

# Resilience of School Adolescents in a Socially Vulnerable Situation in the Light of Tidal Model

AQ1 AQ2

**Isabel Cristina Sibalde Vanderley, MN**

*Federal University of Pernambuco, Recife, Pernambuco, Brazil*

**Waldemar Brandão Neto, PhD**

*University of Pernambuco, Recife-PE, Brazil*

**Ednaldo Cavalcante de Araújo, PhD**

*Nursing Department, Federal University of Pernambuco, Recife, Pernambuco, Brazil*

**Helena Rafaela Vieira do Rosário, PhD**

*School of Nursing, University of Minho, Braga, Portugal*

**Estela Maria Leite Meirelles Monteiro, PhD**

*Nursing Department, Federal University of Pernambuco, Recife, Pernambuco, Brazil*

**Background and Purpose:** Adolescents in contexts of social vulnerability experience obstacles in the development of their resilience, which compromises the development of coping/response strategies to daily adversities. This study aimed to understand the resilience process of school adolescents in situations of social vulnerability in the light of Barker's and Buchanan-Barker's Tidal Model. **Methods:** This qualitative and exploratory study was carried out at a public school in the city of Recife, Pernambuco State, Brazil. The sample was composed of 17 adolescents. Data collection was carried out through in-depth narrative interviews. The material was analyzed with the aid of the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*, interpreted through the assumptions of Tidal Model. **Results:** The dendrogram demonstrated the corpus delimited in five classes named as "Navigation Plan," "Storms," "Ocean of Experiences," "Rescue," and "Safe Harbor." **Conclusions and Implications for Practice:** Through learning from narratives, nurses understand the important resources of a recovery journey and take care "with" adolescents,

supporting the development of resilience to face storms by taking the helm of the vessel and resuming their travel.

**Keywords:** resilience; adolescent; social vulnerability; health promotion; nursing theory

Adolescence is a phase of life characterized as a transition between childhood and adulthood, marked by the complexity of changes in biopsychosocial development (Sawyer et al., 2018). Although the adolescent population is often associated with a healthy group, stressful events and a range of uncertainties are present, and it is necessary that this process is observed in its specificities and comprehensively, taking into account the entire experience of adolescence life (Simón-Saiz et al., 2018).

In The Tidal Model, each individual's life experience can be metaphorically understood as an ocean of experiences. In difficult moments of a life journey, a person can experience storms and go through crisis situations. At other times, the ship may fill with water, with the possibility of drowning or sinking. Individuals may need guidance for a safe haven to repair their ship and recover from a trauma. Only when the ship is restored, will individuals be able to set sail again in their ocean and reorient their lives (Barker & Buchanan-Barker, 2005).

Faced with moments of adversity in individuals' life journeys, resilience emerges as a mechanism to overcome stressful life events, which brings about a positive adaptation to a situation that could cause trauma and harm adolescents' mental health. It is a multifaceted concept, composed of adversity, protective factors to deal with challenges and positive adaptation in the face of vulnerabilities (Silva et al., 2015).

Vulnerability situations include individual, institutional and social factors that will interfere with the health-disease process. The social or collective dimension is made up of gender, ethnic, socioeconomic and cultural issues that interfere with the environment to which individuals belong (Ayres et al., 2017; Oviedo & Czeresnia, 2015). Vulnerabilities in individuals' lives reveal the need to dive into deep waters, in order to examine the singularities and submerged causes or the factors that threaten people's physical or emotional security (Barker & Buchanan-Barker, 2005). It is essential that health practices are reoriented considering adolescents' subjectivities and singularities, their interactions with the social environment, their potential and situations of vulnerability to which they are exposed (Monteiro et al., 2015; Silva et al., 2014).

Nurses' practice is based on actions that promote the adolescents' awareness process, aiming at their leading role and the incorporation of healthy health practices through the educational process (Reis et al., 2014). Barker's Tidal Model highlights nurses as active agents in recovering individuals' health through a philosophical approach, with the aim of providing holistic care for the recovery of subjects in the face of problems experienced. Person-centered care must be provided focusing on the ability to adapt to challenges in life and recognize resolving mechanisms, whether personal or interpersonal (Barker & Buchanan-Barker, 2005). Based on

the above, this study aimed to understand the process of resilience of school adolescents in situations of social vulnerability in the light of Barker's and Buchanan-Barker's Tidal Model.

## **METHOD**

### **THEORETICAL-METHODOLOGICAL FRAMEWORK**

The research has a theoretical-methodological framework based on The Tidal Model, which demonstrates a defined and shaped approach based on learning from narratives of people's life journeys. This model was developed in the 1990s through research that focused on the relationship between nurses and people with psychological distress. The Tidal Model was created by Phil Barker (nurse) and Poppy Buchanan-Barker (social worker) in the United Kingdom and it is an alternative model for nurses' work in mental health by encouraging individuals to leading roles in their own treatment (Barker & Buchanan-Barker, 2005). A04

The Tidal Model is based on four key principles according to Barker and Buchanan-Barker (2005, p. 21): 1—The focus of the therapeutic process is to give individuals back their "ocean of experiences" so that they can continue their "life journeys." The moment of crisis is only one point among many experiences of a person; 2—Change is a constant. The Tidal Model aims to raise awareness of small changes that can have a positive effect on people's lives; 3—The focus of professional helpers is to help people develop their autonomy and responsibility for their lives by relating to their life experiences; 4—Nurses and patients are involved in a single and temporary relationship. Nursing encompasses caring "with" people, which differs from caring "for" people.

### **STUDY DESIGN**

This is a qualitative and exploratory study based on Barker's and Buchanan-Barker's Tidal Model. Qualitative research makes it possible to study participants' perspectives, the contextual conditions in which they live and the existing or emerging concepts that can help to elucidate human social behavior (Yin, 2016). This research was guided and structured according to the Consolidated criteria for Reporting Qualitative research (Tong et al., 2007).

### **STUDY SETTING AND PARTICIPANTS**

The research was carried out at a public school in the city of Recife, Pernambuco State, Brazil. The setting was selected as a result of a survey of schools with the lowest Basic Education Development Index (IDEB), a Brazilian education quality index.

This school had scores lower than four in the last IDEB assessment for the 9th grade of elementary school and the senior year. The goal of Brazilian schools is to achieve a score of 6.0, the same result achieved by countries of the Organization for Economic Cooperation and Development (Ministério da Educação, 2018).

The study population consisted of adolescents aged 12–18 years. Adolescents with physical or cognitive impairment, identified by teachers and/or school management, that could compromise their participation in the study, were excluded. Students were selected by non-probability convenience sampling. To determine the final sample of participants, the saturation sampling method was used, which suspends entry of new participants in the survey when the collected data begins to show repetitions (Minayo, 2017). To confirm theoretical saturation, five steps were followed: 1) realization of raw data records; 2) interview data exploration; 3) meeting of the analysis of each interview; 4) meeting of the selected topics; 5) and data naming (Fontanella et al., 2008). The researchers found theoretical data saturation happened in the 15th interview. After saturation, two more interviews were carried out in order to certify saturation, totaling 17 interviews.

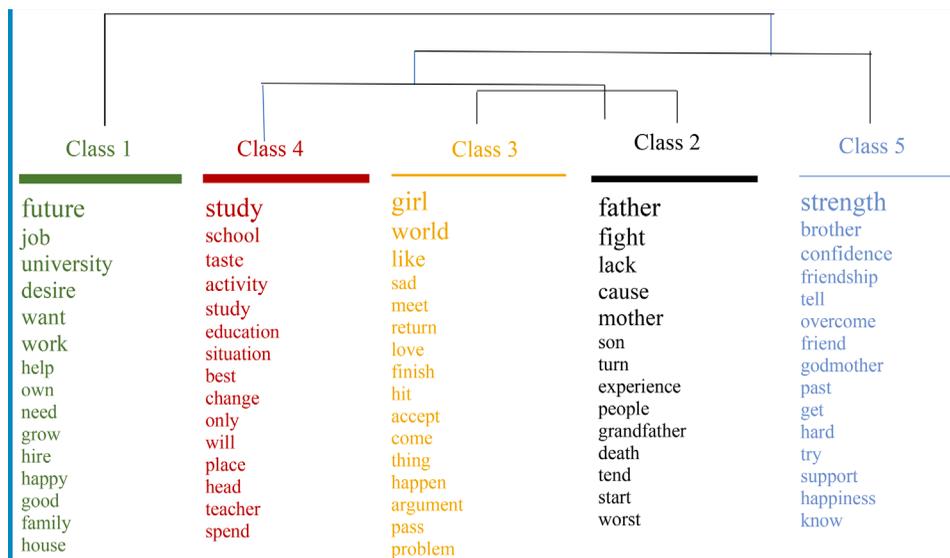
### DATA COLLECTION AND ORGANIZATION

Data collection was carried out through a narrative interview with sociodemographic data of the participants, consisting of race/color, age, marital status, and family income. In-person narrative interviews were carried out using an interview script. The narrative interview script that recognizes protection aspects is at the heart of the Tidal Model. The narrative focus does not seek to reveal the causative course of individuals' current problems, but aims to use experiences in a person's life journey to identify what needs to be done to overcome the conditions of vulnerability and what protective factors are available (Barker & Buchanan-Barker, 2005). The following guiding questions were used: What experiences do you consider difficult in your life? How did you manage to cope with this bad experience? How do you identify the people you can count on?

The interviews were conducted in the school library, during class breaks to ensure privacy and without compromising school attendance. The average time of the interviews was 20 minutes, and transcription was carried out on the same day. Interviews were recorded using two audio recorder devices (MP3) and were transcribed in full. The participants validated all audio transcriptions. At that moment, the participants were able to listen to their respective recordings and compare them with their transcripts, in order to validate content veracity.

### DATA ANALYSIS

For narrative analysis, Lieblich's et al. (1998) model was used, which involves model was used, which involves two dimensions: Holistic versus categorical and content versus form. The authors explain the first dimension refers to the unit of analysis, i.e., whether excerpts or a complete text is analyzed. The second dimension refers to the distinction between content and form of a story. This study was based on the categorical content perspective; narrative fragments were divided into parts, in order to separate and gather sections of data that represented the same theme. This method complemented data analysis, as it made it possible to focus on each theme's linguistic or stylistic characteristics. In this case, the interest was especially



**Figure 1.** Dendrogram of the Descending Hierarchical Classification of the corpus on the resilience of school adolescents in situations of social vulnerability in the light of The Tidal Model. Recife, PE, Brazil, 2020.

in metaphors, whose content can reach something that is difficult to express verbally otherwise (Lieblich et al., 1998).

For the research textual analysis, the Descending Hierarchical Classification (DHC) was used. This analysis was carried out using the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*, version 0.7, alpha 2 (Camargo & Justo, 2013). To perform DHC, three stages were developed: Initial text preparation and coding, performed by data processing, and class interpretation. Initial text preparation consisted of interview transcription so that each interview is called Initial Context Unit (ICU), which comprised a set of texts and constituted the corpus of analysis (Souza et al., 2018).

From the ICUs, Elementary Context Units (ECU) are then composed, or segments of text that make up each class, with their specific vocabularies, as shown in the dendrogram (Figure 1). DHC's lexical classes were described in themes, and data meaning or analysis extraction was carried out by peers, followed by a consensus of the personal interpretations, supported by the scientific literature (Tong et al., 2007).

## ETHICAL ASPECTS

The study was conducted after approval by the Institutional Review Board of the Federal University of Pernambuco, according to Resolution 466/2012 of the Brazilian National Health Board (*Conselho Nacional de Saúde*), under CAAE (*Certificado de Apresentação para Apreciação Ética*—Certificate of Presentation for Ethical Consideration) 10120919.0.0000.5208 and Opinion 3,366,642. To safeguard participants' confidentiality, pseudonyms were used according to elements present in the sea, adopting the metaphor of the ocean illustrated in the Tidal Model.

## RESULTS

Sociodemographic characterization of the participants showed that nine of the 17 adolescents were male; as for age, six were 18, three were 12, two were 17, 16, 14, one was 15 and one 13 years old. Regarding marital status, three were married, two males at 18 years old and one female at 16 years old. Fifteen adolescents self-declared Black/Brown, and two adolescents self-declared white. Regarding family income, 16 reported a family income of less than 12,000 reais (Brazilian currency, corresponding to 2,400 American dollars) annually.

Also, 15 of the school adolescents reported exposure to situations of violence in the intra and extra family environment, witnessing murders in the community.

After carrying out article analysis through DHC, the corpus was divided into 169 text segments (TS), with 135 classified segments (79.88%). Thereafter, five classes emerged, as shown in the dendrogram in Figure 1. Each class was represented by the most significant words by means of X<sup>2</sup> and *p*-value (<.05), with their associations according to the classes. AQ5

The dendrogram demonstrates the corpus delimited in five classes according to the occurrence and co-occurrence of the most significant words. The classes were named in the light of the Tidal Model, using its concepts and assumptions in metaphorical language. Class 1, named "Navigation Plan," accounted for 22.2% of the total TS. Class 2, named "Storms," accounted for 22.2% of the total TS. Class 3, named "Ocean of Experiences," accounted for 16.3% of the total TS. Class 4, named "Rescue," accounted for 15.6% of the total TS. Finally, class 5, named "Safe Harbor," accounted for 23.7% of the total TS.

Class 1, named "Navigation Plan," refers to adolescents' aspiration to guide the helm of their ship towards a safe haven so that despite the storms experienced, they can obtain an auspicious future and experience waters different from those they sail in their lives.

*[...] for my future, I want to study at a university, have a job, a house just for me, get married, give my mother a better home, my brothers and my stepfather. I want to study at a nursing university, it's my dream [...].* (Blue whale, F, 14 years old)

Class 2, called "Storms," addresses the experiences of young people going through turbulent waters in their life journeys, which denote the presence of traumas and difficult moments with storms and the possibility of shipwreck.

### VIOLENCE VICTIM

*[...] I was sexually abused by my cousins. We went to organizations that defend children and adolescents, we went to the police, but it came to nothing, the justice did not give that certain confidence [...].* (Stingray, M, 18 anos).

### LOSS OF BELOVED ONES

*[...] a bad experience was my mother's death. I haven't been able to deal with it yet, and overcoming it, it was a very bad experience, a year ago, but we keep thinking [...].* (Squid, M, 16 years old).

## INVOLVEMENT WITH FELONY

[...] a lot of bad experience has already happened. One was that I was already arrested, I was caught by the police when I was a child. It was for motorcycle theft, I had a motorcycle stolen, and I knew it was stolen [...]. (Coral, M, 18 years old).

## EMOTIONAL INSTABILITY

[...] a bad experience was when I had my onset of depression. I think it's been a few months already, and I cut myself, I cut myself, I almost died and everything, then that was the worst phase of my life. [...]. (Crab, F, 17 years old).

Class 3, "Ocean of Experiences," covers experiences of young people, describing situations experienced in their life journeys, marked by varied sensations and changes in the adolescent universe and discoveries of new paths traced to an unknown horizon.

[...] a different experience was when I started to love a girl and it was very complicated and strange for me, because I was starting to know myself [...]. (Oyster, F, 15 years old).

According to class 4, "Rescue," young people make use of resources that help to guide the moments of storms to minimize the effects of turbulent waters and favor the conduction of a life journey with more optimism and hope.

[...] I love coming to school, it's a place that distracts me and improves my life and it's good for my future, right [...]. (Octopus, M, 18 years old).

Finally, class 5, "Safe Harbor," by highlighting the people who are supportive and are willing to welcome and assist adolescents in their journey, providing affective subsidies in coping with crisis situations.

[...] who I have more confidence is my mother. What I need to be happy is when I'm with my family [...]. (Sea turtle, F, 13 years old).

## DISCUSSION

Aspects associated with the resilience of adolescents in situations of social vulnerability run through all domains inherent in their lives, demonstrating a complex scenario composed of individual, social and contextual factors that can strengthen or weaken their biopsychosocial development.

Social vulnerability is a condition of socioeconomic scarcity, social exclusion and weaknesses related to gender, ethnic and racial aspects. Individuals belonging to this context encounter several barriers, which hinder their development and the achievement of better living conditions (Ayres et al., 2017; Oviedo & Czeresnia, 2015; Sevalho, 2018). When describing their socioeconomic conditions and experiences through the verbalization of their life narratives, adolescents emerge the obstacles posed, due to social inequality, which emerges from the unequal distribution of opportunity.

The context of social vulnerability emerged due to a compilation of factors, when going through racial, socioeconomic, and violence issues. Fifteen adolescents considered themselves Black/Brown, 16 adolescents interviewed had a family income

of at most one minimum wage, and when school adolescents reported exposure to situations of violence in the intra and extra family environment, they came to know and/or witness a homicide in their community.

To cope with the picture of social vulnerability, adolescents described a navigation plan for their lives amidst an ocean of experiences and intersubjectivities, which denote the importance of preparing and supporting the ship's crew to assist and even rescue them in the event of storms during the voyage. They expressed a desire to anchor in a safe harbor full of promising opportunities.

### **CLASS 1: NAVIGATION PLAN**

Class 1 demonstrates the aspirations that adolescents have for their future. The desires for a change in the reality experienced and the rise in life stood out, through opportunities for study and adequate professional conditions. The presence of words like future, desire, growth, employment, and university demonstrates the desire to achieve more favorable conditions than those they have at the moment.

The contexts of plans in spite of social vulnerability in which adolescents foster and challenge the reflexive capacity to establish goals to be achieved. The eagerness to change the condition experienced is a fuel for adolescents who suffer from situations of adversity and allows the visualization of resource mobilization mechanisms to achieve their goals (Hernández-Holguín et al., 2016).

Hope for a better future is a protective factor for vulnerable adolescents. Adolescents who have goals, plans and desires to change the social and economic reality have a strengthened resilience and, consequently, greater well-being. They recognize that the road to a promising future is difficult, due to their unfavorable socioeconomic status; however, the development of their resilience capacity helps them to seize opportunities and fight against social and institutional barriers (Becker-Herbst et al., 2018; Dudovitz et al., 2017; Hildebrand et al., 2019; Ríos & Andes, 2016; Theron, 2016).

In the framework of The Tidal Model, which underlies the study, nurses are required to develop an assistance capable of guiding adolescents to use a compass with precision and autonomy in establishing their navigation route. They must understand that using a compass as a tool that guides the cardinal points involves building self-knowledge and self-confidence to redirect the course of their lives in order to fulfill their dreams.

The eighth commitment described in the Tidal Model concerns individuals' ability to take a step further towards discovering what is needed for their recovery and reaching a safe harbor (Barker & Buchanan-Barker, 2005). Such commitment is related to adolescents' role in a situation of social vulnerability by being able to recognize what is necessary to acquire the mechanisms to strengthen their resilience and to take a step forward in their life journeys.

### **CLASS 2—STORMS**

Class 2 includes several stressful situations experienced by adolescents. Faced with social vulnerability and adversities, it is necessary for adolescents to find ways to deal with stressful events while preserving a valuing self-perception that recognizes the challenges of overcoming challenges.

Several studies, with adolescents in a situation of social vulnerability, denounce the issue of violence as a risk factor for their resilience (Hildebrand et al., 2019; Hills et al., 2016; Mosavel et al., 2015). Exposure to violence constitutes an obstacle in adolescents' travel journeys, becoming a gale, which threatens the ship integrity, compromising the arrival in a safe harbor. The weakened socioeconomic conditions can intensify the gale in adolescents' journeys; however, it is from the awakening of small changes necessary so that adolescents can safely guide their ship to a refuge.

Exposure to precarious socioeconomic circumstances can accentuate events of violence that can negatively impact the adolescents' emotional and psychological development (Hildebrand et al., 2019). Exposure to situations of violence weakens adolescents' resilience and compromises their development, and may leave negative traits that will impact adult life (Camargo et al., 2017; Cicchetti & Doyle, 2016).

One of the serious forms of violence seen in the childhood of adolescents in social vulnerability is sexual abuse. One of the adolescents felt the need and confidence to report an experience of sexual abuse in childhood and how this event had an impact on his life, with harmful repercussions until the present moment. The adolescent sought strength within and in the world to try to deal with the situation of abuse experienced; the adolescent expressed his hurt by denouncing the perceived neglect of institutions and impartiality by society that should protect him. Nurses must develop an interdisciplinary welcoming and health-promoting assistance, with qualified listening to adolescents' reports about the violence suffered and assist in the identification of defense mechanisms and self-discovery of their potentialities to be used to deal with abuse sexual.

Adolescents and children must be guided to recognize their support network and expose their problems, breaking the cycle of violence, requesting the necessary support to establish processes of resilience to deal with the biopsychosocial and spiritual implications triggered in the face of this threatening experience of transgression of their physical and emotional integrity.

Another problem revealed in the literature and reported by an adolescent in the present study was the involvement with felonies. Exposure of adolescents to criminal situations hinders the resilience process and denotes the difficulties of deviating from a negative path amidst a frequent exposure (Aitcheson et al., 2017; Bulut et al., 2018; Hills et al., 2016; Mosavel et al., 2015).

Belonging to a disadvantaged socioeconomic scenario threatens the development and existence of adolescents through violence and death. The unequal access to opportunities experienced by adolescents in social vulnerability heightens the need for further analysis by society and institutions about social justice. Meritocracy is a very distant concept when adolescents are born in a violent context and suffers stigma from society, with very little support from government organizations so that they can reach levels more favored to their intellectual and social development.

Metaphorically, a boat built on an isolated island with little raw material and few material resources will not reach a safe harbor at the same speed as a large ship, which was built in a place with the best engines and the best conditions of use. In the presence of storms, the ship has many protective tools, while the boat has greater fragility and risk of dismounting amidst turbulent waters. It is well known that the ship will be better able to navigate the waves and will need less repairs than

the boat. The ship is already ahead of the boat even before the start of navigation; therefore, investments in quality education from early childhood education, with an emphasis on health promotion issues, contribute to enable the construction and improvement of the vessel for a safe voyage to the desired destination.

In continuity with the events that contribute to trips in rough waters, another issue highlighted by the adolescents was the loss of beloved ones. Grief by adolescents is more difficult when it comes to someone close, and they need to develop effective mechanisms to adapt to the loss. Denial, hopelessness and apathy are frequent when adolescents face the death of someone important (Mesquista-Hernando et al., 2015).

Grief is the development of a response to an important loss and although it does not have a linear response, it is necessary for people to learn how to continue their lives with the absence of beloved ones. When adolescents lose someone important, they need to activate support mechanisms, emotional balance and identify escape routes to cover the pain of loss (Ramos, 2018).

The challenge of managing and guiding adolescents in storms refers to the search for available resources to face adversities in the individual, contextual and social spheres. Nurses can act as a lifesaver in this process, encouraging individuals to identify the way out of crisis situations. As metaphorical as this premise may be, the movements of the waters of people's lives signify factors associated with human suffering; nurses, as lifeguards, are essential professionals in modeling the anxieties experienced (Santos et al., 2014).

### CLASS 3—OCEAN OF EXPERIENCES

Class 3 addresses some remarkable experiences reported by adolescents. The process of beginning the adolescence phase, self-knowledge and the emergence of sexuality were themes commented on by adolescents in their narratives. The problems evidenced in this class include aspects associated with adolescents' feelings related to new experiences and the process of adolescence.

Adolescence is a transition phase in people's lives. Negative feelings at that moment are related to a "loss" of adolescents' previous life position and new meanings are attributed to this new stage. Thus, many adolescents encounter a type of emptiness and can move away from social links previously built through changes in this phase of life (Medeiros & Calazans, 2018, Monteiro et al., 2015).

In the human domain, the "I" dimension is understood by the feelings, beliefs and thoughts of adolescents about the moment of intense physical, mental and social changes, which characterize the experience of a process of distancing from forms of behavior and privileges typical of childhood and of acquiring characteristics and skills that enable them to take on duties and social roles of an adult. Support should be focused on ensuring emotional security to avoid possible harm (Barker & Buchanan-Barker, 2011). The support offered by nurses to adolescents should be focused on raising awareness of the events and the meanings that the changes arising from this cycle carry.

Changes in this life cycle involve many discoveries, such as the discovery of sexuality, which denotes a turbulent period of self-knowledge, anguish, and repression.

For homo-affective adolescents, the process of knowing, accepting and unveiling sexual orientation seems to be complex and confusing, as adolescents experience feelings such as guilt, fear, and strangeness from the situation they experience (Zanatta et al., 2018).

Three adolescents reported being homosexual and did not obtain acceptance from their parents. The setback in their parents' acceptance of adolescent homosexuality is very strongly associated with religious beliefs and social constructions over time. Many parents believe that homosexuality is a disease and it must be "cured" through religion, medication or even the use of force (Zanatta et al., 2018). In this regard, adolescents hide their feelings for a long time and build a barrier of defense made up of silence and fear.

The context of social vulnerability is intensified by barriers that limit adolescents in accessing information and the absence of social defense mechanisms, such as the presence of housing, education, work, and access to health institutions. Moreover, the context of social vulnerability may show an environment marked by violence, such as bullying, physical violence, psychological violence and self-inflicted violence (Zanatta et al., 2018).

Nurses, in this sense, do not have a strict protocol for interventions or an instruction manual on what should be done. Instead, they should seek knowledge of people's life situations, provide person-centered care and seize resources that can be activated as strengthens in crisis situations (Freitas et al., 2020; Young, 2010).

#### **CLASS 4—RESCUE**

Class 4 refers to strategies cited by adolescents in coping with adversities in their lives. Words like "study," "school," "activity," and "teacher" stood out in the adolescents' speeches and indicated a source of strengthening adolescents' resilience even amidst a vulnerable context.

School and teacher support are important protective factors in the development of adolescent resilience. The school is configured as a valuable support space, which provides feelings of security especially for adolescents who are in a situation of social vulnerability, since some have weakened references in the family and social sphere (Bulut et al., 2018; Ernestus & Prelow, 2015; Hamby et al., 2020; Hildebrand et al., 2019).

Thus, the connection with the school and other activities such as reading, playing sports, or music establish a sense of purpose in adolescents' lives, encouraging forces to face adversity and contributing to their physical and psychological well-being (Hamby et al., 2020; Phillips et al., 2019).

For adolescents in contexts of social vulnerability, the bond of trust with school institutions provides opportunities for inclusion and collective recognition as a subject of rights and social transformation. The school experience with the creation of social ties with teachers and also with other adolescents in equivalent conditions provides opportunities to develop a valuable change in worldview, with the objective of taking advantage of the opportunities provided by the school to build a future with better living conditions. Furthermore, the school is a qualified resource

to create an environment of reflection for adolescents, enabling thoughts about the vulnerable reality in which they are inserted and fostering an active attitude towards social transformation (Bittencourt et al., 2015).

According to the Tidal Model, nurses must use the available tool kit, i.e., equipping themselves with skills and abilities necessary to face the situations of adversity in assisting adolescents. These tools represent the resources that need to be used to change the current history, and professionals must explore the narrative that individuals bring with them about “what worked out” and “what can work out,” in order to improve their living conditions in the present and future and propose a partnership construction of possibilities for the ship recovery and strengthening of individuals in the face of travel in rough seas (Barker & Buchanan-Barker, 2005).

Nurses often participate in academic activities and also through the Health at School Program, which aims to provide assistance to school adolescents. Through this integration between education and health, nurses can develop their assistance in the school environment with a view to supporting adolescents in a situation of social vulnerability.

#### **CLASS 5—SAFE HARBOR**

In class 5, adolescents pointed out the people who make up a stronghold for themselves in difficult times. Family members and friends are an essential force in promoting resilience for adolescents in situations of social vulnerability. All adolescents seek to have someone in the family with whom they can talk and get guidance, advice, even with limitations.

Emotional support and incentive to overcome difficulties are an essential support for resuming navigation during a storm, maintaining the route to the desired destination in the navigation plan. Most refer to their mothers as their main support and strength in difficult times (Ernestus & Prelow, 2015; Glozah, 2015; Ríos & Andes, 2016).

Family relationships have great predictive capacity to promote adolescents’ resilience, being the primary and primordial source of social support for adolescents. The presence of weakened family bonds in adolescents in contexts of social vulnerability compromises their perception of support received and may indicate an obstacle in resilient development (Aitcheson et al., 2017; Bittencourt et al., 2015; Hildebrand et al., 2019; Hiller et al., 2017; Silva et al., 2019; Taylor et al., 2018).

Using the metaphorical approach described in the Tidal Model, family and friends are the ship’s crew members for adolescents. In times of storms, they assist in the repair of the vessel and in steering the ship’s rudder with adolescents, aiming to reach a safe haven. Friend and family support are forces to fight turbulent waters, mitigating the damage that waves can cause on the ship. Nurses assist in raising adolescents’ awareness of the main strengths and resources they have from family and friends and how they can use these resources to manage stormy times.

## STUDY LIMITATIONS

This study was limited to investigating adolescents' resilience at one school, not including adolescents from other regions. It is suggested that further research can involve adolescents from different contexts so that a greater understanding of the problem of the process of resilience of adolescents in situations of social vulnerability can be obtained.

## INTERNATIONAL IMPLICATIONS FOR PRACTICE

The investigation of the resilience of school adolescents in contexts of social vulnerability has contributed to nursing through seizing the possibilities for encouraging the development of adolescents' potential. Anchoring to the Tidal Model demonstrated an alternative model for understanding adolescents' mental health needs, safeguarding a participatory construction of knowledge that values autonomy and creativity; thus, adolescents can perceive themselves as agents of transformation of their reality, able to steer the helm of their vessel in the midst of a support network that consolidates health as a right and in facing the rough ocean that metaphorically represents the situations of vulnerability and inequities that plague this population group.

## CONCLUSION

Studying the resilience of adolescents in situations of vulnerability requires developing a critical awareness of reality, capable of recognizing the existing social/institutional barriers, but it also proposes an understanding of social dynamics, which impose unfavorable and unfair conditions of life. The adolescents in this process are challenged to recognize their inner potentialities considering the possibility of safeguarding their dreams and perspectives of overcoming adversity and strengthening the resilient process.

In the face of crisis situations, which are associated with navigation in rough seas, nurses act as guides for adolescents' resilience. Nurses can act as lifesavers, by signaling conditions conducive to rescue, guiding adolescents on what can be used to improve their life conditions. Through learning from narratives, nurses seize the important resources of the recovery journey and care "with" adolescents, providing the development of their resilience and continuation of the journey in their daily lives with safety and autonomy.

Insertion in the school environment and social construction processes mediated by family relationships constitute dialogic arenas in the development of personal and ethical-humanistic values, which encourage self-awareness of their potential, as well as the development of resilience, in order to recognize situations of crisis or storms and take proactive attitudes in the search for resolute coping. School and social institutions act as important repair tools for the ship.

The Tidal Model can structure an intervention with adolescents in social vulnerability, strengthening the interaction between adolescents and nurses with a

view to exploring their resilience-promoting potentialities through the recognition of protective factors in their life narratives. Furthermore, the Tidal Model can be a way of working with adolescents in facilitating and improving nursing care and strengthening resilience as an essential factor in coping with adversities.

## REFERENCES

- Aitchison, R., Abu-Bader, S. H., Howell, M. K., & Khalil, D. (2017). Resilience in Palestinian adolescents living in Gaza. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(1), 36–43. <https://doi.org/10.1037/tra0000153>
- Ayres, J. R. C. M., França-Junior, I., Calazans, G. J., & Saletti-Filho, H. C. (2017). O conceito de vulnerabilidade e as práticas em saúde: Novas perspectivas e desafios. In D. Czeresnia, & C. M. Freitas (Org.) (Eds.), *Promoção da Saúde: Conceitos, reflexões, tendências* (5th ed., pp. 121–144). Fiocruz.
- Barker, B., & Buchanan-Barker, P. (2005). *The tidal model: A guide for mental health professionals* (1nd.). Brunner-Routledge.
- Barker, P. J., & Buchanan-Barker, P. (2011). Mental health nursing and the politics of recovery: A global reflection. *Archives of Psychiatric Nursing*, 25(5), 350–358. <https://doi.org/10.1016/j.apnu.2011.03.009>
- Becker-Herbst, R. B., Sabet, R. F., Swanson, A., Suarez, L. G., Marques, D. S., Ameen, E. J., & Aldarondo, E. (2018). “They were going to kill me”: Resilience in unaccompanied immigrant minors. *The Counseling Psychologist*, 46(2), 241–268. <https://doi.org/10.1177/0011000018759769>
- Bittencourt, A. L. P., França, L. G., & Goldim, J. R. (2015). Vulnerable adolescence: Biopsychosocial factors related to drug use. *Revista Bioética*, 23(2), 311–319. <https://doi.org/10.1590/1983-80422015232070>
- Bulut, N. S., Bulut, G. Ç., Kupeli, N. Y., Genç, H. A., Aktas, I., & Yasar, V. (2018). Living in difficult conditions: An analysis of the factors associated with resilience in youth of a disadvantaged city. *Psychiatry and Clinical Psychopharmacology*, 9(4), 1–10. <https://doi.org/10.1080/24750573.2018.1505281>
- Camargo, B. V., & Justo, A. M. (2013). IRAMUTEQ: A free software for analysis of textual data. *Temas em Psicologia*, 21(2), 513–518. <https://doi.org/10.9788/TP2013.2-16>
- Camargo, I. M., Fernandes, M. N. F., Yakuwa, M. S., Carvalho, A. M. P., Santos, P. L., Gherardi-Donato, E. C. S., & Mello, D. F. (2017). Resilience in children and adolescents victims of early life stress and maltreatment in childhood. *SMAD. Revista Eletrônica Saúde Mental Álcool e Drogas*, 13(3), 156–166. <http://dx.doi.org/10.11606/issn.1806-6976.v13i3p156-166>
- Cicchetti, D., & Doyle, C. (2016). Child maltreatment, attachment and psychopathology: Mediating relations. *World Psychiatry*, 15(2), 89–90. <https://doi.org/10.1002/wps.20337>
- Dudovitz, R. N., Chung, P. J., & Wong, M. D. (2017). What do you want to be when you grow up? Career aspirations as a marker for adolescent well-being. *Academic Pediatrics*, 17(2), 153–160. <https://doi.org/10.1016/j.acap.2016.08.006>
- Ernestus, S. M., & Prelow, H. M. (2015). Patterns of risk and resilience in African American and latino youth. *Journal of Community Psychology*, 43(8), 954–972. <https://doi.org/10.1002/jcop.21725>
- Fontanella, B. J. B., Ricas, J., & Turato, E. R. (2008). Saturation sampling in qualitative health research: Theoretical contributions. *Cadernos de Saúde Pública*, 24(1), 17–27. <https://doi.org/10.1590/S0102-311X2008000100003>

- Freitas, R. J. M., Araujo, J. L., Moura, N. A., Oliveira, G. Y. M., Feitosa, M. M., & Monteiro, A. R. M. (2020). Nursing care in mental health based on the Tidal Model: An integrative review. *Revista Brasileira de Enfermagem*, 73(2), e20180177. <https://doi.org/10.1590/0034-7167-2018-0177>
- Glozah, F. N. (2015). Exploring Ghanaian adolescents' meaning of health and wellbeing: A psychosocial perspective. *International Journal of Qualitative Studies on Health and Well-being*, 10(1), 26370. <https://doi.org/10.3402/qhw.v10.26370>
- Hamby, S., Taylor, E., Mitchell, K., Jones, L., & Newlin, C. (2020). Health-related quality of life among adolescents as a function of victimization, other adversities, and strengths. *Journal of Pediatric Nursing*, 50, 46–53. <https://doi.org/10.1016/j.pedn.2019.11.001>
- Hernández-Holguín, D. M., Sánchez, I. C., Paes, E., & Montoya Vásquez, E. M. (2016). El personal development of youth in Medellín, Colombia: Beyond risk behaviors and resilience. *Cadernos de Saúde Pública*, 32(11), e00103614. <https://doi.org/10.1590/0102-311X00103614>
- Hildebrand, N. A., Celeri, E. H. R., Morcillo, A. M., & Zanolli, M. L. (2019). Resilience and mental health problems in children and adolescents who have been victims of violence. *Revista de Saude Publica*, 53, 17. <https://doi.org/10.11606/S1518-8787.2019053000391>
- Hiller, R. M., Halligan, S. L., Tomlinson, M., Stewart, J., Skeen, S., & Christie, H. (2017). Post-trauma coping in the context of significant adversity: A qualitative study of young people living in an urban township in South Africa. *BMJ Open*, 7, e016560. <https://doi.org/10.1136/bmjopen-2017-016560>
- Hills, F., Meyer-Weitz, A., & Asante, K. O. (2016). The lived experiences of street children in Durban, South Africa: Violence, substance use, and resilience. *International Journal of Qualitative Studies on Health and Well-being*, 11(1), 30302. <https://doi.org/10.3402/qhw.v11.30302>
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis and interpretation* (1th ed.). Sage.
- Medeiros, A. A., & Calazans, R. (2018). Similarities between mourning and adolescence. *Revista da SPAGESP*, 19(1), 129–141. [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1677-29702018000100010&lng=en&tlng=](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-29702018000100010&lng=en&tlng=)
- Mesquista-Hernando, V., Gómez Seijas, R., & Rodríguez-Enríquez, M. R. (2015). Children at the loss of a parent: Review of effective communication standards. *Psicooncología*, 12(2–3), 417–429. [https://doi.org/10.5209/rev\\_PSIC.2015.v12.n2.3.51019](https://doi.org/10.5209/rev_PSIC.2015.v12.n2.3.51019)
- Minayo, M. C. S. (2017). Sampling and saturation in qualitative research: Consensus and controversies. *Revista Pesquisa Qualitativa*, 5(7), 1–12. <https://editora.sepq.org.br/rpq/article/view/82/59>
- Ministério da Educação. (2018). *Nota Informativa do Índice de Desenvolvimento da Educação Básica (IDEB)*. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. [http://download.inep.gov.br/educacao\\_basica/portal\\_ideb/o\\_que\\_e\\_o\\_ideb/nota\\_informativa\\_ideb.pdf](http://download.inep.gov.br/educacao_basica/portal_ideb/o_que_e_o_ideb/nota_informativa_ideb.pdf)
- Monteiro, E. M. L. M., Brandão-Neto, W., Lima, L. S., Aquino, J. M., Gontijo, D. T., & Pereira, B. O. (2015). Culture circles in adolescent empowerment for the prevention of violence. *International Journal of Adolescence and Youth*, 20(2), 167–184. <https://doi.org/10.1080/02673843.2014.992028>
- Mosavel, M., Ahmed, R., Ports, K. A., & Simon, C. (2015). South African, urban youth narratives: Resilience within community. *International Journal of Adolescence and Youth*, 20(2), 245–255. <https://doi.org/10.1080/02673843.2013.785439>
- Oviedo, R. A. M., & Czeresnia, D. (2015). The concept of vulnerability and its biosocial nature. *Interface—Comunicação, Saúde, Educação*, 19(53), 237–249. <https://doi.org/10.1590/1807-57622014.0436>

- Phillips, S. P., Reipas, K., & Zelek, B. (2019). Stresses, strengths and resilience in adolescents: A qualitative study. *The Journal of Primary Prevention, 40*(6), 631–642. <https://doi.org/10.1007/s10935-019-00570-3>
- Ramos, S. E. B. (2018). Losing a brother until adolescence: Experience in adult life. *Journal Nursing UFPE Online, 12*(9), 2349–2360. <https://doi.org/10.5205/1981-8963-v12i9a236401p2349-2360-2018>
- Reis, D. C., Alves, R. H., Jordão, N. A. F., Viegas, A. M., & Carvalho, S. M. (2014). Vulnerability and access in adolescent health in view of the parents. *Revista de Pesquisa Cuidado é Fundamental Online, 6*(2), 594–606. <https://doi.org/10.9789/2175-5361.2014v6n2p594>
- Ríos, V., & Andes, K. L. (2016). Resilience and adolescent health: An assessment of risks and assets in the Bañado Sur neighborhood of Asunción, Paraguay. *Revista Salud Pública del Paraguay, 6*(1), 16–23. <http://docs.bvsalud.org/biblioref/2018/06/885196/16-23.pdf>
- Santos, I., Silva, L. A., Clos, A. C., & Silva, A. V. (2014). An esthetic and sociopoetic perspective on caring for people with mental disorder: Appropriating the Tidal Model. *Uerj Nursing Journal, 22*(6), 765–770. <https://doi.org/10.12957/reuerj.2014.15663>
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health, 2*(3), 223–228. [https://doi.org/10.1016/S2352-4642\(18\)30022-1](https://doi.org/10.1016/S2352-4642(18)30022-1)
- Sevalho, G. O. (2018). The concept of vulnerability and health education based on the theory laid out by Paulo Freire. *Interface—Comunicação, Saúde, Educação, 22*(64), 177–188. <https://doi.org/10.1590/1807-57622016.0822>
- Silva, A. J. N., Costa, R. R., & Nascimento, A. M. R. (2019). The implications of the contexts of social vulnerability in child and youth development: From the family to social assistance. *Pesquisas e Práticas Psicossociais, 14*(2), 1–17. [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1809-89082019000200007](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-89082019000200007)
- Silva, L. W. S., Silva, D. M. G. V., Silva, D. S., & Lodovici, F. M. M. (2015). Resilience as a construct in nursing practice: Reflective concerns. *Revista Kairós Gerontologia, 18*(4), 105–115. <https://doi.org/10.23925/2176-901X.2015v18i4p101-115>
- Silva, M. A. I., Melo, F. C. M., Mello, D. F., Ferriani, M. G. C., Sampaio, J. M. C., & Oliveira, W. A. (2014). Vulnerability in adolescent health: Contemporary issues. *Ciência & Saúde Coletiva, 19*(2), 619–627. <https://doi.org/10.1590/1413-81232014192.22312012>
- Simón-Saiz, M. J., Fuentes-Chacón, R. M., Garrido-Abejar, M., Serrano-Parra, D., Larrañaga-Rubio, E., & Yubero-Jiménez, S. (2018). Influence of resilience on health-related quality of life in adolescents. *Enfermería Clínica, 28*(5), 283–291. <https://doi.org/10.1016/j.enfcli.2018.06.003>
- Souza, M. A. R., Wall, M. L., Thuler, A. C. M. C., Lowen, I. M. V., & Peres, A. M. (2018). The use of IRAMUTEQ software for data analysis in qualitative research. *Revista da Escola de Enfermagem USP, 52*, e03353. <https://doi.org/10.1590/S1980-220X2017015003353>
- Taylor, Z. E., Jones, B. L., Anaya, L. Y., & Evich, C. D. (2018). Effortful control as a mediator between contextual stressors and adjustment in Midwestern latino youth. *Journal of Latina/o Psychology, 6*(3), 248–257. <https://doi.org/10.1037/lat0000091>
- Theron, L. C. (2016). Toward a culturally and contextually sensitive understanding of resilience: Privileging the voices of Black, South African young people. *Journal of Adolescent Research, 31*(6), 635–670. <https://doi.org/10.1177/0743558415600072>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Internacional Journal of Quality Health Care, 19*(6), 349–57. <https://doi.org/10.1093/intqhc/mzm042>
- Yin, R. K. (2016). *Pesquisa qualitativa do início ao fim*. Penso.
- Young, B. B. (2010). Using the Tidal Model of mental health recovery to plan primary health care for women in residential substance abuse recovery. *Issues in Mental Health Nursing, 31*(9), 569–575. <https://doi.org/10.3109/01612840.2010.487969>

Zanatta, E. A., Ferraz, L., Klein, M. L., Marques, L. C., & Ferraz, L. (2018). Discovering, accepting and assuming homoaffectivity: Situations of vulnerability among young people. *Revista de Pesquisa Cuidado é Fundamental Online*, 10(2), 391–398. <https://doi.org/10.9789/2175-5361.rpcfo.v10.6058>

**Disclosure.** The authors have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article. AQ6

**Acknowledgments.** Vanderley I. C. S. contributed to the conception and project, analysis and data interpretation, paper writing and final critical review. Brandao Neto W, Araújo E. C. and Rosário H. R. V. contributed to the conception and project, relevant critical review of intellectual content and approval of the final version to be posted. Monteiro E. M. L. M. participated in data collection, organization and analysis as well as in writing the paper.

**Funding.** The author(s) received no specific grant or financial support for the research, authorship, and/or publication of this article.

Correspondence regarding this article should be directed to Isabel Cristina Sibalde Vanderley, Av. Prof. Moraes Rêgo s/n, Bloco A. Anexo ao Hospital das Clínicas, Cidade Universitária. Recife, PE Brazil. E-mail: belvanderley@hotmail.com AQ3

**Author Queries:**

- AQ1: Please check the affiliations and the correspondence address has been set correctly for all the authors. Kindly check and correct if necessary.
- AQ2: Please check whether the degree has been set correctly for the author Isabel Cristina Sibalde Vanderley. Kindly check and correct if necessary.
- AQ3: Please note that the corresponding author has been set as per provided in the title page. Kindly check and correct if necessary.
- AQ4: Kindly check the heading level hierarchy and correct if necessary.
- AQ5: Kindly check the term X<sub>2</sub> mentioned in the text Each class was represented... has been set correctly or this term need to be changed as subscript or superscript values. Kindly check and confirm.
- AQ6: Please check whether the disclosure, acknowledgments and the funding statements has been set correctly. Kindly check and correct if necessary.