, 138 students participated in the research, 60 from the Nursing course and 78 from the Physiotherapy course. Table 1 shows the socio-demographic characterization data among students in the health field.

**Table 1-** Sociodemographic characterization of students in the health area. Faculdade IES - Higher Education Institution. Valparaíso de Goiás, 2019.

|  |  |  |
| --- | --- | --- |
| **Sociodemographic Variables\*** | | **n(%) or Mean (Sd\*\*)** |
| **Gender** | (Female) | 104 (75.4%) |
| **Marital Status** | (Single) | 101 (73.2%) |
| **Children** | (No) | 94 (68.1%) |
| **Resident of Valparaíso** | (Yes) | 91 (65.9%) |
| **Living with** | (Family) | 123 (89.1%) |
| **Living in** | (Apartment/Own home) | 111 (80.4%) |
| **Ethnicity** | (Central and South Americans) | 138 (100%) |
| **Sports Practice** | (No) | 98 (71.0%) |
| **Leisure Activities** | (Yes) | 125 (90.6%) |
| **Source of income** | (Steady job) | 73 (52.9%) |
|  | (Family resources) | 43 (31.2%) |
| **Monthly income** | (Between 1 and 2 minimum wages) | 81 (58.7%) |
| **Monthly expenditure** | (Between 1 and 2 minimum wages) | 72 (52.2%) |
|  | (Until 1 minimum wage) | 45 (32.6%) |
| **Do you consider the monthly income sufficient?** | (No) | 89 (64.5%) |
| **Use of oral or injectable contraceptives** | (No) | 96 (69.6%) |
| **Take some drug or substance to inhibit sleep** | (No) | 92 (66.7%) |
| **Take some sleeping drug or substance** | (No) | 123 (89.1%) |
| **Smoking** | (No, I never smoked) | 120 (87.0%) |
| **Alcoholic drinks** | (No, I never drank alcoholic drinks) | 70 (51.5%) |

\* Only the predominant categories for each variable are presented. \*\* Standard deviation.

According to Table 1, there was a predominance of female students (75.4%), single (73.2%), without children (68.1%) and living with the family (89.1% ) in an apartment or own house (80.4%). 71% do not practice sport, 90.6% do leisure activities, 52.9% do some work and 58.7% have a monthly income between 1 and 2 minimum wages and 52.2% spend between 1 and 2 monthly minimum wages, with 64.5% not considering their income sufficient to maintain. 69.6% do not use oral contraceptives, 66.7% do not use sleep inhibiting medications and 89.1% do not use sleep medications. 87% deny smoking and 51.5% deny alcoholism. Table 2 shows the data on academic characterization of students in the health field.

**Table 2-** Academic characterization of students in the health area. Valparaíso de Goiás, 2019.

|  |  |  |
| --- | --- | --- |
| **Academic Variables\*** | | **n(%) or Mean (Sd\*\*)** |
| **Transport** | (Car) | 67 (48.6%) |
|  | (Bus) | 62 (44.9%) |
| **School semester** | (5th semester) | 44 (31.9%) |
| **Performs extracurricular activity** | (No) | 113 (81.9%) |
| **Develop some work activity** | (Yes) | 71 (51.4%) |
| **Has professional experience in health** | (Yes) | 97 (70.3%) |
| **Has another course** | (No) | 125 (90.6%) |
| **Are you satisfied with the course** | (Yes) | 137 (99.3%) |
| **I already thought about giving up** | (No) | 86 (62.3%) |

\* Only the predominant categories for each variable are presented. \*\* Standard deviation.

According with the analysis in Table 2, it was found that the most used means of transportation to reach the HEI is the automobile (48.6%), followed by the bus (44.9%). Of these students, 31.9% are in the fifth semester, 81.9% do not perform extracurricular activities, 51.4% develop some work activity, 70.3% have professional experience in the health field, 90.6% do not another higher education course, 99.3% are satisfied with the course and 62.3% did not think about giving it up. Figure 1 shows the assessment of the degree of resilience among students in the health field.

**Figure 1**- Classification of the level of resilience of students in the health area. Valparaíso de Goiás, 2019.

We verified that 21.7% of students have high resilience and 71.7% have moderate resilience, that is, the ability to cope with stressful situations. Table 3 shows the resilience averages by domain of the Wagnild & Young Resilience scale.

**Table 3-** Resilience averages by domain of the Wagnild & Young Resilience scale in health students. Valparaíso de Goiás, 2019.

|  |  |  |
| --- | --- | --- |
| **Items (Degrees of Resilience)** | **Mean** | **Standard Deviation** |
| Resolutions of Actions and Values | 5,88 | 0,44 |
| Independence and determination | 4,97 | 0,20 |
| Self-confidence and adaptability | 5,87 | 0,77 |

Factors that most contribute to the resilient personality among students in the health area are Resolutions of Actions and Values, that is, actions related to energy, persistence, discipline and the conception of values ​​that give meaning to life; followed by Self-confidence and adaptability, characterized by the individual's belief in being able to solve their problems and that they depend more on the person than on others, as well as taking actions against their will and maintaining interest in things considered important to them. Table 4 shows the results of the association of sociodemographic and academic variables with levels of resilience in students in the health field.

**Table 4-** Association of sociodemographic and academic variables with levels of resilience in health students. Valparaíso de Goiás, 2019.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Resilience** | | |  |
| **Variable\*\*\*** | | **Low**  **N(%)** | **Moderate**  **N(%)** | **High**  **N(%)** | **P value\*** |
| Gender | Female | 8(5.8%) | 74(53.6%) | 22(15.9%) | 0.615 |
| Male | 1(0.7%) | 25(18.1%) | 8(5.8%) |
| Who you live with? | Family | 8(5.8%) | 87(63.0%) | 28(20.3%) | 0.003\*\* |
| Friend/Roomate | 1(0.7%) | 0(0.0%) | 0(0.0%) |
| Alone | 0(0.0%) | 12(8.7%) | 2(1.4%) |
| Marital Status | Married | 2(1.4%) | 19(13.8%) | 8(5.8%) | 0.238 |
| Divorced/Separated/ Widowed | 0(0.0%) | 4(2.9%) | 4(2.9%) |
| Single | 7(5.1%) | 76(55.1%) | 18(13.0%) |
| Sport | Yes | 0(0.0%) | 31(22.5%) | 9(6.5%) | 0.139 |
| No | 9(6.5%) | 68(49.3%) | 21(15.2%) |
| Leisure | Yes | 6(4.4%) | 93(67.9%) | 26(19.0%) | 0.010\*\* |
| No | 3(2.2%) | 5 (3.6%) | 4 (2.9%) |
| Sufficient income for maintenance | Yes | 1(0.7%) | 38(27.5%) | 10(7.2%) | 0.252 |
| No | 8(5.8%) | 61(44.2%) | 20(14.5%) |
| Smoking | Yes | 0(0.0%) | 8(5.8%) | 0(0.0%) | 0.188 |
| No | 9(6.5%) | 91(65.9%) | 30(21.7%) |
| Use of alcoholic beverages | Yes | 3(2.2%) | 45(33.1%) | 9(6.6%) | 0.244 |
| No | 6(4.4%) | 52(38.2%) | 21(15.4%) |
| Extracurricular Activities | Yes | 2(1.4%) | 20(14.5%) | 3(2.2%) | 0.422 |
| No | 7(5.1%) | 79(57.2%) | 27(19.6%) |
| Satisfaction with the Course | Yes | 8(5.8%) | 99(71.7%) | 30(21.7%) | 0.001\*\* |
| No | 1(0.7%) | 0(0.0%) | 0(0.0%) |
| Interest in dropping out of the course | Yes | 6(4.3%) | 39(28.3%) | 7(5.1%) | 0.050 |
| No | 3(2.2%) | 60(43.5%) | 23(16.7%) |
| Previous health care experience | Yes | 3(2.2%) | 27(19.6%) | 11(8.0%) | 0.596 |
| No | 6(4.3%) | 72(52.2%) | 19(13.8%) |

\* Chi-square test

\*\* Statistically Significant Association (p <0.05).

\*\*\* Although all the variables collected were tested, only those with p <0.70 were inserted in the table.

The table above shows a statistically significant association between the variables leisure, satisfaction with the course and people with whom the student resides and the level of resilience presented. Thus, those who live with the family, perform leisure activities and are satisfied with the chosen course have moderate to high resilience in relation to the others.

**Discussion**

The study's prevalence is female. Despite the increase in the number of male individuals in health care professions, such as nursing10 and speech therapy11, there is still a predominance of females. Corroborating this statement, a study carried out with 792 university students in the health field - nursing, pharmacy, physiotherapy, speech therapy, medicine, dentistry and occupational therapy, found a prevalence of females (74.6%) among students.12 Regarding the marital status of these students, 73.2% are single. In another analysis carried out in Fortaleza-CE, it was observed the presence of students without partners with a percentage higher than 81.3%.13 Still, 68.1% of students do not have children, when comparing with the same study carried out in Fortaleza-CE, found that 13.2% of students reported having at least one child.13 Not having a partner and not having children are factors that decrease the demands of an individual when entering the academic life, as it implies more time available for studies and, possibly, better performance in the course.13 In remote times there was a considerable growth in university students, which leads us to reflect on the requirements that have emerged, such as social class, gender, age, work situation, goals and perspectives, as well as the obstacles exposed by students, whether they are university students or psychosocial.14-15 According with our investigation, it was found that 89.1% live with the family, which was reinforced in another analysis where it is reported that 22% of the students live alone.13 We assume that students who live with their families are exempt from some obligations related to the daily expenses and chores associated with domestic practice, making it easier for students to manage their academic activities, as they will have more study time.13

Regarding the sports practice, our research resulted in 71% not playing sports, in disagreement, a survey conducted in Portugal, found that only 27.6% of students do not practice physical activities.16 Thus, it is essential that Brazilian Higher Education Institutions create spaces for the promotion of students' health.17 Our analysis shows that 90.6% perform leisure activities, in contrast, another study found that 63.5% of students had leisure activities.18 Leisure activities are considered important, as they can be linked to the physiological benefits that control mood, as well as well-being, helping to contribute to social interactions.18

We found that 58.7% of individuals perceive monthly income of 1 to 2 minimum wages and 52.2% have monthly expenditure between 1 and 2 minimum wages, with 64.5% not considering the monthly income sufficient. In comparison, a survey conducted in Brasília found monthly income of up to 3 minimum wages (30.7%) and between 3 and 10 minimum wages (49.8%).15 The young man who enters a university emphasizes his expectation of building his independence and this influences the search for his own income, especially for those whose family does not have the resources to support their costs.19 Research carried out in Três Lagoas, showed that 44.23% of the students stated that the monthly expenses do not exceed the amount received. With regard to these data, it can be said that a good part of those who participated in the research adopt some necessary strategies to monitor their finances, not obtaining unnecessary expenses with interest and fines for installments paid in arrears and also follow the purpose of their expenses.20 However, as for students who do not consider their monthly income to be sufficient, some factors of academic life may hinder their training due to the costs involved, such as: means of driving, residence, food, reprographic copies, literature, culture and sport. This can lead to greater evasion and lead to frustrations in the expectations of those involved.21 Regarding the use of contraceptives, our investigation shows that the majority do not use it, being 69.6% of the students studied. In balance, another study reports that 49.8% of the sample did not consistently use condoms, alone or in combination with the pill.22 In view of the question of the maturity of young adults, it is still necessary to address and continue sexual education at the university level. Training practices about contraception can be used to provide condom use. The use of contraceptive methods depends not only on the knowledge acquired, but also on its effectiveness, peer influences and social environment. Studies show that self-efficacy is higher in students who use it, showing that it is important to highlight this point as a determinant of contraceptive use behavior.22 In our trial, 66.7% do not use drugs to inhibit sleep, on the other hand, an analysis carried out in Fortaleza-CE reports that 53.8% of students who use drugs to sleep are from the health area.17 The sleep pattern is commonly irregular in university students, this is due to changes in bedtime, which can cause negative repercussions on health, affect the memory, attention and cognitive performance of these students. Avoid foods and substances that can alter the quality of sleep or even activities that stimulate sleep inhibition, whether it be a healthier way out than using medications, besides, these adaptation actions can improve the sleep quality.17 In the present study, 87% do not smoke, similar data were found in a survey conducted in Rio Grande, where 92.5% do not smoke.11 There is no concrete definition of the prevalence of smoking in university students. Researches bring incoherent results, but some portray low prevalence of smoking in academic students. Some causes can influence the use of tobacco by university students, they are: social situations; economic; demographics and lack of physical activity.23 Our study reports that 51.5% of the students do not consume alcoholic beverages, in contradiction, another research survey found that 57.7% responded positively to the consumption of alcoholic beverages and 42.9% did not use the same.24 The increased consumption of alcohol may be related to participation in parties and other social events and the fact that students do not live with their parents. Students consider it necessary to include training on the implications of alcohol during their academic education, however, another study carried out in the Amazon pointed out important limitations in the university education of individuals working in the health field to work with people who have contingencies related to the use of alcohol.25 The consumption of alcoholic drinks has a great influence on young people and causes several problems, often negatively influencing their lives, because in general, students who consume a large amount of alcoholic drink directly and indirectly trigger physical and mental issues.26

According to the analysis in Table 2, there is a predominance of the means of transport used to reach college by car (48.6%) and buses (44.9%). Students complain, directly and indirectly, of the stress caused by distance and journeys in public driving, associating them with an overload.27 Regarding extracurricular activities, we obtained a result of 81.9% of students who do not perform extracurricular activities and, confronted with an analysis carried out in Santa Maria-RS, where academics seek other activities when they feel the need to complement acquired knowledge, but that they do not they are applied in the classroom and consider important for a good professional training. The domain of information gives better possibilities for the student to plan and make safer professional career decisions.28 According to our analysis, 90.6% do not have another course, and compared to the aforementioned study, it was observed that 315 students totaling 92.11% of the sample also report not having another course. A survey carried out in Peru found that 74% of those involved thought about taking another course before the current one. The external influence of family, friends and society on decisions regarding the profession is common, especially when there is a connection between close people, especially family members, with the desired area. This enhances the student's decision for a certain course when they present themselves at moments of choice.29 Regarding work activity, in our study it was found that 51.4% of the students develop work activities, in contradiction with another study, where 209 students, representing 61.11% of the sample, only study.30 Individuals who are satisfied with their employment are more inclined to a better appropriate lifestyle. Nowadays, it is already known that work stress, workload, physical exhaustion, and fatigue are factors that can directly interfere with health, which can cause accidents at work and cardiovascular diseases.31

In this research, there was a predominance of students who report not having thought about giving up the course and who are satisfied with it. This is a positive fact in the educational context, since, according to the Ministry of Education, there is a high rate of dropout students in Brazil. A study showed that students with an established objective of which career to follow, do not easily give up on the chosen course and are more satisfied with their choice.32

Regarding the degrees of resilience mentioned in figure 1, it reveals that there is a predominance of a moderate level of resilience, which corresponds to 71.7% of the total number of students, followed by a high degree with 21.7% and, finally, a reduced degree of resilience with 6.1%. These results are similar to the results found in a study carried out in Portugal, where 58% of the total students have a moderate level of resilience, followed by 22% of reduced resilience and 20% of high resilience.33 The level of resilience of each individual varies according to his personal characteristics and also with the social context in which he is inserted. Individuals with greater resilience are more likely to face the current job market and face challenges, as they are able to defy adverse everyday situations more easily.1

The most relevant degree of resilience is aimed at actions and values, representing the highest rates, followed by a degree of self-confidence and adaptability and, finally, degrees of independence and determination. Analyzing the profile of students in the city of Londrina, their reaction to everyday events was evaluated, highlighting the need for actions that demonstrate a greater degree of resilience. Interpersonal relationships that demonstrate security and a lack of fear of making mistakes, bring the possibility of perceiving new actions and interactions and greater protection for the individual himself.34

**Conclusion**

Resilience is a fundamental key in the academic process, as it directly contributes to the quality of life of individuals. Health students have moderate to high resilience, with leisure activities, satisfaction with the course and living with family members associated with their strengthening. In addition, the factors that most contribute to the development of resilience are Resolutions of Actions and Values ​​and Self-confidence and adaptability

**References**

1. Pinto FR, Silva JS, Nogueira TV, Ferreira TC. Resiliência em discentes de administração, por idade, religiosidade e gênero. Revista da faculdade de administração e economia. Ceará. 2014; 5(2): 141-62. doi: http://dx.doi.org/10.15603/2176-9583/refae.v5n2p141-162.

2. Berdnt C. Resiliência: o segredo da força psíquica. 1ª. ed. Petrópolis, Rio de Janeiro: 2018. p.60-79.

3. Allan JF, McKenna J, Dominey S. Degrees of resilience: profiling psychological resilience and prospective academic achievement in university inductees. Brit J Guid Couns. 2014; 42: 1: 9-25. doi: <https://doi.org/10.1080/03069885.2013.793784>.

4. Moreira DP, Furegato ARF. Estresse e depressão entre alunos do último período de dois cursos de enfermagem. Rev. latinoam. enferm. Ribeirão Preto. 2013; 21(spe): 155-62. doi: <https://doi.org/10.1590/S0104-11692013000700020>.

5. Teixeira LFL, Santana LC. Um olhar sobre a resiliência na visão de gestores e colaboradores. Revista de iniciação científica. Cairu. 2015; 2(1): 14-32.

6. Costa FRCP, Rocha R. Resiliência em docentes. Congresso internacional de cooperação universidade-indústria. São Paulo. 2012; 5(7): 1-9.

7. Vieira AA, Oliveira CTF. Resiliência no trabalho: uma análise comparativa entre as teorias funcionalista e crítica. Cadernos Ebape.br. Rio de janeiro. 2017; 15(spe): 409-27. doi: <https://doi.org/10.1590/1679-395159496>.  
8. Wagnild GM, Young HM. Development and psychometric evaluation of resilience scale. J Nurs Meas. [internet] 1993[acesso em 2018 Fev 1]; 1:165-78. Disponível em: <https://sapibg.org/download/1054-wagnild_1993_resilience_scale_2.pdf>

9. Pesce RP, Assis SG, Avanci JQ, Santos NC, Malaquias JV, Carvalhaes R. Adaptação transcultural, confiabilidade e validade da escala de resiliência. Cad Saúde Pública. [internet] 2005[acesso em 2018 Fev 1]; 21(2):436-48. Disponível em: http://www.scielo.br/pdf/csp/v21n2/10.pdf

10 – Souza FO, Silva RM, Costa ALC, Mussi FC, Santos CCT, Santos OP. Estresse e resiliência em discentes de enfermagem de duas universidades públicas paulistas. Rev. enferm. UFSM. 2020; 10 (e2):1-17. doi: <http://dx.doi.org/10.5902/2179769234162>.

11- Santos ACM, Lucia G. Perfil dos estudantes de Fonoaudiologia segundo o Exame Nacional de Desempenho de Estudantes. Distúrbios Comun.São Paulo.2015; 27(3):589-99.

12- Bresolin JZ, Dalmolin GL, Vasconcellos SJL, Barlem ELD, Andolhe R, Magnago TSBS. Sintomas depressivos em estudantes universitários da área da saúde. Rev. latinoam. enferm. 2020; 28,e3239: 1-10. Doi: http://dx.doi.org/10.1590/1518-8345.3210.3239.

13. Cestari VRF, Barbosa IV, Florêncio RS, Pessoa VLMP, Moreira TMM. Estresse em estudantes de enfermagem: estudo sobre vulnerabilidades sociodemográficas e acadêmicas. Acta Paul. Enferm. São Paulo. 2017; 30(2): 190-196. doi: <https://doi.org/10.1590/1982-0194201700029>.

14. Silva EC, Heleno MGV. Qualidade de Vida e Bem-Estar Subjetivo de Estudantes Universitários. Rev. Psicol. Saúde. São Paulo. 2012; 4(1): 69-76.

15. Rocha ALP, Leles CR, Queiroz MG. Fatores associados ao desempenho acadêmico de estudantes de Nutrição no Enade. Rev. Bras. Estud. Pedagog. Brasília. 2018; 99(251): 74-94. doi: http://dx.doi.org/10.24109/2176-6681.rbep.99i251.3162.

16. Lemos FMF, Corte-Real N, Dias C, Fonseca AM. Comportamento da prática esportiva do estudante de enfermagem. Rev. Esc. Enferm. USP. São Paulo. 2017; (51)e03281: 1-7. doi: http://dx.doi.org/10.1590/s1980-220x2016041003281.

17. Araújo MFM, Lima ACS, Alencar AMPG, Araújo TM, Fragoaso LVC, Damasceno MMC. Avaliação da qualidade do sono de estudantes universitários de Fortaleza-CE. Texto contexto - enferm. Florianópolis. 2013; 22(2): 352-60. doi: <https://doi.org/10.1590/S0104-07072013000200011>.

#### 18. Vieira JL, Romera LA, Lima MCP. Lazer entre universitários da área da saúde: revisão de literatura. Ciênc. Saúde Colet. Rio de Janeiro. 2018; 23(12): 4221-9. doi: <https://doi.org/10.1590/1413-812320182312.31012016>.

#### 19. Tosta TLD. A participação de estudantes universitários no trabalho produtivo e reprodutivo. Cad. pesqui. Goiânia. 2017; 47(165): 896-910. doi: https://doi.org/10.1590/198053144119.

20. Oliveira CT, Santos AS. Dias ACG. Percepções de estudantes universitários sobre a realização de atividades extracurriculares na graduação. Psicol. ciênc. prof. Brasília. 2016; 36(4): 864-76. doi: 10.1590/1982-3703003052015.

21. Mauricio NMM. Programa bolsa permanência: Percepção dos alunos beneficiários da universidade federal do Tocantins, campus de Araguaína. Revista científica do ITPAC. Araguaína. 2015; 8(2): 1-13.

22. Santos MJO, Ferreira EMS, Ferreira MMC. Comportamentos contraceptivos de estudantes portugueses do ensino superior. Rev. bras. enferm. Portugal. 2018; 71(4): 1805-13. doi: <https://doi.org/10.1590/0034-7167-2017-0623>.

23. Almeida TCS. Espiritualidade e resiliência: enfrentamento em situações de luto. Revista dos Alunos do Programa de Pós-graduação em Ciência da Religião. Juiz de fora. 2015; 12(1): 72-91.

24. Sanchez ZM, NAPPO SA. A religiosidade, a espiritualidade e o consumo de drogas. Revista de Psiquiatria Clínica. São Paulo. 2007; 34(1): 73-81

25. Pinheiro MA, Torres LF, Bezerra MS, Cavalcante RC, Alencar RD, Donato AC, et al. Prevalência e Fatores Associados ao Consumo de Álcool e Tabaco entre Estudantes de Medicina no Nordeste do Brasil. Revista brasileira de educação médica. Fortaleza, CE. 2017; 41(2): 231-39. doi:  <https://doi.org/10.1590/1981-52712015v41n2rb20160033>.

26. Castaño-Perez GA, Calderon-Vallejo GA. Problemas associados ao consumo de álcool em estudantes universitários. Rev. latinoam. enferm. Colômbia. 2014; 22(5): 739-46. doi: 10.1590/0104-1169.3579.2475.

27. Siqueira LDE, Bastos MFG, Santos AN, Silva MPM. Perfil de estudantes acolhidos em um serviço de Saúde na universidade. Rev. bras. promoç. saúde. Fortaleza. 2017; 30(3): 1-8. Doi: 10.5020/18061230.2017.6218.

28. Oliveira CT, Santos AS. Percepções de estudantes universitários sobre a realização de atividades extracurriculares na graduação. Psicol. ciênc. prof. Brasília. 2016; 36(4): 864-76. doi: <https://doi.org/10.1590/1982-3703003052015>.

29. Ramos MCL, May PR, Boiani ES, Besen M, Cruz AGS, Silva A. A formação da identidade profissional do aluno no contexto universitário: Desejo e Realidade. Gestión de la investigación y compromisso social de la universidad. Peru. 2016 Nov:4-11.

30. Pessoa RC. Análise da resiliência, bem-estar subjetivo e rendimento acadêmico de estudantes universitários da Amazônia. Dissertação (Mestrado em psicologia). Manaus. 2014 Jun:15-89.

31. Vargas LM, Redkava PE, Cantorani JRH, Gutierrez GL. Estilo de vida e fatores associados em estudantes universitários de educação física. Revista de atenção à saúde. 2015; 13(44): 17-26. doi: <https://doi.org/10.13037/ras.vol13n44.2693>.

32. Ambiel RAM, Barros LO. Relações entre evasão, satisfação com escolha profissional, renda e adaptação de universitários. Revista Psicologia: Teoria e prática. São Paulo. 2018; 20(2): 254-67. doi: http://dx.doi.org/10.5935/1980-6906/psicologia.v20n2p254-267.

33. Vara N, Fernandes A, Queirós C, Pimentel H. Resiliência e stress em estudantes universitários. Portugal. Actas do 3º congresso da ordem dos psicólogos portugueses. Portugal. S/A:569-579

34. Silva CS. Níveis de resiliência em indivíduos da geração X de uma instituição do ensino superior. Londrina. 2013 Jun:10-51.

**Correspondent Author**

Iel Marciano de Moraes Filho

Universidade Paulista, Nursing Department.

Square 913, Block B - Asa Sul. ZIP: 70390-130. Brasilia, Federal District, Brazil.

[ielfilho@yahoo.com.br](mailto:ielfilho@yahoo.com.br)