

Influence of Traumatic Experience and Demographic Variable on Quality of Life among Operatives of the Nigerian Security Civil Defence Corps in Ibadan

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Abstract

The increase in security threats in Nigeria led to the creation of the Nigerian Security Civil Defence Corps to ensure community based approach in tackling problems of insecurity. For this aim to be achieved, it is paramount to understand factors that could influence the quality of life of members of the corps. The study therefore investigated the influence of traumatic experience on quality of life among operatives of the Nigerian Security Civil Defence Corps. The study adopted a cross-sectional survey research design. Two hundred and five (205) participants with a mean age of 33.75 from the ring-road Ibadan division participated in the study. A zero order correlation and regression statistics were used to test the stated hypothesis. The result of the analysis showed a significantly negative relationship between traumatic experience and quality of life of operatives of the NSCDC, Ibadan ($r = -.27, p < .01$), and a significantly positive relationship between age and educational qualification ($r = .42, p < .01$). This implies that the higher the traumatic experience, the lower the quality of life among operatives of the NSCDC, Ibadan and the educational qualification increased with age among operatives of the NSCDC, Ibadan. It also revealed that traumatic experience accounted for 6% of the variance of quality of life; ($R = .27, R^2 = .06, F(1, 202) = 16.42, p < .001; (\beta = .27, t(202) = -4.05, p < .001$). The result implies that quality of life among operatives of the Nigerian Security Civil Defence Corps is influenced negatively by traumatic experience. Hence, it is recommended that members of the corps should be educated on issues relating to their quality of life and coping with traumatic experiences.

Keywords: Traumatic Experience, Quality of life, Nigerian Security Civil Defence Corps

Introduction

The increase in security threats in Nigeria led to the creation of the Nigerian Security Civil Defence Corps (NSCDC) to ensure community based approach in tackling problems of insecurity. For this aim to be achieved it is paramount to understand factors that could influence the effectiveness of members of the corps. One of the factors identified by researchers to influence the performance of any individual is the quality of life (QOL) of such individual of which members

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of the NSCDC are not left out. Social Cognitive Theory (SCT; Bandura, 1986) emphasizes the causation of reciprocal determinism. It emphasizes that the environment, a person's behaviour, and personal factors operate as determinants of behaviour and have bi-directional influence on each other. It is based on the notion that a behaviour is driven by the expected outcome or how valuable the outcome will be (Richardson, Long, Mary, Pedlar, & Elhai, 2008). Some of the major constructs of SCT are: traumatic experiences, self-efficacy, collective efficacy, quality of life, behavioral capability, observational learning, incentive motivation, and moral disengagement. The World Health Organization (WHO, 1948) defines the concept of Quality of life (QOL) as 'individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Quality of life incorporates both positive and negative factors of physical, psychological, social, and environmental evaluations of life. Therefore, QOL is a more comprehensive concept of an individual's physical, mental and social health. As such, the term "quality of life" overlaps with other related factors such as "well-being," "social indicators," and "way of life" among others (Andrews, 1984). Quality of life (QOL), is a broad multi-dimensional concept that usually includes subjective evaluations of both positive and negative aspects of life (Farage, Miller, Sherman, & Tsevat, 2012)

Operatives of NSCDC just like any other military outfit are exposed to traumatic events of which would require coping. An example is being exposed to traumatic events such accidents, loss of an operative, gunfire exchange, and arm robbery attack. It is important to note that the quality of life as well as the emotional stability of individuals engaged in security activities is very important especially when they deal directly with the citizens and the protection of lives.

Traumatic event experienced by military men may result to psychological symptoms that

can be very devastating if the right emotional response is not accompanied. Such psychological symptoms of being exposed to traumatic events include difficulty in falling asleep, irritability, outburst of anger, difficulty in concentrating and heightened reactions to sudden noise and movements which could impair functioning in one way or the other and in general the quality of life of such individuals (Zayfart, Becker., Unger, & Shearer 2002). Gender is another significant psychological factor that seem to influence quality of life among operatives of the Nigerian security civil defence corps this can go a long way to determine the mannerism with which these operatives cope with traumatic experiences.

Psycho-analytic theory (Freud, 1949) emphasizes the importance of the unconscious mind and how it affects behaviour. These unconscious factors have the potential to produce unhappiness, which in turn is expressed through a score of distinguishable symptoms, including disturbing personality traits including quality of life, difficulty in relating to others, or disturbances in self-esteem or general disposition (American Psychoanalytic Association, 2010). Also, his links trauma and mental illness have been known for many decades. As early as 1896, Freud hypothesized that sexual trauma resulted in hysterical illness (Chu, 1991). He believed that people cope with stressful events by repressing them in the unconscious mind and according to Freud these repressed thoughts later resurfaces as somatic symptoms and manifestation of distress and psychological disorders and in turn affect the quality of life of such individuals.

Empirically, a study conducted by Peric, Plancak, Bulj, Tudor and Spalj (2013) to evaluate the cross-sectional differences in self-reported psychological symptoms, life-time exposure to traumatic events, coping styles, personality traits and overall quality of life between the traumatic stress (TS) and non-traumatic stress (TS) among Croatian war veterans found that scores among the non-traumatic stress (TS) veterans were similar to the control subjects, except on the traumatic

stress (TS) scale, scale of psychosomatic symptoms and coping by avoidance. This study showed that veterans with traumatic stress (TS) became extremely vulnerable to lifetime stress events.

In similar studies by Greenhaus, Collins and Shaw (2003) investigated the relationships between stressor due to restriction of Palestinian movement, traumatic events due to war on Gaza and psychological symptoms, quality of life, and resilience. It was reported that participants commonly reported an overall low quality of life while with being exposed to traumatic events such as hearing shelling of the area by artillery, hearing the sonic sounds of the jetfighters, hearing the loud voice of drones, and watching mutilated bodies in TV. Males had significantly experienced severe traumatic events than females. Females reported less stress and trauma, but they showed anxiety and somatization symptoms than males. Although females reported overall better quality of life than their male counterpart, while males reported better physical activities than females.

Finally, other studies have focused on the quality of life of the population under occupation (Bell, Nelson, Spann, Molloy, Britt & Goff, 2014) and have revealed a negative impact of trauma on quality of life. In a study by Ferguson, Kasser and Jahng (2010) it was revealed that mean stressors in males was 12.38 and 10.33 in females. There were statistically significant differences in stress toward males. The result supported above findings that traumatic experiences can influence the quality of life of the general public, NSCDC operatives inclusive.

In a view to study and better understand the concept of quality of life of NSCDC operatives; this study opted to investigate those factors that might influence this concept such as traumatic experience and the gender of these operatives. Findings of this research can help improve the efficiency, welfare, training, management and development of these operatives. Consequently, the study tried to widen our view of the experience of quality of life amongst NSCDC operatives in

Nigeria and offers recommendations on psychological interventions that could help improve the quality of life and emotional wellbeing of affected operatives.

Hypotheses

Basically, two hypotheses were postulated and tested in this study.

1. There will be a significant relationship between demographic variables on quality of life among NSCDC operatives in Ibadan.
2. Traumatic experience will significantly influence quality of life among NSCDC operatives in Ibadan.

Method

Participants

The study was conducted at two of the NSCDC divisions in Ibadan; Ring-road and Apata. Two hundred and five (205) NSCDC personnel comprising 147 (71.7%) males and 58 (28.3%) females participated in the study. The participant's age ranged between 25years to 50 years with a mean age of 33.75years were involved in the study.

Instrument

Section A (Demographic variables): Such as; age, gender, religion, state of origin, ethnicity, education etc

Section B: Quality of life (Burhardt & Kathryn, 2003).

Quality of life scale was developed by Burkhardt and Kathryn, (2003). It is a 16-item scale that measured quality of life of the participants. It is a 7-point Likert scale response format which ranges from 1- terrible, 2- unhappy, 3- mostly dissatisfied, 4- mixed, 5- mostly satisfied, 6- pleased and 7- delighted. High scores on this measure signified subjective high level of satisfaction with

living, while low scores on the measure signified subjective low level of satisfaction with living. The scale reliability coefficient ranges from .82 to .92. Was adopted for this study.

Section D: Brief Trauma Questionnaire (BTQ; Schnurr, Vielhauer, & Findler (2002)

The Brief Trauma Questionnaire was developed by Schnurr, Vielhauer, and Findler (2002). It is a 10 item self-report questionnaire used to measure participant's traumatic experience. Kappa coefficients for all event-specific items range from 0.74 to 1.00. While psychometric data for the BTQ is currently limited, interrater reliability has been shown to be good to excellent for all of the primary trauma categories, and criterion validity has been demonstrated repeatedly, with expected associations found between BTQ measured trauma and PTSD symptom severity (Schnurr et al., 2002). The instrument was also adopted for use in this study.

Procedure

A Purposive sampling method was used to select participants for the study. The researcher sought for approval from the selected posts NSCDC to carry out a research. Participants were given a detailed explanation of the research and thereafter their consent was sought, they were also assured of confidentiality and anonymity. Participants were then given the research instrument to respond to after being carefully instructed on how to respond to the instrument.

Design/Statistics

The study involved a cross-sectional survey research design. This is because the research was focused on investigating already existing phenomenon and did not involve an active manipulation of variables. A zero order correlation was used to test the hypothesis one and regression statistics was used to test hypothesis two using statistical packages for social sciences (SPSS) version 20.

Results

The first hypothesis states that there will be a significant relationship among age, gender, educational qualification, rank, traumatic experience and quality of life. The hypothesis was tested with a zero order correlation as presented in Table 1:

Table 1: Showing the Result of the Zero Order Correlation Age, Gender, Educational Qualification, Rank, Traumatic Experience and Quality of Life

Variable	1	2	3	4	5	6	X	SD	N
Age (1)	-						33.75	7.07	205
Gender (2)	-.13	-					1.28	.45	205
Edu Qual (3)	.42**	-.04	-				3.48	.89	205
Rank (4)	.01	.09	.06	-			1.29	.60	205
Traumatic Exp (5)	-.08	-.01	.07	.02	-		7.44	1.07	205
Quality of Life (6)	-.03	-.06	-.03	.20**	-.27**	-	64.23	12.67	204

**** Correlation is significant at .01 level**

Table 1 shows a statistically significant negative relationship between traumatic experience and quality of life of operatives of the NSCDC, Ibadan ($r=-.27, p<.01$), and a significantly positive relationship between age and educational qualification ($r=.42, p<.01$). This implies that the higher the traumatic experience, the lower the quality of life among operatives of the NSCDC, Ibadan and the educational qualification increases with age among operatives of the NSCDC, Ibadan.

The second hypothesis states that traumatic experience will significantly influence quality of life among NSCDC operatives in Ibadan. This hypothesis was tested using a regression analysis as presented in Table 2:

Table 2: Showing the Result of the Regression Analysis of Traumatic Experience on Quality of Life Among Operatives of the NSCDC Ibadan

Variable	R	R ²	df	F	p	B	β	t	p
Traumatic exp	.27	.06	202	16.42	<.001	3.23	.27	4.05	<.001

The result presented on Table 2 revealed that traumatic experience accounted for 6% of the variance of quality of life; ($R = .27$, $R^2 = .06$, $F(1, 202) = 16.42$, $p < .001$; $\beta = .27$, $t(202) = 4.05$, $p < .001$).

Discussions

Findings from the study reveal that quality of life was negatively influenced by traumatic experience. This implies that quality of life of operatives of the Nigerian Security Civil Defence Corps who have been exposed to traumatic events would have an overall poorer quality of life than their counterparts. The findings is supported by studies by (Peric, Plancak, Bulj, Tudor & Spalj, 2013; Greenhaus, Collins & Shaw, 2003; Ferguson, Kasser & Jahng, 2010; Bell, Nelson, Spann, Molloy, Britt & Goff, 2014), which reported negative influence of traumatic experience on quality of life of individuals and security operatives.

The psychodynamic/psychoanalytic theory of Sigmund Freud explains the influence of unconscious motives in determining the quality of life of individuals and as well as the influence of unresolved and repressed conflict on depression and the ability to face traumatic experiences. Consequently, considering the nature of quality of life (QOL) of NSCDC operatives in Nigeria, this study has excelled in shedding more light and providing insight into the influence of traumatic experiences on quality of life of military personnel in general. Hopefully, information gotten from the study would help modify this challenge. It is therefore recommended that;

- Operatives who encounter traumatic events would benefit from psychotherapeutic interventions such as cognitive behavioural therapy (CBT), stress inoculation, psycho-education, acceptance and commitment therapy (ACT) and debriefing exercises.
- Campaigns should be put in place to educate military personnel about the factors surrounding their quality of life.
- Training curriculum should include contents that would address issues coping with traumatic experiences of operatives in Nigeria.
- Finally, it is recommended that policy makers and educators should invest more on the training and debriefing the soldiers after their missions.

Limitations

Although, the present study has made important contribution to knowledge on the quality of life of NSCDC operatives in Ibadan, Nigeria by examining the influence of traumatic experience, it is not without its own limitations. In addition to the dearth of empirical studies to support the research, a limitation of this study is the sample size used. This sample may not be a sufficient representative of the general population of NSCDC operatives in the country, hence, it might not allow adequate generalization.

It is therefore recommended that future studies should be carried out in this area involving a more representative sample. This will go a long way to ascertain the validity and reliability of the findings of this study.

References

- American Psychoanalytic Association (2010). *About psychoanalysis* [WWW document]. URL <http://www.apsa.org/pubinfo/about.htm>
- Andrews, F.M. (1984). Construct validity and error components of survey measures: A structural modeling approach. *Public Opinion Quarterly*, 48, 409-442
- Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bell, Nelson, Spann, Molloy, Britt & Goff, (2014). The impact of financial resources on soldiers' well-being. *Journal of Financial Counseling and Planning*, 25(3)23-45.
- Carol, S., Burckhardt, C., & Kathryn, L.A. (2003). The quality of life scale (QOLS): Reliability, Validity, and Utilization. *Health and Quality of Life Outcomes*, 1, 60.
- Chu, J. A. (1991). The repetition compulsion revisited: Reliving dissociated trauma. *Psychotherapy*, 28, 327-332
- Cox, B. J., MacPherson, Paula, S.R., Enns, M.W., & McWilliams, L. A. (2004). Neuroticism and self-criticism associated with posttraumatic stress disorder in a nationally representative sample. *Behavior Research and Therapy*. 42 (1), 105-114.
- Farage, M. A., Miller, K. W., Sherman, S. N., D.P.A., & Tsevat, J. (2012). Assessing quality of life in older adult patients with skin disorders. *Global Journal of Health Science*, 4(2), 119-31.
- Ferguson, Kasser & Jahng (2010). Differences in life satisfaction and school satisfaction among Adolescents from Three Nations: The Role of Perceived Autonomy Support. *Journal of Research on Adolescence* 21(3), 649 - 661
- Freud, S. (1969). *An outline of psychoanalysis*. New York: Norton.

- Jeffrey, H. Greenhaus, Karen, M.C., Jason, D.S (2003).The relationship between work-family balance and quality of life.*Journal of Vocational Behavior. 63* (3), 510-531
- Peric, D., Plancak, D., Bulj, M., Tudon, V., & Spalj, S. (2013). Health-Related Quality of Life in Soldiers in Croatia: Relationship with Combat Readiness and Psychological Dimensions. *Central European Journal of Public Health, 21*(4), 34-51
- Rice, R.W. McFarlin, D.B., Hunt, R.G., & Near, J.P., (1985). Organizational work and the perceived quality of life: Toward a conceptual model. *Academy of Management Review. 10*, 296–310.
- Richardson, J. D., Long, Mary E, M .A. M.S., Pedlar, D., & Elhai, J. D. (2008). Posttraumatic stress disorder and health-related quality of life among a sample of treatment- and pension-seeking deployed Canadian forces peacekeeping veterans. *Canadian Journal of Psychiatry, 53*(9), 594-600.
- Schnur, P.P., Spiro, A., Vielhaue, M.J., Findler, M.N.,& Hamblen, J.L. (2002). Trauma in the lives of older man: Findings from the Normative Aging Study. *Journal of Clinical Geropsychology, 8*, 175–187
- Schnurr, P. P. (1996). Trauma, PTSD, and physical health. *PTSD Research Quarterly, 7*, 1–8
- World Health Organization: (1948), Constitution of the World Health Organization. Basic Documents (World Health Organization, Geneva, Switzerland).
- Zayfert, C., Becker, C.B., Unger, D.L., & Shearer, D.K. (2002). Comorbid anxiety disorders in civilians seeking treatment for PTSD. *Journal of Traumatic Stress, 15*, 31–38.