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Abstract- The purpose of the study was to explore the relationship between resilience, psychological distress and subjective well-being among the survivors of dengue fever. It was hypothesized that there would be significant relationship among resilience, psychological distress and subjective well-being among the dengue fever. It was correlation study in which cross-sectional research design was used. The sample size was one hundred (N=100) survivors which comprises of fifty male and fifty female dengue survivors. The sample was drawn by using purposive sampling strategy which is a technique of non-probability sampling because it is the nature of population which is survivors so this type of sampling is helpful for recruit sample in the study. Three scales Trait Resilience Checklist (Hew, et al 2000), Psychological Distress Scale (Kessler, et al 1992) and Subjective Happiness Scale (Lyubomirsky, 1999) were used to measure resilience, psychological distress and subjective well-being respectively. SPSS-20 was used to run statistical analyses. The results showed that there is significant positive correlation between resilience and subjective well-being among survivors of dengue fever. Moreover, there is significant negative relationship exist between psychological distress and subjective well-being, and between resilience and psychological distress.

Keywords: *psychological distress, resilience, subjective well-being.*

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The Relationship between Resilience, Psychological Distress and Subjective Well-Being among Dengue Fever Survivors

Dr. Khalid Mahmood^α & Abdul Ghaffar^σ

Abstract- The purpose of the study was to explore the relationship between resilience, psychological distress and subjective well-being among the survivors of dengue fever. It was hypothesized that there would be significant relationship among resilience, psychological distress and subjective well-being among the dengue fever. It was correlation study in which cross-sectional research design was used. The sample size was one hundred (N=100) survivors which comprises of fifty male and fifty female dengue survivors. The sample was drawn by using purposive sampling strategy which is a technique of non-probability sampling because it is the nature of population which is survivors so this type of sampling is helpful for recruit sample in the study. Three scales Trait Resilience Checklist (Hew, et al 2000), Psychological Distress Scale (Kessler, et al 1992) and Subjective Happiness Scale (Lyubomirsky, 1999) were used to measure resilience, psychological distress and subjective well-being respectively. SPSS-20 was used to run statistical analyses. The results showed that there is significant positive correlation between resilience and subjective well-being among survivors of dengue fever. Moreover, there is significant negative relationship exist between psychological distress and subjective well-being, and between resilience and psychological distress. Resilience and psychological distress are the significant predictors of subjective well-being. Furthermore, a significant gender difference was found on subjective well-being that males are happier than females. The results are discussed in the light of already existing literature.

Keywords: *psychological distress, resilience, subjective well-being.*

I. INTRODUCTION

The present study investigates resilience, psychological distress and subjective well-being in survivor of dengue fever. It provides important information about post traumatic growth and post infection implications of dengue fever for the survivors and how these two aspects correlates with their subjective well-being. Unfortunately there is strong probability that dengue fever might erupt in the form of an epidemic every year so clinicians should keep an eye

on mental health along with physical health of their patients. Dengue fever leads to cause stress and serious psychological problems in its survivors and these problems have an adverse impact on subjective happiness of dengue fever survivors. So, current study investigates the extent to which dengue survivors are influenced by psychological distress and its effect on subjective well-being and to which extent personality trait resilience contributes to their subjective well-being. People are also influenced by the way the information related to the epidemic are demonstrated on different platforms such as media campaign and printed literature. In Pakistani scenario people have become very anxious for about outbreak of epidemic like dengue fever. As Pakistan is an under-developing country and literacy rate is not encourage able so they are in believe whatever is showing and telecasting on media. So public in general and people who recovered from dengue in special are in fear to catch into fever again. Hence this effected on their daily functioning and subjective well-being. So the current research examines how personality trait resilience related to subjective well-being and what is the relationship exists between psychological distress and subjective well-being. This study also focuses on the predictors of subjective well-being.

Charney (2004) has defined resilience is a process of well adaption in the situation of trauma, tragedy or any other significant event of stress. He further said that resilience is not a personality trait rather it involves behavior, thought or action that can be learned by anyone. There are major three factors that are associated with resilience named as intrinsic, family and environment factor. According to Caron and Liu (2010) psychological distress is a negative state of mental health that may affect individual directly or indirectly throughout lifetime and connections with other physical and mental health conditions. There are a number of social determinist of psychological distress that are education, employment status, income, family structure. Subjective well-being is a state of mind that brings satisfaction and happiness (Koenig, McCullough & Larson, 2001). Well-being is considered a true joy. The cognitive perspective of happiness consisted of constructive assessment of an individual's life. The affective component of happiness is a collective sense

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of wellness. Self-determination theory is based on mental growth, truthfulness, and subjective wellbeing. The Self Determination Theory postulated that wellbeing can be completed from the fulfillment of competence, relatedness, and autonomy. Dengue has become a very hot topic in last few years. Formal work was conducted on Dengue in 1953. Now-a-days, it has become a threatening disease that is expanding everywhere in the world. It is diffused by blood (Guzman, 2010). The symptoms of dengue fever are high fever and frequent episodes of flow that sometimes can result into death. It is also accompanied by headache and muscular fatigue. Dengue patients complain poor hunger, nausea, and sickness. Severe symptoms remain more than one week and appetite last more than two or three weeks (Holmes & Twiddy, 2003).

The patients of dengue fever experienced bad quality of life (Lum, et al 2008; Martelli, 2008; & Suarez, et al, 2004). Studied are showed that there is significant positive relation between resilience and subjective well-being among survivors of dengue fever (Alishba, 2001; Watson & Shakhum, 2001; Rahmani, 2012; Lee, 2009; Trang, 2011; Ismail & Rafique, 2014; & Khalid & Malik, 2012). The relationship between psychological distress and subjective well-being is significant negative associated with each other (Deela, 2011; Stoeckle, Zola, & Davidson, 1964; McGarry, et al, 2013; Ismail & Rafique, 2014; Jabeen, 2012; Arif & Malik, 2012; Gill, Ahmedi, & Irfan, 2010; Shahid & Amjad, 2012; Shahzadi & Fatima, 2013; & Shareef & Gill, 2014). Researchers showed that there is significant gender difference exist on resilience among survivors of dengue fever (Khalid & Malik, 2012; Qasim & Jamal, 2013; Jabeen, 2012; & Ismail & Rafique, 2014).

a) Rationale of the study

Human beings through history have been affected by epidemic disease. Those who suffer from epidemics also face many psychological implications and unfortunately Pakistan is at high risk of being hit by epidemics because of many obvious reasons such as unsafe drinking water, poor sanitary system, less awareness, low literacy rate, un- cleanliness and dearth of vaccination trends. So these conditions promote spread of infection diseases and different forms of epidemics outbreaks in different sections of country. These epidemics affect public biologically as well as psychologically not only in sufferers but also in survivors. Special attentions should be given to promote their psychological well-being. So the current study investigates the relationship between resilience, psychological distress and subjective well-being in the survivors of dengue fever patients. The findings of this study provides important information about subjective well-being of survivors that will help psychologists and policy makers and all those who want to develop rehabilitation programs for effected populations. The

present study is an attempt to study how dengue fever affected individuals' subjective well-being.

i. Hypotheses

1. There would be a significant positive relationship between resilience and subjective well-being among survivors of dengue fever.
2. There would be a significant negative relationship between psychological distress and subjective well-being among survivors of dengue fever.
3. There would be a significant negative relationship between resilience and psychological distress among survivors of dengue fever.
4. Subjective well-being would be predicted by resilience and psychological well-being among survivors of dengue fever.
5. There would be significant gender difference on resilience, psychological distress and subjective well-being among survivors of dengue fever.

II. METHODOLOGY

a) Participants

Purposive sampling technique used in this study which is a technique of non-probability sampling to recruited sample because it is easy to locate potential sample for study. Sample size was hundred (N=100) in the current study which comprises on fifty (n=50) males and fifty (n=50) females which was collected from different universities and different clinics.

i. Inclusion Criteria

- People who were diagnosed with dengue fever and recover from it.
- The age range will 19-45 years.

ii. Exclusion Criteria

- People who are diagnosed with dengue fever but not yet recover from it.
- People who recovered from dengue fever but still suffering from other disease.
- People recovered from any other disease will not be included.

b) Research Design

It is a co-relational study in which cross-sectional research design used.

c) Operational Definitions

i. Resilience

According to Smith (2000) resilience is defined as the ability to bounce back from a traumatic event. Resilience refers the individual's score on Brief Resilience Scale (BRS).

ii. Psychological Distress

Psychological distress is defined as the state of tension produced by some kind of psychological, social and physical pressure (Kessler, 1992). Psychological Distress refers the individual's score on Kessler Psychological Distress Scale (K-10).



iii. *Subjective Well-being*

Subjective well-being is defined as person's cognitive and affective evaluation of once life. This evaluation includes emotional reaction to event as well as cognitive judgment of satisfaction (Diener et al., 2000). Subjective well-being refers the individual's score on Subjective Happiness Scale (SHS).

d) *Tool for Data Collection*

Followings are the instruments that were used in the present study.

1. Trait Resilience Checklist (TRC)
2. Kessler Psychological Distress Scale (K-10)
3. Subjective Happiness Scale (SHS)

i. *Trait Resilience Checklist (TRC)*

Hiew's et al (2000) Trait Resilience Checklist will be used to measure trait resilience. This checklist consists of eighteen items that will describe the respondents as they were generally in their past. The respondent will rate each statement on a 5-point scale (from strongly agree = 1 to strongly disagree = 5). It has two subscales named as inter-trait resilience and intra-trait resilience scale. Inter-trait resilience items are 1, 3, 5, 6, 7, 9, 14 and 16 while intra-trait resilience items are 2, 4, 8, 10, 11, 12, 13, 15, 17, and 18. The total aggregate of both scales determined the level of resilience in subjects. The Chronbach's Alpha of inter-trait resilience is $\alpha = .94$ for the present research. The Chronbach's Alpha of intra-trait resilience is $\alpha = .95$ for the present research.

ii. *Kessler Psychological Distress Scale (K-10)*

The Kessler Psychological Distress Scale was developed by Kessler in 1992. It comprises of ten questions and each question has five options (1= none of time to 5= all of time). Cut off score of the scale is 33. High score on scale means individual has high level of psychological distress and vice versa. The Chronbach's Alpha of psychological distress scale is $\alpha = .91$ for the present research.

iii. *Subjective Happiness Scale (SHS)*

Subjective Happiness Scale (SHS) was developed by Sonja Lyubomirsky in 1999. This scale is also known as General Happiness Scale This scale consists of four items and each item has seven options (1= not at all to 7= a great deal). In this scale item number 4 is reverse coded. Average score of the four items is an individual score. The maximum score is 7. The average happiness score is runs from about 4.5 to 5.5. The Chronbach's Alpha of subjective happiness scale is $\alpha = .89$ for the present research.

e) *Procedure*

Initially, the constructs, population, sampling technique, sample size and tools to measure constructs are finalized with supervisor. Secondly, due permission is sought from authors of the scales to use and translate their scales in this study via email. Thirdly, the selected

measures were translated in Urdu. MAPI guidelines were used for translation. Committee method was used for translation. Five drafts were prepared of translation the mean age of the experts were twenty six years and mean education were master. Then these drafts presented in front of committee and consensus was brought and then final translated version was ready. Then, researcher tested the translated versions on a sample of fifteen participants. Researcher personally approach to selected sample and explained the purposive and nature of the study and requested to them to participate in the study and requested them that please write any recommendation regarding any difficulty to them in understanding of translated versions.

Then after pilot study the researcher approached the selected sample and explained them the nature, purpose and duration of the study and also explained them their rights to participate in the study. Their informed consents were taken and ensured them that their information will keep in secret and their information will only be used for research purposive. Then, those people who are motivated were included in sample and all others discarded from sample. Then, three scales, Trait Resilience Checklist, Kessler Psychological Distress Scale and Subjective Happiness Scale along with demographic sheet filled from them at their convince time and place. Demographic information sheet was prepared on the basis of previous literature. The process of data collection took almost three weeks. It was requested to all participants that they filled the questionnaires on the spot and return the researcher. Researcher was present to answer any query to the sample. After the collection of data the participants thanked and acknowledged by researcher for their priceless contributions in the study.

f) *Statistical Analysis*

Data was analyzed on SPSS-20. Initially the reliability analysis was used to determine reliability of the scales for present sample. Then, descriptive statistics obtained. Hypothesis of the present study were investigated by using Person Product Moment Correlation and Independent Sample t-test and for prediction Regression Analysis was be run.

g) *Ethical Consideration*

The written permission obtained from authors to use and to translate their scale in the present research. The consent of participants also be taken.

III. RESULTS

The current research was aimed to investigate relationship among resilience, psychological distress and subjective well-being in dengue survivors. Three scales and one demographic information sheet were used for the collection of data. Different tests were used for analysis of data. Reliability was determined for all scales that were used in this study for present sample.

Descriptive statistics were used for the calculation of demographic variables. Results were shown in the following tables.

Table 1 : Psychometric analysis of scales (N=100)

Scales Name	Alpha	Item No	M(SD)
Resilience Checklist			
Inter-resilience	.94	08	23.51(7.14)
Intra-resilience	.95	10	29.11(9.19)
Psychological Distress Scale (K-10)	.91	10	34.39(6.04)
Subjective Happiness Scale (SHS)	.89	04	15.65(3.12)

Note: α = reliability coefficient, M= Mean, SD= Standard Deviation

Table 1 showed the reliability coefficients of assessment measures were significant enough to carry Resilience Checklist, Psychological distress and on further analysis in accordance with the present Subjective Happiness Scale. The reliability values of research hypotheses.

Table 2 : Descriptive Statistics of Demographic Variables (N=100)

Variables	M(SD)	n(%)
Age	31.74(6.45)	
Gender		
Men		50(50)
Women		50(50)
Family Structure		
Joint Family Structure		28(28)
Nuclear Family Structure		72(72)
Attack of dengue		
One time		57(57)
More than one time		43(43)
Treatment from		
Government Hospital		76(76)
Private hospital/ Clinic		24(24)

The results given in the table 2 indicates that there were 50 men and 50 women participants of present research. The age range of the participants was from (19-45) (M=31.74, SD=6.45) years. Further 28% participants were living in joint family structure, while 72% of participants were living in nuclear family structure. Similarly from the sample 57% participants experienced dengue fever one time and 43% suffered from dengue fever more than once. The above table further showed that the majority of sample got treatment from government hospitals as the frequency was 76%

while 24% got treatment from private hospitals or private clinics.

It was hypothesized that resilience is likely to be significantly positive correlated with subjective well-being and negative correlated with psychological distress. Further it was also hypothesized that psychological is likely to be significantly negative correlated with subjective well-being. Pearson Product Moment Correlation was used to test these relationships that are given below in table 3.

Table 3 : Summary of Inter-correlations, Means, and Standard Deviations for Resilience, Psychological Distress and Subjective Well-being

Variables	1	2	3	M	SD
1. Resilience	-	-0.79**	0.80**	52.62	16.11
2. Psychological distress	-		-0.76**	34.39	6.04
3. Subjective well-being	-		-	15.85	3.12

Note: ** $p < .001$, M= Mean, SD= Standard Deviation

Results of Pearson product moment correlation analysis revealed that resilience significantly positively correlated with the subjective well-being at $p < .001$. Further the table showed that psychological distress is significantly negative correlated with resilience and subjective well-being and the level of significance is $p < .001$.

It was hypothesized that subjective well-being is predicted by resilience and psychological distress in survivors of dengue fever. Hierarchical Multiple Regression Analysis was used to test this hypothesis that is shown in table 4.

Table 4 : Hierarchical Multiple Regression Analysis Predicting Subjective Wellbeing from Resilience and Psychological distress

Predictors	Subjective Well-being	
	ΔR^2	Beta
Step 1: Control variables	.15*	
Step 2:	.60**	
Resilience		.10**
Psychological distress		-.162**
Total R^2	.75	
N	100	

Note: Control variables included age, gender, family structure, attack of dengue and treatment institution * $< .01$. ** $< .001$

Result of hierarchal multiple regression analysis shown that in first step the demographic variables (gender, age, family structure, attack of dengue and treatment institution) were entered into the equation and control them. These variables explained 15% variance to subjective well-being. In second step the main variables of interest were added which explained 60% variance to subjective well-being and both variables resilience and

psychological distress are unique predictors of subjective well-being at ($\beta = .10$, ** $p < .001$) and ($\beta = .162$, ** $p < .001$) respectively.

It was hypothesized that there is likely to be gender difference on resilience, psychological distress and subjective well-being in dengue survivors. Independent Sample T-Tests were used to test these differences and they are given below in table 5.

Table 5 : Independent Sample T-Test between Male and Female on resilience, psychological distress and subjective well-being (df=98)

	M	SD	T	P
		Resilience		
Males (50)	55.18	17.7	1.6	.113
Females (50)	50.06	14.01		
		Psychological Distress		
Males (50)	33.4	7.1	1.7	.102
Females (50)	35.4	4.7		
		Subjective well-being		
Males (50)	16.8	3.5	3.8	.000
Females (50)	14.5	2.1		

Note: M = mean, SD = standard deviation, T= t test value, P= Significant value

Table 5 indicates that there was significant gender difference in subjective well-being ($t(98) = 3.8$, $p > .000$) and also showed that men are more score on subjective well-being as compared to women. Moreover, the table showed that there is no significant gender differences exist on resilience and psychological distress.

IV. DISCUSSION

The first hypothesis of the study was that there would be significant positive relation between resilience and subjective well-being among survivors of dengue fever. To check this relationship Correlation analysis was used. The result of present study showed there is

significant positive relation between resilience and subjective well-being in survivors of dengue fever. So the result supports the study hypothesis. This result is consistent with those of Rahmani (2012), Lees (2009), Trang (2011), McGarry, et al (2013), Khalid and Malik (2012). There is no single study that produced the opposite results that there is negative relation between resilience and subjective well-being. The reason may be is that both variables, resilience and subjective well-being, are positive in nature. So these constructs produced positive results in almost every condition.

The second hypothesis of the present study was that there would be significant negative relationship between psychological distress and subjective well-being among survivors of dengue fever. To check this relationship Correlation analysis was used. The result of the present study showed that there is significant negative relationship exist between psychological distress and subjective well-being. So the hypothesis is accepted. This result is similar with other study as well like Martelli (2008), Stoeckle, Zola, and Davidson (1964), Sheldon, Williamson and Gail (1991), Gill, Ahmedi, and Irfan (2010), Waris (2012), Zahra (2012), and Wahid (2012). There is no single study that shows the opposite results that there is positive relation between psychological distress and subjective well-being. The reason may be is that both variables psychological distress and subjective well-being, are opposite in nature. Psychological distress is considered negative in nature while subjective well-being is positive in nature. Hence these constructs produced negative results in relation with each other.

The third hypothesis of the present study was that there would be significant negative relationship between resilience and psychological distress among survivors of dengue fever. To check this relationship Correlation analysis was used. The result of the present study showed that there is significant negative relationship exist between resilience and psychological distress among survivors of dengue fever. So this hypothesis is accepted. This result is similar with the results of other researches. Some of them are Rahmani (2012), Jhanjee, et al (2013), Stoeckle, Zola, and Davidson (1964), Sheldon, Williamson and Gail (1991), McGarry, et al, (2013), Jabeen (2012), Sajeel (2011), Waris (2012), and Naz (2012).

The fourth hypothesis of the present study was that subjective well-being would be predicted by resilience and psychological distress. To check this hypothesis Hierarchical Multiple Regression Analysis was used. The result of the analysis showed that variables, resilience and psychological distress are the unique predictors of subjective well-being. Further, the results also showed that these two variables produced about 75% variance in subjective well-being. Moreover, this analysis also showed that gender is a significant predictor of subjective well-being. This result is same as

many other researches. Some of them are Lum, et al (2008), Martelli (2008), Suarez, et al (2004), Valdez, et al (2009), Rahmani (2012), Carroll, Toovey & Gompel (2006), Stoeckle, Zola, and Davidson (1964), Sheldon, Williamson and Gail (1991), Lees (2009), Trang (2011), McGarry, et al, (2013). As for as concern the indigenous studies almost similar results were found by the indigenous researchers. As Jabeen (2012), Sajeel (2011), Gill, Ahmedi, and Irfan (2010), Waris (2012), Khalid and Malik (2012), Wahid (2012), and Naz (2012). There are many others studies that are reported that there are many other predictors that are responsible for subjective well-being and quality of life in dengue fever patients as well as in general population. According to Veenhoven (1996) the socio-demographic variables of population are the main predictors of subjective well-being. On the other hand Farid and Lazarus (2008) concluded that the economic situation is also a big factor in subjective well-being. Diener and Biswas-Diener (2000) reported that personal achievement and the ability of adaption are the two main factors of subjective well-being. In the same line Lucas (2008) also reported that those people who are sociable in nature they feel happier than those who want to live alone. According to Headey and Wearing (1992) there are many cultural factors that are responsible in this regard. Those people who belonged to Asian cultural are happier then those who belonged to western countries. There are number of reason that is proposed by thinkers and philosophers. Among them on e is that in Asian countries the concept of ethnocentrism is very high. People prefer to live in joint and collective families so that on the time of calamity they can help each other. Hence they have psychological edge on the western countries where people live and prefer to live in nuclear and separate families.

The fifth hypothesis of this study was there would be significant gender difference on resilience, psychological distress and subjective well-being among survivors of dengue fever. To assess these relationships Independent Sample t-tests were run. The result of each analysis is discussed here. The result of present study showed that there is not significant gender difference on resilience among survivors of dengue fever. This means that the scores of males and females are same on resilience. So the hypothesis of the present study was rejected. There are many researches that produced the same results that there is no significant gender difference exist on resilience. Some of the researches are Rahmani (2012), Lees (2009), and Trang (2011). While on the other hand Jabeen (2012) produced the opposite results that there is significant gender difference on resilience. She further reported that the level of females is less on resilience as compared to males. The reason may be is that males are to face the difficulties of life and the hardships of the lives. While on the other hand the women play passive role in their lives.

In the same line Khalid and Malik (2012) reported that resilience is more in males as compared to female. So this result is also different and contradicts to the present study. The reason may be is that the populations of both studies are different. Khalid and his colleague research was on the population of survivors of earthquakes while the present study was on the population of survivors of dengue fever.

The next main finding of the present study was that there are not significant gender differences on psychological distress among survivors of dengue fever. The second part of the fifth hypothesis was that there would be significant gender significant on psychological distress among survivors of dengue fever. So the hypothesis of the present study was rejected. There are a number of studies that are consistent with the result of this present study and there are many other researches that produced opposite results of the present studies. So first those studies are discussed here which are produced the same results that the present study produced. Suarez, et al (2004), Jhanjee, et al (2013), Carroll, Toovey & Gompel (2006), Stoeckle, Zola, and Davidson (1964), and McGarry, et al (2013). On the other side there are a number of studies that reported the results which are contradictory to the present research. In these researches mostly researches are local and ingenious. A few researches' results are discussed here. Jabeen (2012), Sajeel (2011), and Gill, Ahmed, and Irfan (2010). There are many other researches that report the same results. There are a number of reasons that why there is significant gender difference on psychological distress among survivors of dengue fever in Pakistan and not in western countries. One possible explanation is that there is much difference in environmental factors in Pakistan and other developed countries. Secondly, the level of awareness and ability to cope the traumatic situation is different in both cultures. Thirdly, the literacy rate also effect the general well-being of individual as it was told that education is a social instrument that guide the future and destiny of individuals. Fourthly, the equality of gender is a significant factor. In developed cultures the women are consider equal to men. While on the other hand in under developing countries the women emancipation is still a dream. Fifthly, in under-developing the women are considering a passive creature to take part in daily affairs. While in developed countries the women are considering an equal partner in daily life. Last but not least, the availability of resources of rescue are more in developed countries as compared to under-developing countries. So these are the reasons that are responsible that why the results are different in two different cultures. There are may be others reasons that are responsible in this regard.

The next main findings of the study was the there is significant gender difference exist on subjective well-being among the survivors of dengue fever. The

third part of fifth hypothesis was that there would be significant gender differences exist on subjective well-being. So this part of hypothesis is accepted. There are a number of studies that claimed the similar results as well as there are many other studies that results are opposite in relation with the current study. Both sides of the picture are discussed here. Initially those studies are discussed that produced the same results that there is significant gender difference on subjective well-being. Lum, et al (2008), Martelli (2008), Suarez, et al (2004), and Khalid and Malik (2012). While on the other hand Anwar (2012) holds that the level of subjective well-being is same in both genders.

V. RECOMMENDATIONS FOR FUTURE RESEARCHES

1. In future studies the data should be collected from all possible cities of Pakistan where the problem of dengue is up to the mark.
2. Try to recruit the sample from all possible socio-economic status.
3. Try to avoid asking very personal questioners.
4. Try to use indigenous tools for data collection.

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