

## **INFLUENCE OF RESILIENCE ON QUALITY OF LIFE AMONG MILITARY PERSONNEL IN NIGERIAN DEFENCE ACADEMY KADUNA**

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**ABSTRACT:** Military personnel at the Nigerian Defence Academy (NDA), Kaduna, experience high levels of stress due to rigorous training, combat preparedness, and exposure to potentially traumatic events. This study examined the impact of resilience on the quality of life (QOL) among military personnel at the Nigerian Defence Academy (NDA) in Kaduna. A cross-sectional survey design was employed, with data collected from 312 of both commissioned and non-commissioned military personnel using standardised questionnaires, including the Brief Resilience Scale (BRS) developed by Smith et al. (2008) and WHOQOL-BREF developed by WHO (1996). The research participants consisted of 236 Males (75.6%) and 76 Females (24.4%). The age range is between 18 and 60 years, with a mean age of 34.28 and a standard deviation of 9.326. The hypothesis was tested using linear and regression analyses, which revealed that resilience significantly predicted the results, indicating a significant influence on the quality of life ( $R^2 = .027$ ,  $\beta = .341$ ,  $p < .05$ ). This explained 2.7% of the variance in quality of life. Additionally, the results indicate a significantly positive impact of resilience ( $\beta = -0.341$ ,  $t = 2.952$ ,  $p < .05$ ) on Personnel quality of life. In other words, this hypothesis was confirmed significant in this study. The study concluded that resilience has a significant influence on the quality of life of military personnel at the Nigerian Defence Academy. It was recommended that the Nigerian Defence Academy should give resilience-building initiatives top priority, as they have a substantial impact on the quality of life of military personnel.

**Keywords:** Resilience, Quality of Life and Military Personnel, Nigerian Defence Academy (NDA)

### **INTRODUCTION**

The military profession is inherently stressful, characterised by exposure to combat, rigorous training, and the constant threat of physical harm. These stressors can significantly impact the quality of life of military personnel, necessitating effective resilience to maintain psychological and physical well-being. (O'Connor et al., 2019). Similarly, both during wartime and during peacetime, military personnel encounter various stressors. Those stressors can cause some hidden or manifest disorders, especially anxiety and depression, but also the development of burnout syndrome. A burnout in military personnel is a construct delineating the psychological state resulting from non-effective strategies for coping with liveable stress in the military environment (Vojvodic et al., 2019).

For military personnel at the Nigerian Defence Academy (NDA), Kaduna, these challenges are intensified by the rigorous training regimen, discipline, and exposure to high-pressure situations, all of which can significantly impact their overall quality of life (QoL). Maintaining well-being in such a demanding profession requires individuals to develop resilience and effective coping strategies to manage stress and psychological adversity (Masten, 2014).

Quality of life is a subjective perception of an individual's position in life in the context of their culture and value systems in relation to their goals, expectations, standards, and concerns. It is assessed through the domains of physical health, psychological health, social relationships, and environment (WHO, 1997). Furthermore, quality of life in the context of the military is generally referred to depression, anxiety, stress, and other mental health-related problems (Bramhankaret al., 2023), which has been acknowledged as a vital outcome measure in several working environments (Bennett et al., 2004). In particular, stress is an inescapable part of life. Stress is a risk factor to military persons which also affects their motivation productivity and overall life satisfaction. Quality of Life (QoL) is a key outcome in health service studies (Gigantesco & Giuliani, 2011) and in clinical trials, measuring patient personal view of overall well-being (Pasareanu et al., 2015). The measure of QoL involves an extensive evaluation of the patient's living conditions (Rand et al., 2020).

Resilience is generally defined as the ability to adapt successfully to stressful or traumatic events, allowing individuals to maintain psychological stability and positive functioning (Bonanno, 2004). In military settings, resilience is crucial for maintaining mental health, enhancing performance, and ensuring readiness for operational duties (Pietrzak et al., 2010). The ability to recover from adversity and continue functioning effectively is an essential trait that influences a soldier's well-being and quality of life.

Smith et al. (2015) explored the relationship between resilience and quality of life. The researchers recruited a sample of 200 adults from a community mental health clinic and assessed their levels of resilience using a self-report questionnaire. The participants also completed measures of quality of life, including assessments of mental health, physical health, and overall life satisfaction. The results of the study revealed a significant positive correlation between resilience and quality of life, indicating that individuals who reported higher levels of resilience also reported higher levels of mental and physical well-being, as well as greater overall life satisfaction.

In terms of methods, Smith et al. (2015) used a cross-sectional design to examine the relationship between resilience and quality of life. The researchers collected data from a sample of adults at a single point in time and analysed the data using correlational analyses to determine the strength and direction of the relationship between the two variables. The study also used self-report measures to assess resilience and quality of life, which may have introduced the potential for bias and social desirability effects in participants' responses. Similarly, Johnson et al. (2017) investigated the influence of resilience on quality of life. The researchers recruited a sample of 300 college students and assessed their levels of resilience using a combination of self-report measures and objective assessments. The study's results revealed a significant positive association between resilience and quality of life, with higher levels of resilience linked to greater psychological well-being, social functioning, and overall life satisfaction.

Wang et al. (2020), the researchers sought to synthesize and evaluate the existing literature on the relationship between resilience and quality of life across different populations and settings. The meta-analysis included 15 studies with a total of 5,000 participants and used a random-effects model to calculate the pooled effect size. The results of the meta-analysis revealed a significant positive association between resilience and quality of life, with individuals who reported higher levels of resilience also reporting higher levels of quality of life. The researchers concluded that resilience is an important predictor of quality of life across diverse populations and recommended that interventions to enhance resilience be considered as a means to improve well-being.

Given the unique operational and environmental challenges faced by Nigerian military personnel, understanding the interplay between resilience and quality of life is essential. This study seeks to bridge the existing knowledge gap by investigating how resilience predicts quality of life among military personnel in the NDA, Kaduna.

### **Statement of the Problem**

Military personnel face unique and significant stressors that can adversely impact their quality of life. These stressors include rigorous training regimens, the constant threat of physical harm, prolonged separation from family, and the demands of maintaining peak performance under high-pressure conditions. For those serving at the Nigerian Defence Academy (NDA) in Kaduna, these challenges are particularly pronounced due to the demands of military training. Despite the critical importance of resilience in mitigating the negative effects of these stressors, there is a paucity of research examining how this factor influences the quality of life among military personnel at the NDA.

Existing literature highlights that resilience is the capacity to adapt positively to adversity. The cognitive and behavioural efforts to manage stress are vital determinants of mental health and overall well-being (Masten, 2001). However, the specific interplay between resilience and quality of life within the context of military training institutions in Nigeria remains underexplored. Another key issue is the potential impact of trauma and exposure to violence on the resilience of military personnel in Nigeria. Research has shown that individuals who have experienced trauma or combat exposure may develop maladaptive strategies, such as avoidance or emotional numbing, which can negatively impact their mental health and quality of life (Bonanno et al., 2011).

The lack of targeted research on this topic presents a critical gap, given the importance of maintaining the psychological and physical well-being of military personnel for both individual health and operational effectiveness. Understanding how resilience affects quality of life can inform the development of tailored interventions and support systems to enhance the well-being and performance of military personnel at the NDA. Therefore, this study aims to address this gap by examining the impact of resilience on the quality of life among military personnel serving at the Nigerian Defence Academy, Kaduna. By doing so, it aims to provide insights that can guide the implementation of effective mental health and support programs, ultimately contributing to the improved well-being and operational readiness of military personnel.

### **Research Question**

The following question guided the research:

- i. What is the influence of resilience on quality of life among Military personnel serving in NDA Kaduna?

### **Objective of the Study**

The study examined the following objective:

- i. To examine the influence of resilience on quality of life among Military personnel in NDA Kaduna.

### **Statement of Hypothesis**

The following hypothesis was tested in the study.

- i. Resilience will significantly influence the quality of life among military personnel in NDA.

## **METHOD**

### **Design**

This study adopted a cross-sectional survey design. This is a research design that describes existing conditions without actively manipulating any variable. The cross-sectional survey design research method is the study of the characteristics of a sample through questioning that enables a researcher to make generalisations concerning his population of interest. In other words, this research work adopted the survey method, which uses questionnaires to capture the case study and seek opinions from its targeted population so that one can draw conclusions and formulate policies on the subject matter. This design was considered most appropriate for this study because the sample is already incarcerated and somehow coping with the challenge of incarceration, although one does not know how they cope with the situation.

Concerning this study, the researcher utilises questionnaires to assess the influence of resilience on quality of life among Military Personnel in NDA, Kaduna. Therefore, the independent variable was resilience, while the dependent variable was Quality of Life among Military Personnel in NDA, Kaduna. The research design that was used in this study was a cross-sectional survey design to investigate the influence of resilience on quality of life among military personnel in NDA, Kaduna state. There was no attempt to manipulate the variables since a survey design presumes that the data are collected after the events of interest have occurred.

## Settings

The study was conducted in the Nigerian Defence Academy, Kaduna. The study was restricted to Military personnel serving in NDA, Kaduna. Geographically, NDA Kaduna is located in the Afaka community and Ribadu Campus of Igabi Local Government Area of Kaduna State, Nigeria. According to NDA Cadets' Handbook on Academic Programme (2016), the Nigerian Defence Academy (NDA) was established in 1964 in response to the Defence needs of the independence of Nigeria to train officers for the Armed Forces of Nigeria. The first regular course was made up of only Army and Naval Cadets. The Air Force cadets were later included in the training. The first regular course program ran for 3½ years, from 1964 to 1967. In 1987, a six-month course designated as Direct Short Course (DSC) was introduced to enable the DSSC officers to fill the vacuum left by retired Commissioned Officers. From 1979, the course duration increased to 3 years, of which 2 years were for academics and 1 year for military training. The Academy then was awarded the Nigerian Defence Academy Certificate of Education (NDACE) moderated by the University of Ibadan (NDA Cadets' Handbook on Academic Programme, 2016).

## Participants

A total of three hundred twenty-three (323) military personnel were selected from the population of two thousand forty-one (2041) military personnel serving in the Nigerian Defence Academy, Kaduna, using Dillman's (2000) representative sample size determination formula. However, only a total of 312 were correctly filled out and returned to the researcher for analysis. Demographic characteristics of 312 participants in this study. There were 236 Males (75.6%) and 76 Females (24.4%). Age range between 18 to 60 years with a mean age of 34.28 and a standard deviation of 9.326. There were 135 Christian (43.3%) participants, 155 Muslim (49.7%) participants and 11 (3.5%) were divorced. A total of 159 (51%) individuals had a secondary school education, 146 (46.8%) had a tertiary school education, and 7 had a primary school education. In terms of arms of service: 129 (41.3%) were Army, 120 (38.5%) were Navy and 63 (20.2%) were Air Force. In terms of rank: 28 (9%) were at the rank LCPL, 30 (9.6%) were private, 30 (9.6%) were LT, 36(11.5%) were seaman, 25 (8%) sergeant, 18 (5.8%) were captain. Other ranks were shown on the table above.

## Sampling Size/ Technique

The sample size of 323 was selected using Dillman's (2000) representative sample size calculation, and participants were drawn from various directorates, military wings, departments, and units within the NDA. The researcher used Dillman (2000) sample size determination and the Dillman formula “ $n = \frac{[N(p)(1-p)]}{[(N-1)(B/C)^2 + (p)(1-p)]}$ ” is explained according to Biemer and Lyberg (2003) thus:

$n$  = the computed sample size needed for the desired level of precision;

$N$  = the population size;

$p$  = the proportion of the population expected to choose;

B = acceptable amount of sampling error, or precision (The acceptable amount of sampling error or precision is set at 0.05 or 5%.);

C = Z statistic associated with the confidence level, which is 1.96, corresponds to the 95% level.

The calculation for the sample in this study is shown below:

$$N = 2041,$$

$$p = 0.5,$$

$$B = 0.05,$$

$$C = 1.96$$

Therefore:

$$n = [(2,041) (0.5) (1-0.5)] / [(2,041-1) (0.05/1.96)^2 + (0.5) (1-0.5)]$$

$$n = [(2,041) (0.5) (0.5)] / [(2,040) (0.0255)^2 + (0.5) (0.5)]$$

$$n = [2,041 \times 0.25] / [(2,040) (0.0255)^2 + (0.5) (0.5)]$$

$$n = (510) / (2,040) (0.0255 \times 0.0255)^2 + (0.25)$$

$$n = (510) / (2,040) (0.00065025) + (0.25)$$

$$n = (510) / (1.33 + 0.25)$$

$$n = 510 / 1.58$$

$$n = \underline{323}$$

As for sampling technique, purposive sampling was adopted to select the participants at the Nigerian Defence Academy, Kaduna. Purposive sampling is used to select a specific group of individuals or units for analysis. This method is appropriate when the researcher has a clear idea of the characteristics or attributes, they are interested in studying and wants to select a sample representative of those characteristics.

### **Inclusion and Exclusion Criteria for Questionnaire Administration**

To ensure the validity and reliability of data collection for the study on "Influence of resilience on quality of life among Military Personnel in the Nigerian Defence Academy (NDA), Kaduna," the following inclusion and exclusion criteria were applied:

### **Inclusion Criteria (Who Can Participate)**

- i. Active Military Personnel in NDA: Only individuals currently serving in the Nigerian Defence Academy (cadets, officers, and military trainers).
- ii. Willingness to Participate: Individuals who voluntarily consent to participate in the study.
- iii. Ability to Comprehend the Questionnaire: The questionnaire was administered in English, so participants must be able to read and understand it.
- iv. Age Range: To comply with ethical research standards, only military personnel 18 years of age and older were included.

### **Exclusion Criteria**

Non-Military Personnel: Civilians, administrative staff, and other non-military personnel at NDA were excluded.

- i. Military training, as they may not have sufficient exposure to stressors under study.
- ii. Personnel on Medical Leave were excluded in the study.
- iii. Refusal to Provide Consent: Individuals who decline participation or fail to complete the consent process.
- iv. Inability to Complete the Questionnaire: Participants with language barriers preventing them from responding accurately.
- v. Non-Military Personnel: Civilians, administrative staff, Cadets and other non-military personnel at NDA were excluded.

### **Instruments**

In this study, data collection was done using standardised questionnaires, (The standardised questionnaires employed are Brief Resilience Sales (BRS) developed by Smith et al. (2008) and WHOQOL-BREF: multidimensional scale of perceived social support (MPSSS); these were divided into sections.

**Section A:** comprise of data with information on the demographic characteristics of the participants.

### **Section B - The Brief Resilience Scale (Smith, 2008)**

The Brief Resilience Scale (BRS) is a widely used instrument designed to measure an individual's ability to bounce back or recover from stress or adversity. It was developed by Smith et al. (2008) as a brief and reliable measure of resilience.

The BRS consists of six items, three of which are positively worded and three are negatively worded. The items are rated on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The scale aims to assess an individual's resilience, defined as the ability to bounce back or recover from stress. It has a Cronbach's alpha of .93, indicating that the scale has good reliability. A sample of the item on the scale includes "It does not take me long to recover from a



stressful event". It has been validated for use by Ugwu et al. (2019) among 80 residents of Enugu city in a pilot study, and obtained an internal reliability coefficient Cronbach's alpha of .72.

### **Section C: WHOQOL-BREF (WHO, 1996)**

Quality of life as a variable in this study was measured using the World Health Organization Quality of Life (WHOQOL-BREF) scale a self-report measure developed by the World Health Organization (WHO) in 1996 to assess an individual's overall quality of life (QoL) across four domains: physical health, psychological health, social relationships, and environment.

The scale is categorised into seven domains; the physical domain has seven items (e.g., "How satisfied are you with your capacity to work?"), the psychological domain has six items (e.g., "How often do you have negative feelings such as blue mood, despair, anxiety or depression?"), the social relation domain has three items (e.g., "How satisfied are you with the support you get from your friends?"), the environmental domain has eight items (To what extent do you have the opportunity for leisure activities?), and there are two general questions that evaluate the overall quality of life and physical health.

Meanwhile, there are also two items that are examined separately: Question 1 asks about an individual's overall perception of quality of life and Question 2 asks about an individual's overall perception of his or her health. Also, there are three questions (i.e., 3, 4 and 26) that are negatively phrased and are scored in reverse form. The domain scores are scaled in a positive direction wherein the higher the scores signify a higher quality of life (WHO, 1998). Multiplying the mean by 4 is used to transform the WHOQOL-BREF scores into longer form WHOQOL-100.

For the analysis to be done, the mean score for the domains is used. Transformation to a 0-100 scale was not done since a comparison to WHOQOL-100 is not needed. The mean score is used so that a comparison between the domains is made, removing the effect of an unequal number of items per domain when using the sum. The Cronbach's alpha reliability in a study conducted by Teleset al. (2014) was 0.82, which can be interpreted as high, which is consistent with the result of the current study wherein it acquired a high internal consistency for the total domain with the Cronbach's alpha of 0.91 which is beyond the acceptable level.

The scale for interpreting the computed mean scores of the WHOQOL-BREF was adapted from (Sunga, 2019). Additionally, the WHOQOL-BREF domains exhibit an acceptable level of internal consistency, with Cronbach alphas of 0.77 for the psychological domain, 0.72 for the physical domain, and 0.60 for the social domain. The environmental domain achieves a Cronbach alpha of 0.82, indicating a very good level of internal consistency. According to Ursachi et al. (2015), a generally accepted rule is that a value of 0.7 signifies an acceptable level of reliability, while a value of 0.8 or greater implies a very good level.

The World Health Organisation's Quality of Life Instrument (WHOQOL-BREF) is a widely validated and popularly used tool for assessing the perceived quality of life (QOL) in adolescents and the general population. Though the WHOQOL-BREF has been used in some studies in Nigeria, its theoretical structure has been comprehensively investigated. Akpa and Fowobaje



(2018) investigated the factor structure of the WHOQOL-BREF in a large adolescent sample in Nigeria. The overall internal consistency of the 4-factor model was 0.862 (for Cronbach's Alpha) and 0.989 (for Polychoric Alpha) while the 2-factor model had 0.870 (for Cronbach's Alpha) and 0.990 (for Polychoric Alpha).

### **Procedure**

The researcher obtained permission from the ethical committee after writing to them to conduct research in their organisation. Upon obtaining approval from the ethical committee and clearance, the researcher proceeded to sample the participants through their various Directorates, Military Wings as well as Departments; thereafter, the participants who were selected were given an informed consent form to fill to indicate their willingness, voluntary and acceptance to participate in the study. The average response time was 30 minutes. The survey was done within a period of one month.

### **Statistical Technique Used**

The data collected from the self-report questionnaires was analysed using both descriptive and inferential statistics. Descriptive statistics was used to describe the characteristics of the sample and to provide an overview of the distribution of scores on the measures of resilience, coping strategies, and quality of life. The researcher used the Statistical Package for Social Sciences (SPSS) version 27 to analyse the data. The study made use of descriptive statistics such as frequency, percentages, means and standard deviations, while the inferential statistics used for the test of the hypothesis was Linear Regression.

### **Ethical Considerations**

As tradition demands, it is essential for the researcher to adhere strictly to the procedures that govern the conduct of my research. The participants were informed about the objectives of the research. This was to enable the researcher to get their consent and cooperation to make them participate willingly. Participants were not deceived or forced into participation. All the participants were treated with dignity as humans, and they were assured of the anonymity and confidentiality of any information given. For those who gave their consent, copies of the questionnaire were administered to them to fill with due consideration and observance of the following ethical principles:

**Voluntary Participation:** The study would give the participants ample opportunity to participate in the study voluntarily without force or intimidation.

**Informed Consent:** After briefing the participants about the aim of the study, the researcher sought the informed consent of the Organization and participants. Upon obtaining their consent, the questionnaires were administered to the participants.

**Confidentiality:** Participants were assured of their confidentiality and right to withdraw from the study at any time without adverse consequences against them. However, there was a limitation

attached to the level of confidentiality if a patient was found to constitute a threat or cause harm to a fellow patient or psychiatric hospital in general.

**Beneficence:** The benefits of the study to the participants were discussed in terms of sharing information related to the purpose of the research with the participants. Again, if any of them had any misconceptions about the study, the researcher took reasonable steps to correct those misconceptions. Also, if the participants were deceived during the study in any way, my debriefing explained the true objective of the study. The debriefing is equally done to let the participants know that if any one of them is physically or emotionally harmed in any way, the researcher identifies and addresses such issues. Finally, the participants were informed of their right to withdraw from the study at any time.

**Risk Management:** The study did not constitute any physical harm to the participants.

## RESULTS

**Table 4.1: Demographic Characteristics of Participants**

Demographic Variables		Frequency	Percentage
Gender	Male	236	75.6
	Female	76	24.4
	<b>Total</b>	<b>312</b>	<b>100%</b>
Religion	Christianity	135	43.3
	Islam	155	49.7
	Traditionalist	22	7.1
	<b>Total</b>	<b>312</b>	<b>100%</b>
Marital status	Single	105	33.7
	Married	196	62.8
	Divorced	11	3.5
	<b>Total</b>	<b>312</b>	<b>100%</b>
Education	Primary	7	2.2
	Secondary	159	51.0
	Tertiary	146	46.8
	<b>Total</b>	<b>312</b>	<b>100%</b>
Arm of service	Army	129	41.3
	Air force	63	20.2
	Navy	120	38.5
	<b>Total</b>	<b>312</b>	<b>100%</b>
Rank	LCPL	28	9.0
	LT	30	9.6
	MWO	13	4.2
	LT commander	6	1.9

LT-Col.	12	3.8
Seaman	36	11.5
OSFCIII	13	4.2
CPL	27	8.7
Private	30	9.6
Squadron Leader	12	3.8
Flight Lt	11	3.5
Sargent	25	8.0
Wing Commander	4	1.3
Captain	18	5.8
Major	13	4.2
Warrant Officer	14	4.5
LS	12	3.8
Aircraftman	5	1.6
2Lt	3	1.0
<b>Total</b>	<b>312</b>	<b>100%</b>

Table 1 shows the demographic characteristics of 312 participants in this study. They were 236 Males (75.6%) and 76 Females (24.4%). Age range between 18 to 60 years with mean age of 34.28 and standard deviation of 9.326. They were 135 Christian (43.3%) participants, 155 Muslim (49.7%) participants and 11 (3.5%) were divorced. 159 (51%) had secondary school education, 146 (46.8%) had tertiary school education while 7 had primary school education. In terms of arm of service: 129 (41.3%) were army, 120 (38.5%) were Navy and 63 (20.2%) were Air force. In terms of rank: 28 (9%) were at the rank LCPL, 30 (9.6%) were private, 30 (9.6%) were LT, 36(11.5%) were seaman, 25 (8%) sergeant, 18 (5.8%) were captain. Other ranks were shown on the table above.

### Test of Hypothesis

**Hypothesis 1:** Resilience will significantly influence the quality of life among military personnel in Nigerian Defence Academy. This hypothesis was tested using Linear Regression Analysis in Table 2

**Table 2: Influence of Resilience on the Quality of Life among Military Personnel in NDA, Kaduna**

Variables	B	T	R	R <sup>2</sup>	F	Sig.
(Constant)	31.066	15.176	.165	.027	8.714	.003
Resilience	.341	2.952*				.003

*df= 1, 310*

Table 2 shows the summary results of the Linear Regression Analysis of the influence of resilience on quality of life among military personnel. The results revealed that resilience has a significant influence on the quality of life ( $R = .165$ ;  $F = 8.714$ ,  $P < .05$ ) thus, explained 2.7% variance for the quality of life. Also, the results indicate a significantly positive impact of resilience ( $\beta = -.341$ ,  $t = 2.952$ ,  $p < .05$ ) on Personnel quality of life. In other words, this hypothesis was confirmed significant in this study.

## DISCUSSION OF THE FINDINGS

This study investigated the influence of resilience on quality of life among military personnel in the Nigerian Defence Academy Kaduna. One hypothesis was stated and tested. The hypothesis was tested using Linear Regression Analysis.

The hypothesis sought to test if resilience will significantly influence the quality of life among military personnel in the Nigerian Defence Academy. Linear Regression Analysis was used to test this hypothesis, and the result showed that resilience significantly predicted quality of life among military personnel in the Nigerian Defence Academy, and this hypothesis is hereby confirmed. The results revealed that resilience has a significant influence on the quality of life thus, explained 2.7% variance for the quality of life. Also, the results indicate a significantly positive impact of resilience on military personnel's quality of life in the Nigerian Defence Academy.

The relevance of this finding clearly shows the important role resilience plays in the quality of life of military personnel serving in NDA. The finding also points to the relevance of the key to determining cadets' autonomy, environmental mastery, personal growth, positive relations, purpose in life, and acceptance. This finding supports Smith et al. (2015) explored the relationship between resilience and quality of life. The researchers recruited a sample of 200 adults from a community mental health clinic and assessed their levels of resilience using a self-report questionnaire. The participants also completed quality of life measures, including assessments of mental health, physical health, and overall life satisfaction. The results of the study revealed a significant positive correlation between resilience and quality of life, indicating that individuals who reported higher levels of resilience also reported higher levels of mental and physical well-being, as well as greater overall life satisfaction.

In terms of methods, Smith et al. (2015) used a cross-sectional design to examine the relationship between resilience and quality of life. The researchers collected data from a sample of adults at a single point in time and analysed the data using correlational analyses to determine the strength and direction of the relationship between the two variables. The study also used self-report measures to assess resilience and quality of life, which may have introduced the potential for bias and social desirability effects in participants' responses. Similarly, Johnson et al. (2017). investigated the influence of resilience on quality of life. The researchers recruited a sample of 300 college students and assessed their levels of resilience using a combination of self-report measures and objective assessments. The results of the study showed a significant positive association between resilience and quality of life, with higher levels of resilience being associated with higher levels of psychological well-being, social functioning, and overall life satisfaction.

Wang et al. (2020), the researchers sought to synthesise and evaluate the existing literature on the relationship between resilience and quality of life across different populations and settings. The meta-analysis comprised 15 studies involving a total of 5,000 participants and employed a random-effects model to calculate the pooled effect size. The results of the meta-analysis revealed a significant positive association between resilience and quality of life, with individuals who reported higher levels of resilience also reporting higher levels of quality of life. The researchers concluded that resilience is an important predictor of quality of life across diverse populations and recommended that interventions to enhance resilience be considered as a means to improve well-being.

### **Conclusion**

This study was done to determine if Resilience influences the quality of life among the military personnel of the Nigerian Defence Academy. Resilience was the independent variable, while quality of life was the dependent variable. The influence was tested and concluded according to the study that resilience significantly influences the quality of life of military personnel in the Nigerian Defence Academy.

### **Recommendations**

Based on the findings of this study, the following recommendations are made:

- i. Resilience training programs should be a primary focus for the Nigerian Defence Academy, given their significant impact on the quality of life of military personnel. Initiatives could include workshops on stress management, training in emotional regulation, and psychological therapies designed to enhance adaptability in challenging situations.
- ii. Resilience-building programs should be prioritised by the Nigerian Defence Academy, given their significant influence on the quality of life of military personnel. Effective training initiatives may include emotional regulation techniques, stress management workshops, and psychological therapies that focus on improving adaptation in high-pressure environments.

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