Comparing adolescents’ adjustment and family resilience in divorced families depending on the types of primary caregiver

Sung H Shin, Heeseung Choi, Mi J Kim and Yoon H Kim

Aims. This study compared three different types of primary caregiver in divorced families: father, mother and grandparent(s) and aimed to (1) compare adolescents’ perception of their level of adjustment and family resilience and (2) identify the family resilience predictors of adolescents’ adjustment.

Background. The Resiliency Model of Family Stress, Adjustment and Adaptation guided this study.

Design. Survey.

Method. Adolescents in divorced families in Korea (n = 178) completed self-administered questionnaires. Family resilience was measured by Family Hardiness Index, Family Crisis Oriented Personal Evaluation Scale, Parent-Adolescent Communication Inventory, Social Support Appraisal Scale, Belief about Parental Divorce and Self-Esteem Scale. Korean-Child Behaviour Checklist was used to assess adolescents’ adjustment. Descriptive statistics, chi-square test, ANOVA, ANCOVA and multiple regression analysis were used for data analysis.

Results. The level of adolescents’ adjustment was not statistically different among the three groups. However, statistically significant differences were found in family hardiness, family communication and problem-solving/coping skill-seeking help among the family resilience measurements. Adolescents living with mothers reported the highest scores in family hardiness and family communication. The grandparent(s) group sought and accepted help outside of the family more often than did the other groups. Regardless of the types of primary caregiver, a common significant predictor for adolescents’ adjustment was their positive belief about parental divorce; whereas high self-esteem and low level of seeking help were additional predictors for the father group and grandparent(s) group, respectively.

Conclusions. Adolescents’ belief about parental divorce is a major predictor for adolescents’ adjustment to divorced family life. Nursing services that maximise the family resilience predictors found in this study would enhance adolescents’ adjustment in divorced families.

Relevance to clinical practice. This study provides empirical evidence for nursing care of adolescents who live with differing primary caregivers in divorced families and enhances nurses’ understanding of family resilience predictors that influence adolescents’ adjustment in divorced families.

Key words: adjustment, adolescent, divorced family, family resilience, nursing

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Introduction

Changes in gender roles and the property partition, along with the rise of individualism in Korea during the last two decades, have contributed to the rise in the number of divorces from 23,000 in 1980 to 167,000 in 2003. The divorce rate was 2.5 per 1000 adult population in 2007. Approximately, 120,000 children and adolescents per year are estimated to be affected by divorce, and they undergo significant stressors and emotional problems (Emery 1999, Korea National Statistical Office 2007). While 52% of divorced men and 44% of divorced women in the United States remarry (USA Census Bureau 2007), only 14.7% of divorced men and women in Korea remarry (Korea National Statistical Office 2007). More divorced men and women in Korea tend to remain single, which leaves many adolescents growing up in single-parent families. In addition, it is not uncommon to find grandparents becoming the primary caregiver for adolescents in divorced families in Korea. Accurate numbers of adolescents living with their grandparents are not known; however, the number of families headed by grandparents increased 25% between 2000–2005 (Korea National Statistical Office 2007).

Adolescents in divorced families go through various stressful situations and are at increased risks for behavioural, emotional, health and academic problems (Emery 1999). Previously, many researchers who were interested in the impact of divorce on adolescents’ emotional adjustment focused on negative consequences of divorce for adolescents from a ‘deficits perspective’. Lately, researchers have been more interested in examining the positive factors that help adolescents to overcome the traumatic experiences from a ‘strength perspective’ (Kelly 2000, Kelly & Emery 2003, Kim & Kang 2005) i.e. the resilience perspective.

Resilience is the ability of individuals to overcome hardship and maintain well-being (Walsh 1998). Several studies examined the role of resilience in adolescent development (Werner 1995, Carbonell et al. 1998). The concept of resilience was originally developed to explain the positive adjustment of adolescents who were going through adverse experiences (Rutter 1987). Resilience can be developed at any time during the family life cycle and is often improved and refined through problem-solving (McCubbin & McCubbin 1993, Masten 2001). Early efforts to describe resilience have focused on personal qualities of resilient individuals, such as autonomy, self-esteem and locus of control (Masten 2001, Ju 2003, Cho 2004). Recently, application of this personal resilience theory has been extended to the study of family systems. Family resilience was defined as a family’s ability to successfully cope with adverse events together that enables them to flourish with family communication, support and hardiness (McCubbin et al. 1996, Walsh 1998, 2002, Allison et al. 2003). Family resilience has been widely recognised and studied among families going through difficult situations, and researchers have sought to identify processes or elements that play roles in cushioning the impact of stressful life events and in assisting the family to recover from crises (McCubbin et al. 1996). Family hardiness, problem-solving/coping skills, family communication, social support, family appraisal or belief about specific stressful situations were found to be strongly associated with the psychosocial well-being of family members in adverse circumstances (McCubbin et al. 1996, Masten 2001, Ju 2003, Cho 2004, Greeff & Human 2004, Greeff et al. 2006). These factors in general represent family resilience.

Family resilience studies have been limited mostly to families going through poverty, violence, disability or chronic illness (Walsh 1998, Geran 2001, Tugade 2001, Nam & Kim 2003, Lee et al. 2004, Sim 2004), and less is known about the influence of family resilience on adolescents’ adjustment in single-parent or divorced families (Kelly & Emery 2003, Greeff & Human 2004, Greeff et al. 2006, Hsieh & Daniel 2008). Literature on family resilience in Korea is particularly limited, because of the Korean culture that shuns divorce. Available studies on adolescents’ adjustment in divorced families in Korea neither discussed the concept of family resilience nor examined how family resilience differs depending on the types of primary caregiver (Ju 2003, Cho 2004, Kim & Kang 2005). Because of strong stigma associated with divorce in Korea, divorced families are reluctant to openly discuss their family matters with others, even with relatives. Hence, studying the impact of family resilience on adolescents’ adjustment in divorced families is even more significant. Understanding the relationship between family resilience and adolescents’ adjustment in divorced families is essential for nurses to provide appropriate mental health services for them and to strengthen adolescents’ abilities to deal with family crisis. It is also critical to identify common and unique family resilience factors that facilitate adolescents’ adjustment depending on the types of primary caregiver. To fill the gaps in current knowledge, the present study was designed to:

1. Compare the level of adolescents’ adjustment and family resilience perceived by adolescents living with three different types of primary caregiver in divorced families: father, mother or grandparent(s).
2. Identify the family resilience predictors of adolescents’ adjustment in the three groups.
Background

The Resiliency Model of Family Stress, Adjustment and Adaptation served as the conceptual framework for this study (McCubbin & McCubbin 1993). The family resilience model considers how family life stresses produce change in the family system and how resilience factors affect individual or family adaptation and well-being. Based on a literature review (McCubbin et al. 1996), family resilience in this study was examined by family hardiness, problem-solving/coping skill–seeking help, family communication, social support and belief about parental divorce. Self-esteem was another factor that was added to the study, as it influences adolescents’ adjustment (Ju 2003, Cho 2004). These factors were found to be strongly associated with the psychosocial well-being of family members in adverse circumstances (McCubbin et al. 1996, Masten 2001, Ju 2003, Cho 2004, Greeff & Human 2004, Greeff et al. 2006). We focused on adolescents’ adjustment and family resilience in divorced families, depending on the types of primary caregiver.

Family hardiness

Family hardiness refers to the internal strengths and durability of the family and is characterised by a sense of control over outcomes of life, a view of challenge as growth-producing and an active orientation in adapting to stressful life situations (McCubbin et al. 1996). Families with high levels of family hardiness believe that crises are manageable, and such families are confident that they will be able to achieve the higher levels of adjustment after adverse events (Walsh 1998, McCubbin et al. 2002). Researchers (McCubbin & McCubbin 1988, Garvin et al. 1993, Hawley 2000, Greeff & Human 2004, Greeff et al. 2006) have found that families with a stronger sense of hardiness adjust better to crisis and reach the same or a higher level of reorganisation after a crisis such as death of family members or divorce. Particularly, family hardiness is found to have the most significant impact on family adjustment among families with preschool and school-aged children (McCubbin et al. 1986).

Problem-solving/coping skills

In the family resilience model, problem-solving/coping skills refer to a person’s or family member’s specific cognitive and behavioural efforts to minimise or manage the stresses on the family system (McCubbin & McCubbin 1993). Problem-solving/coping skills are found to be associated with family adjustment among families experiencing family members’ illness (Yeh et al. 2000, Katz 2002, Sim 2004). Studies of adolescents experiencing death of a parent (Greeff & Human 2004) and parental divorce (Greeff et al. 2006) showed that avoidant coping skills, such as passive appraisal, are positively correlated with adolescents’ successful adjustment. Among various types of problem-solving/coping skills, problem-solving through seeking help was assessed in the present study.

Family communication

The family resilience model views family communication as a significant process which creates a sense of family cohesiveness and enables family members to develop coping strategies and restore balance. Open communication style facilitates an effective decision-making process and family adjustment; however, a problematic communication style interferes with family cohesion, transition and adaptation (Olson et al. 1983). Previous studies found that family communication was associated with family adjustment (McCubbin et al. 1993, Leske & Jiricka 1998). Parent-adolescent communication was the most significant predictor for adolescents’ successful adjustment in single-parent families (Cho 2004, Min et al. 2008).

Social support

The presence of social support may explain why some individuals experience higher life stresses and strains but do not show a high level of distress (Patterson & Garwick 1993). There is a growing appreciation for the broader view of resiliency as a complex interaction with community networks (McCubbin & McCubbin 1993, Luther et al. 2000). Adolescents who perceive their neighbourhood and community as safe and satisfying have been found to adjust better than those who see their neighbourhood as threatening (Patterson & Garwick 1993). Social support from extended family, friends and community was positively associated with adolescents’ adaptation in divorced families (Greeff et al. 2006, Lee & Choi 2007).

Family belief

How families view and appraise the specific stressful situations that the families encounter determines their abilities to adapt to the situations (McCubbin et al. 1993). Family belief is shaped in a social and cultural context (Hawley & de Haan 1996, Holroyd 2005). Korean adolescents’ belief about parental divorce is largely influenced by social and cultural norms that value Confucianism and family-centred life. Consequently, adolescents’ belief would make the difference
in their adjustment to divorced family life. In a previous study (Ju 2003), adolescents’ belief about parental divorce was found to determine the quality of adolescents’ adjustment and parent–child relationship. Adolescents in divorced families tend to blame themselves for their parental divorce and are afraid of being abandoned (Hetherington & Stanley-Hogan 1999, Wolchick et al. 2002, Ju 2003). The negative belief was found to be associated with a high level of anxiety, delayed adjustment and low self-esteem.

Self-esteem
In divorced families, adolescents with high self-esteem are more likely to endure hardship and family crisis than adolescents with low self-esteem (Cho 2004). Self-esteem was found to be a significant predictor for adolescents’ adjustment regardless of the family type, age or gender (Klohnen 1996, Cho 2004, Myeong 2005).

Methods
Sample/participants/data collection procedures
This correlational, cross-sectional study used a survey approach. Data were collected from January through March 2006. A convenience sample of 178 adolescents was recruited from 22 community agencies, eight after-school programmes and three elementary schools in three cities in South Korea. This sample size was larger than that recommended by power analysis, with power of 0.9 and medium effect size of 0.15 using the power analysis software G Power 3 (Faul et al. 2007).

After obtaining approval from the boards of the participating institutions, the primary investigator contacted vice principals of the selected schools and directors of the community agencies to discuss the study’s purpose, significance and procedure. All homeroom teachers of the schools and community centres who agreed to assist in recruiting students announced the study during the classes. The investigator visited schools and community centres to provide further explanation of the study and administered the questionnaire. This was an accepted procedure for human subjects study. To assure the confidentiality of the participants, no name or other identifying information was used. Adolescents who met the criteria were invited to participate in this study. Inclusion criteria were (1) between 10–13 years old; (2) willing to participate in the survey; (3) able to understand and answer the survey questionnaires and (4) had parents who had been divorced at least one year before the survey. A minimum of one year of divorce was required because previous studies show that the first year after the parents’ divorce was usually an unstable period, during which it is not appropriate to assess the level of resilience and adolescents’ adjustment (Emery 1999).

To prevent adolescents in divorced families from being identified by peers, all adolescents who returned primary caregiver’s consent and assent were invited to participate in the survey, and only data from adolescents who met the inclusion criteria were included for data analysis. In this study, primary caregiver is a mother, a father or grandparent(s) who lives with and takes care of the adolescent(s). Adolescents in divorced families \( n = 178 \) completed the following self-administered questionnaires (see below for instrument). Adolescents completed the questionnaires within 30–40 minutes.

Instruments
Family resilience had six factors: family hardiness, problem-solving/coping skill-seeking help, family communication, social support, adolescents’ belief about parents’ divorce and self-esteem. The instruments that measured these resilience factors and adjustment have been tested and validated in previous studies (Table 1), and they are described in the following paragraphs. Seven summed rating scales were used to measure family resilience and adolescents’ adjustment (Table 1). A demographic questionnaire was also used to assess demographic characteristics, including gender, age, amount of contact with the non-resident parent, family economic status and the time lapse since parental divorce.

Adjustment was measured by the Korean version of the Child Behaviour Checklist (K-CBCL) (Oh et al. 1997). The original CBCL was developed by Achenbach and Edelbrock (1991). The K-CBCL is composed of 35 items measuring the occurrence of symptoms associated with depression, anxiety and aggression during the week prior to the survey. This scale uses a four-point scale and has demonstrated good internal consistency reliabilities in a previous study \( (\alpha = 0.83, \text{ Oh et al. 1997}) \) and in the present study \( (\alpha = 0.90) \). The higher score indicates that an adolescent successfully adjusts without emotional or behavioural problems.

Family hardiness was measured using the Family Hardiness Index (FHI), which was originally developed by McCubbin et al. (1986) and then modified by Lee (1995) for use in Korean adolescents. The reliability and validity for the FHI has been well described \( (\alpha = 0.82, \text{ McCubbin et al. 1986, Lee 1995}) \). In the present study, Cronbach’s alpha coefficient was 0.77 for the study sample. Items of the original 20-item instrument were modified to a 12-item scale for this study.
Higher scores indicate a higher level of family hardiness perceived by adolescents.

**Problem-solving/coping skill-seeking help** was measured using the subscale of the Family Crisis Oriented Personal Evaluation Scale (F-COPES) developed by McCubbin et al. (1981) and translated into Korean by Sim (2004). The subscale is designed to assess the level of help-seeking behaviours among family members. The higher the F-COPES score, the more the family seeks and accepts help outside of the family. This scale has demonstrated good internal consistency reliabilities in previous studies ($\alpha = 0.86$, McCubbin et al. 1981; $\alpha = 0.77$, Sim 2004) and in the present study ($\alpha = 0.74$).

**Family communication** was measured using the Parent-Adolescent Communication Inventory (PACI) developed by Barnes and Olson (1982) and modified by Cha (2001). This scale uses a four-point scale and has demonstrated proper internal consistency reliabilities in a previous study ($\alpha = 0.79$, Cha 2001) and in the present study ($\alpha = 0.73$). The higher the PACI score, the more the family members communicate openly and effectively.

**Social support** was measured by the Social Support Appraisal Scale (SSAS) developed by Dubow and Ulman (1989) and modified by Han and Yoo (1996). Social support refers to support from extended family, friends, neighbours and community services which families seek during a family crisis (McCubbin et al. 1993). Family, peers and teachers are found to be significant sources of support for adolescents (Buhmester & Furman 1987); thus, in this study, we assessed social support from those significant others only. Higher SSAS scores indicate that adolescents perceive that they are more likely to receive support from extended family, friends and teachers.

To measure adolescents’ belief about parental divorce, we used the modified Children’s Beliefs about Parental Divorce Scale (CBAPDS). This scale was originally developed by Kurdek and Berg (1987) and modified by Ju (2003). This scale was designed to assess adolescents’ belief about their parents’ divorce by measuring the degrees of self-blame and fear of being abandoned among adolescents. The original ‘yes/no’ self-report scale was modified to a four-point Likert scale for the present study. The reliability of the scale was improved from $\alpha = 0.70$ (Ju 2003) to $\alpha = 0.81$ in the present study. The higher score means that the adolescents are less likely to blame themselves for their parents’ divorce and to experience fear of being abandoned.

**Self-esteem** was measured by the Self-Esteem Scale (SES) developed by Rosenberg (1965) and modified by Jon (1974) for Korean adolescents. The original 10-item scale was modified to a seven-item scale based on the factor analysis results. Questions for the seven-item scale include ‘take a positive attitude toward myself,’ ‘satisfied with myself’ and...
‘useless at times.’ Higher scores indicate a higher level of self-esteem among adolescents. The scale showed satisfactory reliabilities (α = 0.77–0.89) for adolescents in previous studies (Jon 1974, Roberts et al. 2000) and in the present study (α = 0.77).

Data analysis

The SPSS Win 15.0 program (SPSS Inc., Chicago, IL, USA) was used for data management and statistical analysis. To compare the level of adolescents’ adjustment and family resilience perceived by adolescents living with three different types of primary caregiver in divorced families (specific aim 1), descriptive statistics, chi-square test, ANOVA and ANCOVA were used. To identify the family resilience predictors of adolescents’ adjustment in three different types of divorced families (specific aim 2), Pearson correlation and multiple regression analysis were performed.

Results

Demographic characteristics

A total of 178 adolescents in divorced families participated in this study. The demographic characteristics and homogeneity test among the three groups (father, mother and grandparent[s]) are summarised in Table 2. The majority of the participants were living with a parent: fathers (40.4%) or mothers (41%). Only 18.5% of adolescents were living with their grandparent(s). Slightly, more females (52.8%) participated in the study. Among 178 adolescents, 33.7% never had any contact with non-resident parent. Adolescents living with fathers had less contact (irregular contact 14.0%, no contact, 16.3%) with their non-resident parent than other two groups. However, the difference was not statistically different. Having less contact with mothers might be in keeping with Korean tradition that favours paternal lineage. The three groups were not statistically different in other demographic characteristics, except for the time lapse since parental divorce (F = 4.888, p < 0.01). While the time lapse since parental divorce was 4.18 years (SD 2.59) for adolescents living with their fathers and was 3.95 (SD 2.39) for those living with their mothers, the time lapse for adolescents living with grandparent(s) was 5.58 (SD 2.80). Previous literature showed that time lapse since parental divorce affects adolescents’ adjustment (Emery 1999, Hetherington 1979); thus, we statistically controlled this variable for the following analyses (ANCOVA, regression).

Differences in the level of adolescents’ adjustment and family resilience among the three groups

Table 3 shows the differences in the level of adjustment and family resilience among the three groups. Adolescents living with mothers reported slightly higher scores in the adjustment scale. However, the differences were not statistically

Table 2 Demographic characteristics and homogeneity tests among the three groups

<table>
<thead>
<tr>
<th>General characteristics</th>
<th>Father n (%)</th>
<th>Mother n (%)</th>
<th>Grandparent(s) n (%)</th>
<th>Total n (%)</th>
<th>χ²/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35 (19.7)</td>
<td>35 (19.7)</td>
<td>14 (7.9)</td>
<td>84 (47.2)</td>
<td>0.736</td>
</tr>
<tr>
<td>Female</td>
<td>37 (20.8)</td>
<td>38 (21.3)</td>
<td>19 (10.7)</td>
<td>94 (52.8)</td>
<td></td>
</tr>
<tr>
<td>Age (year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>9 (5.1)</td>
<td>17 (9.6)</td>
<td>9 (5.1)</td>
<td>35 (19.7)</td>
<td>6.720</td>
</tr>
<tr>
<td>11</td>
<td>14 (7.9)</td>
<td>14 (7.9)</td>
<td>7 (3.9)</td>
<td>35 (19.7)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>25 (14.0)</td>
<td>27 (15.2)</td>
<td>8 (4.5)</td>
<td>60 (33.7)</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>24 (13.5)</td>
<td>15 (8.4)</td>
<td>9 (5.1)</td>
<td>48 (27.0)</td>
<td></td>
</tr>
<tr>
<td>Amount of contact with non-resident parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular</td>
<td>18 (10.1)</td>
<td>32 (18.0)</td>
<td>11 (6.2)</td>
<td>61 (34.3)</td>
<td>6.910</td>
</tr>
<tr>
<td>Irregular</td>
<td>25 (14.0)</td>
<td>19 (10.7)</td>
<td>13 (7.3)</td>
<td>57 (32.0)</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>29 (16.3)</td>
<td>22 (12.4)</td>
<td>9 (5.1)</td>
<td>60 (33.7)</td>
<td></td>
</tr>
<tr>
<td>Family economic status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>8 (4.5)</td>
<td>4 (2.2)</td>
<td>4 (2.2)</td>
<td>16 (9.0)</td>
<td>2.617</td>
</tr>
<tr>
<td>Middle</td>
<td>51 (28.7)</td>
<td>55 (30.9)</td>
<td>21 (11.8)</td>
<td>127 (71.3)</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>13 (7.3)</td>
<td>14 (7.9)</td>
<td>8 (4.5)</td>
<td>35 (19.7)</td>
<td></td>
</tr>
<tr>
<td>Time lapse since parental divorce* (years)</td>
<td>4.18 (2.59)</td>
<td>3.95 (2.39)</td>
<td>5.58 (2.80)</td>
<td>4.40 (2.61)</td>
<td>4.888**</td>
</tr>
</tbody>
</table>

*Mean (SD).
**p < 0.01.
different. Regarding the family resilience, the three groups were significantly different on the level of family hardiness ($F = 4.019, p = 0.009$), problem-solving/coping skill-seeking help ($F = 6.175, p = 0.001$) and family communication ($F = 3.656, p = 0.014$). While adolescents living with mothers reported the highest scores in family hardiness (mean = 3.09, SD 0.42) and family communication (mean = 2.96, SD 0.53), adolescents living with grandparent(s) had the highest scores in problem-solving/coping skill-seeking help (mean = 2.31, SD 0.54). Adolescents living with fathers showed the lowest level of family communication and problem-solving/coping skill-seeking help. The family hardness score was lowest among adolescents living with grandparent(s).

**Family resilience predictors of adolescents’ adjustment**

The relationships between adolescents’ adjustment and family resilience are described in Table 4. Family hardiness ($r = 0.402, p < 0.01$), family communication ($r = 0.415, p < 0.01$), social support ($r = 0.283, p < 0.01$), adolescents’ belief about parental divorce ($r = 0.546, p < 0.01$) and self-esteem ($r = 0.347, p < 0.01$) were positively correlated with adolescents’ adjustment. Unexpectedly, problem-solving/coping skill-seeking help was negatively correlated with adolescents’ adjustment ($r = -0.239, p < 0.01$). The relationships among variables of family resilience and adolescents’ adjustment were statistically significant, although some relationships appeared stronger than others. In other words, high family hardiness, open family communication and positive belief about parental divorce were strongly related to a high level of adolescents’ adjustment. High social support and self-esteem were related to a high level of adolescents’ adjustment, but the association was weak. However, albeit weak, a high level of seeking help was related to a low level of adolescents’ adjustment.

To identify family resilience predictors of adolescents’ adjustment, multiple regression analyses controlling for the time lapse since parental divorce were performed (Table 5). After the multiple regressions, multicollinearity diagnostic tests were applied and they showed no multicollinearity in the model estimation results. Overall, positive belief about parental divorce and self-esteem were found to be associated with successful adjustment among adolescents. Problem-solving/coping skill-seeking help had a negative association with adolescents’ adjustment. This model explained 37.2% of the variance, which may be related to the existence of unidentified predictors in this study. However, this model was a statistically significant fit for adolescents’ adjustment ($F = 15.975, p < 0.001$). The distribution of residuals

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**Table 3** Differences in the level of adjustment and family resilience among the three groups

<table>
<thead>
<tr>
<th>Variables*</th>
<th>Overall (n = 178)</th>
<th>Father (n = 72)</th>
<th>Mother (n = 73)</th>
<th>Grandparent(s) (n = 33)</th>
<th>$F (p)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment</td>
<td>M (± SD)</td>
<td>M (± SD)</td>
<td>M (± SD)</td>
<td>M (± SD)</td>
<td></td>
</tr>
<tr>
<td>Family hardiness</td>
<td>2.99 (±0.46)</td>
<td>2.95 (±0.43)</td>
<td>3.07 (±0.45)</td>
<td>2.92 (±0.52)</td>
<td>1.148 (0.331)</td>
</tr>
<tr>
<td>Problem-solving/coping skill-seeking help</td>
<td>1.93 (±0.61)</td>
<td>1.80 (±0.62)</td>
<td>1.89 (±0.55)</td>
<td>1.31 (±0.54)</td>
<td>4.019 (0.009)</td>
</tr>
<tr>
<td>Family communication</td>
<td>2.81 (±0.54)</td>
<td>2.70 (±0.53)</td>
<td>2.96 (±0.53)</td>
<td>2.71 (±0.50)</td>
<td>3.656 (0.014)</td>
</tr>
<tr>
<td>Social support</td>
<td>2.92 (±0.56)</td>
<td>2.90 (±0.58)</td>
<td>2.93 (±0.56)</td>
<td>2.95 (±0.52)</td>
<td>1.999 (0.116)</td>
</tr>
<tr>
<td>Belief about parental divorce</td>
<td>3.41 (±0.59)</td>
<td>3.40 (±0.57)</td>
<td>3.43 (±0.58)</td>
<td>3.38 (±0.67)</td>
<td>0.568 (0.637)</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>2.77 (±0.61)</td>
<td>2.78 (±0.62)</td>
<td>2.76 (±0.60)</td>
<td>2.80 (±0.64)</td>
<td>0.511 (0.675)</td>
</tr>
</tbody>
</table>

*Time lapse after parental divorce was controlled for because there were group differences (ANCOVA).

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**Table 4** Correlation among the variables

<table>
<thead>
<tr>
<th></th>
<th>AD</th>
<th>FH</th>
<th>PS</th>
<th>FC</th>
<th>SS</th>
<th>BAPD</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FH</td>
<td>-0.402**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PS</td>
<td>-0.239**</td>
<td>-0.037</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC</td>
<td>0.415**</td>
<td>0.530**</td>
<td>0.037</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SS</td>
<td>0.283**</td>
<td>0.445**</td>
<td>0.132</td>
<td>0.472**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAPD</td>
<td>0.546**</td>
<td>0.425**</td>
<td>-0.133</td>
<td>0.458**</td>
<td>0.369**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>0.347**</td>
<td>0.423**</td>
<td>0.177</td>
<td>0.434**</td>
<td>0.537**</td>
<td>0.388**</td>
<td>1</td>
</tr>
</tbody>
</table>

*p < 0.05, **p < 0.01.

AD, adjustment; FH, family hardiness; PS, problem-solving/coping skill-seeking help; FC, family communication; SS, social support; BAPD, belief about parental divorce; SE, self-esteem.
showed no systematic pattern (skewness = -0.38, kurtosis = 0.73). The predictors for adolescents’ adjustment among the three groups were statistically different. Adolescents’ positive belief about parental divorce and high self-esteem were the significant positive predictors for adjustment among adolescents living with fathers. This model explained 41.8% of the variance and it was a statistically significant fit for adolescents’ adjustment \( F = 8.278, p < 0.001 \), whereas only their positive belief about parental divorce was a significant positive predictor for adjustment among adolescents living with mothers. This model explained 25.1% of the variance and it was a statistically significant fit for adolescents’ adjustment \( F = 4.440, p < 0.001 \). For adolescents living with grandparent(s), while their positive belief about parental divorce was a significant positive predictor for adjustment, a high level of seeking help was found to have a negative association with adolescents’ adjustment. This model explained 48.6% of the variance, and it was a statistically significant fit for adolescents’ adjustment \( F = 5.320, p < 0.01 \). Regardless of the type of primary caregiver, the most significant predictor for adolescents’ adjustment was adolescents’ belief about parental divorce.
Discussion

Using age-appropriate and reliable measures, this correlational, cross-sectional study identified adolescents’ perception about the level of their adjustment and family resilience as they lived with three different types of primary caregiver in divorced families (father, mother or grandparent[s]) and identified the family resilience factors that significantly predicted adolescents’ adjustment.

Differences in the level of adolescents’ adjustment and family resilience among the three groups

In the present study, adolescents’ adjustment scores did not significantly differ among the three groups. This is not dissimilar to previous findings that showed mixed results on the differences in the level of adolescents’ adjustment. While some scholars (Brown 2003, Lee & Choi 2007, Pruchno 1999) found that adolescents living with grandparent(s) exhibited adjustment problems such as fear, embarrassment and anger, others (Marx & Solomon 1993, Kaslow 2000, Kim & Kang 2005) found no difference in the level of adjustment depending on the primary caregivers. The findings indicate that the types of primary caregivers may not solely explain the differences in the level of adolescents’ adjustment.

The three groups were significantly different in the level of family resilience, including family hardiness, problem-solving/coping skill-seeking help and family communication. Among the three groups, adolescents living with mothers reported the highest scores in family hardiness and family communication; adolescents living with mothers were more likely to have open and effective communication with their family members and to perceive that their families were successfully managing stressful life events. This is in keeping with the previous studies that found adolescents living with their divorced mothers to have received warm and nurturing care from mothers and be attached to their mothers (Hsieh & Daniel 2008, Min et al. 2008). On the other hand, adolescents living with fathers and grandparent(s) were less likely to engage in open and effective communication with their family members and less likely to perceive that their families were successfully managing stressful life events. This finding is in agreement with the study of Demo and Cox (2000), who found that fathers raising adolescents alone reported experiencing difficulties in nurturing their emotional development, communicating with their children, pleasing the children and managing household work. Inadequate father–child relationships may lead to adolescents’ adjustment problems (Demo & Cox 2000).

The significant group differences observed in the level of family resilience, but not in the level of adolescents’ adjustment, suggest that family resilience might have begun early on and its influence on adolescents’ adjustment came at a later point. Furthermore, adolescents in divorced families may experience different degrees of family resilience depending on the types of primary caregivers prior to exhibiting noticeable adjustment problems. Longitudinal studies are needed to gain further insights on the group differences in the relationships between family resilience and development of adolescents’ adjustment.

Family resilience predictors of adolescents’ adjustment

Overall, adolescents’ belief about parental divorce, self-esteem and problem-solving/coping skill-seeking help were found to be the significant predictors for adolescents’ adjustment. Group differences in the predictors for adolescents’ adjustment exist; however, adolescents’ belief about parental divorce was found to predict adolescents’ adjustment in all three groups.

The finding is consistent with that of previous studies (Ju 2003, Wallerstein 1993, Wolchick). Adolescents who blame themselves for their parental divorce and experience fear of being blamed are at increased risks for depression, anxiety, hostility and delays in development (Ju 2003). The relationship between adolescents’ belief about parental divorce and their mental health outcomes was consistent regardless of primary caregivers. Ju (2003) also found that adolescents’ belief about parental divorce was formed during the separation and the divorce process determined the quality of parent–adolescent relationship and adolescents’ adjustment after the divorce. Thus, it is very important for nurses to allow adolescents to express their beliefs and fear about parental divorce and encourage parents and adolescents to discuss their thoughts and feelings about the family crisis.

Contrary to the existing literature (Yeh et al. 2000, Katz 2002, Sim 2004), seeking help was found to negatively predict adolescents’ adjustment in the present study, and the seeking help score was highest among adolescents living with grandparent(s). Previously, seeking help was found to be an effective problem-solving/coping skill, as a study with parents of children suffering from cancer showed that those parents were able to manage their family crisis by using resources (Yeh et al. 2000). Positive correlations between the family’s use of avoidant coping strategies and the family’s successful adaptation were observed among adolescents who experienced parental divorce or death of a parent (Greeff & Human 2004, Greeff et al. 2006). On the other hand, Marx and Solomon (1993) showed that grandparent(s) raising grandchildren alone often failed to meet their grandchildren’s physical and social needs because of the
generational gap, lack of parenting knowledge and physical limitations. The findings from previous and present studies suggest that grandparent(s) may not be successful in meeting grandchildren’s needs in spite of their continuous efforts to seek help outside the family to manage the family crisis. In addition, adolescents might have felt insecure when they watched their grandparents continuously seeking help and relying on outside resources to solve their family problems. This also might have reminded them of their painful parents’ divorce, making their adjustment difficult. With the current state of knowledge of seeking help among divorced families, it is difficult to clearly explain the reasons for a negative correlation between seeking help and adolescents’ adjustment in divorced families. Further studies on the relationship between seeking help and adolescents’ adjustment among adolescents in divorced families are needed.

It is noteworthy, in this study, that self-esteem was a significant predictor for adolescents’ adjustment among adolescents living with fathers. The finding is consistent with that of previous studies (Klohnen 1996, Cho 2004, Myeong 2005) and suggests its importance in adolescents’ adjustment to divorced family life.

Limitations of this study include a cross-sectional design with convenience sample and lack of measurements of primary caregivers’ perceptions of the family resilience and of the adolescents’ adjustment. Assessing the quality of the relationship with the non-resident parent, in addition to the frequency of the contact that we measured in this study, would have strengthened the understanding of adolescents’ adjustment. A longitudinal study with random samples of the three primary caregivers in divorced families would have increased the explanatory power of the results of the study. However, this study identified important areas for nursing intervention for adolescents living with one of three different types of primary caregiver in divorced families.

Conclusion

The present study showed the importance of developing primary caregiver-sensitive interventions for adolescents in divorced families. Nurses need to be sensitive to adolescents’ beliefs about parental divorce, which was a common significant predictor for their adjustment to divorced family for all three groups. Nurses need to offer parenting classes focusing on communication skills for fathers and grandparents raising adolescents in divorced families. In addition, assisting grandparent(s) to acquire and use effective problem-solving/coping skills is essential for adolescents’ adjustment to divorced family life. This study also demonstrated the needs for nurses to develop programmes that would enhance adolescents’ self-esteem to help them endure family hardship. When working with adolescents experiencing parental divorce, it is important for nurses to pay special attention to adolescents’ beliefs about parental divorce and encourage them to share their thoughts and feelings about parental divorce.

Relevance to clinical practice

This study provides empirical evidence for nursing care of adolescents who live with differing types of primary caregivers in divorced families. Family resilience predictors would help nurses to develop strategies for caring for adolescents who live with different types of primary caregivers in Korea and possibly in other countries with similar culture. Understanding the factors contributing to family resilience could also help adolescents and family members to cope with the social stigma related to divorce.

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Contributions

Study design: SHS, YHK, HSC, MJK; data collection and analysis: SHS, YHK and manuscript preparation: SHS, HSC, MJK.

Conflict of interest

None.

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Comparing adolescents’ adjustment and family resilience in divorced families

McCubbin MA, McCubbin HI & Thompson AI (1986) Family Hardiness Index (FHI). In McCubbin HI, Thompson AI &


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