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Coping Style, Social Support, and Resilience as Predictors of Quality of Life among Combatant Officers in Nigeria

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Abstract

The emergence of bandits, kidnappers, Boko Haram insurgents, separatists and other armed groups in Nigeria has warranted regular deployment of combatant officers to conflict zones with less attention paid to their quality of life. Studies linking psychological factors to quality of life among these officers in Nigeria are lacking. Therefore, this study investigated coping style, social support and resilience as predictors of quality of life among combatant officers in Nigeria. The study adopted cross-sectional survey design using purposive sampling technique to select cantonments in Abuja and Maiduguri, Nigeria. Data were collected from 207 combatant officers using validated questionnaires. Two hypotheses were tested and accepted at $p = .001$ level of significance. The results showed that coping style, social support and resilience jointly predicted quality of life among study participants ($R^2 = .15$, $F(3, 203) = 12.17$, $p = .001$). In addition, coping style ($\beta = .22$, $t = 3.40$, $p = .001$), social support ($\beta = .31$, $t = 4.68$, $p = .001$) and resilience ($\beta = -.19$, $t = -3.00$, $p < .05$) independently predicted quality of life among study participants. The study concluded that coping style, social support and resilience are excellent predictors of quality of life among combatant officers in the study population. It is recommended that the military authority should implement programmes to improve coping style and resilience and provide adequate social support for the combatant officers to improve their quality of life.

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Introduction

Quality of life (QoL) has been used to measure different aspects of human welfare such as physical and mental health, family relationship, education, sense of security and employment (IESE, 2013). The World Health Organization (WHO, 2000) described quality of life as individuals' subjective view of their positions in life in line with their cultures and value systems in which they live and in relations to their goals, expectations, standards and concerns. Also, Amao (2014) conceived quality of life as a function of individuals' subjective judgments of themselves based on their overall perception of what they hold important in their lives at a particular time. When quality of life is seen from the lens of perception and subjective nature, it is safe to define it as that which encompasses an individual's emotional, physical, material and social well-being.

One group of individuals whose quality of life needs to be monitored and assessed regularly is the combatant officers. These are men and women in combat zones fighting to protect lives and property and defend the territorial integrity of the country. The emergence of bandits, kidnappers, Boko Haram insurgents, separatists and other armed groups in the country warranted combat officers to be deployed to these zones in "tour of duty and who must complete the tour assigned to them regardless of personal concerns or circumstances" (Fakorede, 2023). Because of the duration of this "tour of duty" in combat zone which could be as short as six months or about 18 months or more, these combat officers would be away from home, friends and family for so long which could affect their quality of life (Bature, 2019).

Some psychological factors have been implicated as predictors of quality of life among combatant officers. One factor considered in this study is coping style which is the cognitive and behavioral efforts exhibited by an individual to manage specific external and internal demands that are appraised as tasking or exceeding the resource of the individual (Isil, 2015). Also, it involves the decision of what types of behaviours to utilize to handle current stressful event (Lazarus and Folkman, 1984). Finally, it attempts to reduce the perceived discrepancy between situational demands and personal resources (Lazarus, 2006).

The work environment of combatant officers is characterized with barriers in language, discrimination, poor ammunition and other combat equipment (Kirmayer et al., 2011) which required constant coping style. Some studies have examined copying style and quality of life with different results. Kuo (2011) found avoidance coping style led to a lower quality of life among Canadian samples. Earlier, Uskul and Greenglass (2005) who examined psychological well-being and quality of life using a sample of 181 Turkish immigrants living in Toronto, Canada found proactive coping strategies to predict greater psychological well-being and better quality of life among the study participants. A similar line of study by Zangeneh et al. (2004) found among 100 newly arrived Iranian adult refugees in Canada to have low levels of coping styles because of the cultural integration which affect their quality of life.

The second factor considered in this study is social support which has to do with the support individuals receive from family members, friends, and significant others (Ruiz-Rodriguez et al., 2022; Zhang et al., 2017). Two types of social support have been identified as received or perceived support. While received social support connotes actual amount of supportive behavior, perceived social support is the belief that an individual would received such supports from family, friends and significant others (Gulacti, 2010). Individuals with high levels of social support demonstrated higher level of quality of life than individuals with low social support (Anthony & Mol, 2017; Rizzi & Giuffo, 2023; Suhr et al., 2017). Also, studies have examined social support and quality of life across different samples with varied results. In a comprehensive study among 272 veterans on their resilience, social support and quality of life, Pietrzak et al. (2010) found that veterans who had lower social support scored lower on resilience and quality of Life. Also, social support was found to partially mediate the relationship between coping style and quality of life (Laffaye et al., 2008). Other extant results confirmed that combatant officers who have served in war front in Iraq and Afghanistan and have higher levels of social support reported higher quality of life than those veterans who have lower levels of perceived social support (Green et al., 2010; Guay et al., 2006).

The final factor considered in this study is resilience which describes the quality that allows individuals to bounce back from whatever adversity that comes their ways. A resilient individual tends to be calmed in the face of adversity and endure the phase of transition with equanimity of mind (Konaszewski et al., 2021). Combatant officers are usually exposed to situations that demand them to demonstrate resiliency such as lack of foods and water while in operations, seeing death colleagues, personal injuries and extended periods of time away from friends and families (Fakorode, 2023). Some studies have been executed on resilience as predictor of quality of life. Tsai et al. (2012) found veteran officers who scored high in resilience tend to experience higher quality of life after retirement. Also, Pietrzak et al. (2010) revealed that individuals' resilience act as a protective cover to quality of life among different populations that include army combat officers.

Also, gender has been found to produce contradictory results on the relationship between QOL and gender. For example, while Netuveli et al. (2006) found QoL to be significantly higher for women than men. Wiggins et al. (2004) found no gender difference in QoL. However, Fakorede (2023) found marginal difference in quality of life between female and male combat officers.

Because of the shortage of manpower and material resources effectively to counter the insurgent group in Nigeria, combatant officers have been overstretched. This has resulted to various financial, social and psychological consequences which affected their quality of life (Fakorede, 2023). Studies have investigated different predictors of quality of life among combatant officers with varied results. Also, studies linking psychological factors of coping style, social support and resiliency and gender with quality of life among army combat officers in Nigeria are lacking which creates gap in knowledge to be filled.

Therefore, this study investigated coping style, social support and resiliency as predictors of quality of life among combatant officers in Northern part of Nigeria. The specific objective of this study was to examine whether coping style, social support and resilience would jointly and independently predict quality of life among combatant officers, and to determine whether gender would significantly influence quality of life among combatant officers.

The study would provide empirical data on the levels of coping style, social support and resilience among combatant officers on their quality of life which could inform policy decisions on the types of welfare the military authority should provide for them. Also, the findings of this study would help the combat officers to adopt appropriate coping styles to develop resilient personality while in service and when out of service so as to improve their quality of life.

Theoretical constructs

One theoretical construct that explains coping style is appraisal coping theory which examines the process by which emotions are elicited as a result of individuals' subjective interpretation or evaluation of important events or situations in their lives (Lazarus & Folkman, 1984). The theory identified two sources of stressors as primary and secondary stressors. When event or situation acts as a potential hazard to an individual, it is considered as primary appraisal coping. Secondary coping is when individuals evaluate their ability to handle situation that has a potential hazard them. When applied to this study, it means that military duty and deployment are associated with initial shock and stress which may not be immediately evaluated. Based on the evaluation of the shocks of deployment, the officers would then determine strategies to cope or not to cope in the assignment area.

The second theoretical construct used in this study is the Cullen's (1994) social support theory which suggests that family relationships with family members, friends and significant others do offer different types of support that would assist an individual to withstand and bounce back when passing through adversity. When applied in this study, combatant officers' sources of social support come from friends, family, spouse, military peers, and non-military peers that would assist them in recovering from or processing stressful or traumatic event thereby improving their quality of life.

Hypotheses

The following hypotheses were stated in this study:

H1: Coping style, social support and resilience would jointly and independently predict quality of life among combatant officers in Nigeria.

H2: Female combatants would score higher on the measures of quality of life than their male counterpart.

Methods

Research Design

The study was a cross-sectional survey design while validated questionnaires was used to collect data from the study participants. The independent variables were coping style, social support and resilience while the dependent variable was quality of life.

Setting

The study was conducted among combatant officers who have experienced combat operations in military cantonments in Abuja and Maiduguri. The reason for the choice of Abuja cantonment is that Abuja is the seat of Defense Headquarters where major decisions that concerns combat operations take place, while Maiduguri cantonment was selected because it is the nearest barrack to a major military offensive against Boko Haram insurgent group.

Participants

Descriptive statistics revealed that 64 (31%) of the participants were females while 143 (69%) were male participants. In terms of their ethnic groups, 17(8%) were Hausa, 18(9%) were Igbo, 96(46%) were Yoruba while 76(38%) were from other ethnic groups. The participants marital status indicated that 98(47%) were singles, 103 (50%) were married while 6(3%) were either separated or divorced. Regarding the participants' religious faiths, 155 (75%) were Christians, 47 (23%) were Muslims while 5(2%) were Traditionalists. The family structures of the participants revealed that 84 (41%) were from monogamous family, 56 (27%) from polygamous family while 67(32%) were from a single parent family. Finally, the income status of the participants showed that 100 (48%) earned below N50, 000, about 80 (39%) of the participants earned between N50,000 and N150,000, about 14 (7%) earned between N151,000 and N250,000 while 13 (6%) earned above N250,000.

Inclusion and Exclusion Criteria

Inclusion criteria in this study were combatant officers who have experienced combat operations and are currently in military cantonments in Abuja or Maiduguri. The exclusion criteria include non-combatant officers in the cantonments and those from other cantonment, combatants who are unable to read and write in English language and combatants who are visually impaired.

Instruments

The World Health Organization Quality of Life Brief (WHOQOL-BREF) was used to assess the quality of life among the participants. It is 26-item scale presented on a 5-point Likert's format that ranges from strongly disagree to strongly agree. The general QOL and general health items were computed for the analysis in this study. Items are: "How would you rate your quality of life?" and "How satisfied are you with your health?" Shahrum Vahedi (2010) obtained Cronbach's alpha of 0.79 and in this study, Cronbach's alpha of 0.81 was obtained.

Coping Strategy Inventory Short-Form (CSI-SF, Tobin, 2001) was used to measure coping style. CSI-SF is a 16-item self-reported scale rated on a 5-point Likert's format with responses of 1 = Never, 2 = Seldom, 3 = Sometimes, 4 = "Often and 5 = Almost Always. Sample items include: "I make a plan of action and follow it"

and “I look for the silver lining or try to look on the bright side of things.” Addison et al (2024) obtained Cronbach’s alphas for the composite scale of 0.70 while in this study, Cronbach’s alpha of 0.69 was obtained.

Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al., 2008) was used to evaluate social support which consisted of support from friends, family members and significant others. It is a 12-item scale presented on a 7-point Likert’s format ranges from 1 (Very strongly Disagree) to 7 (Very strongly agree). Sample items include: “There is a special person who is around when I am in need” and “ My family is willing to help me make decisions”. The authors obtained Cronbach’s alpha for composite of 0.85 while in the present study, Cronbach’s alpha of 0.84 was obtained.

The Connor-Davidson Resilience scale (CD-RISC-10) was used to measure resilience among study participants. It consisted of 10-item rated on a 5-point Likert’s format ranges from (0–4) with higher scores indicate greater resilience. Sample items include: “I think of self as strong person” and “I am able to adapt to change”. High scores indicate higher levels of resilience. The authors obtained Cronbach’s alpha of 0.87 while in this study, Cronbach’s alpha of 0.81 was obtained.

Procedure

The researchers collected a letter of introduction from the Department of Psychology, University of Ibadan, Nigeria and Ethical Approval from the UI/UCH Ethics Committee (UI/EC/22/0348) which was presented to the Military Authority for the implementation of this study. Based on the approval given, potential participants were met in their barracks, homes, relaxation centres and some after training sessions. They were briefed of the purpose of the study and sought for their consent to participate in the study. They were duly informed that participation was voluntary and that responses given in the questionnaires would be treated confidentially. Officers who accepted to participate in the study were given the questionnaires to fill which took less than 10 minutes. A total of 211 questionnaires were administered and collected on the spot. However, during screening and coding, four questionnaires had incomplete data and were removed thus left with 207 used for the analysis.

Data Analysis

IBM SPSS version 26 was used for data analysis. Descriptive and inferential statistics were computed on the collected data. The hypothesis was tested using multiple regression analysis and accepted at $p < 0.01$ level of significance.

Results

Table 1. Zero-order Correlation of the Study Variables

Variable	Mean	SD	1	2	3	4
Quality of Life	57.81	13.30	-			
Coping style	62.13	12.38	.19*	-		
Social support	46.23	12.53	.24*	-.16*	-	
Resilience	30.96	7.93	-.17*	-.09	.15*	-

*Significant at $p < .01$

Table 1 presents zero-order correlation matrix of the study variables. The result revealed a positive relationship between quality of life and coping styles ($r = .19$, $p < .01$) and between quality of life and social support ($r = .24$; $p < .01$). This implies that different coping styles adopted by participants culminated into a better quality of life, and that a better social support network would bring about improvement in quality of life. However, there was a negative relationship between quality of life and resilience among study participants ($r = -.17$, $p < .01$). Based on the psychometric properties of the study variables, it was considered adequate for multiple regression analysis.

H1: Coping style, social support and resilience would jointly and independently predict quality of life among combatant officers in Nigeria. The hypothesis was tested using multiple regression analysis and the result is presented in Table 2.

Table 2. Multiple regression analysis of joint and independent predictors of quality of life among combatant officers

Predictors	β	t	p	R	R ²	F	p
Coping style	.22	3.40	<.001	.39	.15	12.17	<.001
Social support	.31	4.68	<.001				
Resilience	-.19	-3.00	<.001				

Dependent variable: Quality of Life

Table 2 presents multiple regression analysis of joint and independent predictors of quality of life among combatant officers in Nigeria. The result indicated that coping style, social support and resilience jointly predicted quality of life among study participants ($R^2 = .15$, $F(3, 203) = 12.17$, $p = .001$). This implies that the predictors jointly accounted for 15% of the total observed variance in the dependent variable. Furthermore, coping style ($\beta = .22$, $t = 3.40$, $p = .001$), social support ($\beta = .31$, $t = 4.68$, $p = .001$), and resilience ($\beta = -.19$, $t = -3.00$, $p < .05$) independently predicted quality of life among study participants. Therefore, the hypothesis was supported.

H2: Female combatants would score higher on the measures of quality of life than their male counterpart. The hypothesis was tested using t-test for independent samples and the result is presented in Table 3.

Table 3. T-test of independent sample showing mean differences between male and female combatants on quality of life

Gender	N	Mean	SD	t	Df	p
Female	64	59.64	11.32	1.33	205	>.05
Male	143	56.99	14.06			

Dependent variable: Quality of Life

Table shows gender difference in quality of life among combatant officers in Nigeria. The result showed no gender difference in quality of life among study participants [$t(205) = 1.33$, $p > .05$]. However, observation of the mean revealed that female combatant officers scored higher in quality of life ($M = 59.64$, $SD = 11.32$) compared to their male counterparts ($M = 56.99$, $SD = 14.06$). Therefore, the hypothesis was partially accepted.

Discussion

The hypothesis that coping style, social support and resilience would jointly and independently predict quality of life among combatant officers in Nigeria was supported. This implies that the predictors jointly accounted for 15% of the total observed variance in the dependent variable. In addition, all the three factors of coping style, social support and resilience independently predicted quality of life among the participants. Coping styles help individuals to manage stress and developed resilient ability to bounce back from tin trauma and adversity that improve could quality of life. These findings supported previous results that coping styles (Kuo, 2014), social support (Rizzi & Giuffo, 2023) and resilience (Tsai et al., 2012) contributed significantly to individuals quality of life.

This finding further lent credence to Ruiz-Rodriguez et al. (2022) and Zhang et al. (2017) results that social support from family, friends and community members were significant factors for the psychological well-being and quality of life among army combat officers. Also, Drescher and Rosen (2008) study supported the present study that social support from friends, family, spouse, military peers, and non-military peers contributed to

quality of life among army combat officers. Also, the present study supported Tsai et al. (2012) finding that veteran officers who scored high in resilience tend to experience higher quality of life after retirement. Finally, Pietrzak et al. (2010) findings that individuals' resilience acts as a protective cover to quality of life among different populations that include army combat officers. All these three constructs: coping style, social support and resilience jointly and individually promoted quality of life among the study participants.

Finally, the hypothesis that female combat officers would report higher quality of life than their male counterparts was partially supported. At the general levels, the result indicated that gender did not influence quality of life among combatant officers. However, the mean difference revealed that female actually enjoyed higher quality of life than their male counterparts. This could be that while male combat officers are the chief breadwinner for so many family members, their female counterparts are likely to have support from spouses to augment their financial status thus helping to improve their material quality of life. Again, female army combat officers may perform supportive duties when on duty with less stress compared to their male counterparts thereby showing differential in their quality of life measures. Previous studies have varied results. For example, Wood et al. 2005 and Stenzelius et al. (2005) found men to report higher quality of life, however, Fakorede (2023) and Netuveli et al. (2006) found female to have higher quality of life among army combat officers.

The implication of the findings of this study is that army combat officers need every support from family members, friends and colleagues in order to improve their quality of life. Also combatant officers need to be educated on resilience and the best coping mechanism to enable them overcome the challenges facing them as combatants.

Recommendations

Based on the findings of this study, the following recommendations are proffered. Because coping style, social support and resilience jointly and independently predicted quality of life among combatant officers, the military authority should design programmes to improve their coping strategies and resilient abilities through seminars, lectures, etc, and provide adequate welfare packages to improve the officers quality of life.

Limitation of Study

The study has some limitations that need to be addressed in further study. For example, data for the study were collected using self-reported questionnaires which were not free of response bias. Further study should include focus group interviews and longitudinal study to triangulate self-reported data. Also, two locations: Abuja and Maiduguri were selected with sample size of 207 which hindered the generalization of the study findings. Further study should increase the number of locations of combatant officers and sample size to allow for generalization of study findings. Finally, the independent variables investigated were not exhaustive; therefore, further study should include personality traits, learned helplessness and self-esteem.

Conclusion

This study has empirically confirmed that coping style, social support and resilience are significant predictors of quality of life among combatant officers in Nigeria. Finally, female combatant officers showed higher quality of life than their male counterparts.

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