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Moral Injury, Social Support, and Psychological Wellbeing in Nigerian Military Veterans

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Abstract

This research examined psychological wellbeing among military veterans deployed for insurgency operation in Borno state. The aim of the research is to determine the independent and joint prediction of moral injury and social support on psychological wellbeing of the veterans. The design adopted was a cross-sectional survey. 324 participants were purposively sampled from military barracks in Biu and other locations across Borno State. Instruments administered were psychological measures of moral injury, social support scale, and psychological wellbeing scale. Three hypotheses were generated and tested using simple linear and multiple regression at $p < .05$ level of significance. Result indicated no significant prediction of moral injury on psychological wellbeing, while social support emerged as a significant predictor of psychological wellbeing. Also, moral injury and social support were found to have significant joint prediction on psychological wellbeing of the veterans. These findings have revealed the significance of social support in improving veterans' psychological wellbeing. Therefore, we recommend that adequate social support that are easily accessible should be provided for these veteran so as to enhance their psychological wellbeing.

Keywords: Military Veterans, Moral Injury, Psychological Wellbeing, Social Support

Introduction

Psychological wellbeing is the optimal degree of psychological happiness/health, encompassing life satisfaction, and feeling of accomplishment in one's life. Globally, the concept of psychological wellbeing has received impressive research attention considering its importance to military health and operations (Yang et al., 2021). Existing research have shown that veterans' psychological wellbeing is threatened by deployment factors, including but not limited to exposure to killings or near-death experiences, being prisoners of war violence, and lack of unit support during operations. Within the military parlance, different forms of wellbeing are distinguished, such as mental wellbeing, physical wellbeing, economic wellbeing, and emotional wellbeing (Fletche & Guy, 2015). The different forms of wellbeing are often closely interlinked. For example, improved physical

wellbeing (e.g., reducing or quitting smoking) is associated with improved emotional wellbeing (Yang et al., 2021). Similarly, better economic wellbeing (e.g., more wealth) tends to be associated with better emotional wellbeing even in adverse situations.

Meanwhile, the problem of psychological wellbeing is becoming increasingly common among military veterans (Beard & Kamel, 2019). A growing number of studies since the Iraq/ Afghanistan conflicts have shown that most military personnel who return from operations have reported lack of satisfaction and general unhappiness with their military work (Litz, 2004; Pietrzak, 2012; Sareen, 2010). For many Nigerian returning soldiers who encountered traumatic situations during operation in the North East, positive psychological state of mind may be affected, leading to feelings of dissatisfaction and unhappiness. In recent times, members of the public have had cause to suspect the influence of lack of psychological wellbeing among military veterans, given unprofessional conducts exhibited by them, including but not limited to the following: being caught with paraphernalia of drugs even while on duty, brutality of the people they are deployed to protect (with or without provocation), unnecessary loss of lives of civilians through military brutality, extrajudicial killings, “accidental discharge”, disloyalty, disobedience and flagrant disrespect for civil and military rules and regulations. In addition, many personnel have voluntarily retired (and some still retiring) since returning from the operation- which are clear indicators of unhappiness, dissatisfaction and lack of fulfilment with military work. Surprisingly, even though there are many indicators and anecdotal evidences suggesting poor psychological wellbeing in Nigerian military veterans, there is still dearth of high-quality documented research on the factors that may affect the psychological wellbeing in the population, and which can be the basis for intervention.

Pietrzak et al. (2019) found in a review of 18 longitudinal studies on mental health outcomes of military personnel that it was combat exposure rather than other deployment-related experiences that had a negative impact on mental health. Research in several countries have found that the personnel most at risk for poor psychological wellbeing are those who had troubled childhood, are of low rank, have close combat roles in the theater of war, and/or leave service soon after joining (Kapur et al., 2009). *Others have implicated risk factors such as substance/illicit drug use, personality traits, loss of personal relationship, social isolation, depression, anxiety, posttraumatic stress disorder (PTSD), among others (Koenig et al., 2019).* While a number of studies and literature reviews exploring veterans’ health have been conducted, only few have examined factors not directly relating to physical but which may have potential impact on veterans’ psychological wellbeing.

One crucial variable that may influence the psychological wellbeing in military veterans is moral injury. The impact of moral injury (MI) defined as actions in combat that violate a veteran’s moral beliefs and result in psychological distress, among deployed veterans, has increasingly become a significant clinical concern separate from other trauma and stressor related psychological disorders. The concept of moral injury emphasizes the psychological, social, cultural, and spiritual aspects of trauma (Haleigh et al., 2019). According to the U.S. Department of Veterans Affairs, the concept is used in

literature with regard to the mental health of military veterans who have witnessed or perpetrated an act in combat that transgressed their deeply held moral beliefs and expectations (Maguena & Shira, 2009; Maguen et al., 2019). Unlike PTSD focus on fear related symptoms, moral injury focuses on symptoms related to guilt, shame, anger, and disgust, (Farnsworth & Jacob, 2014). Research has found that morally injurious experiences can typically be classified into three distinct categories: perpetration (e.g. being unable to aid civilians due to rules of engagement, killing/injuring in combat), witnessing (e.g. witnessing the mistreatment of non-combatants by others) and betrayal by others (e.g. betrayal by an officer) (Bryan et al., 2016).

Previous United States (US) military and veteran studies have shown a significant association between experiences of moral injury and likely mental disorders, including PTSD, anxiety and depression (Bryan et al., 2014; Bryan et al., 2016; Currier et al., 2015). The shame that many veterans face as a result of moral injury may predict symptoms of PTSD (Gaudet et al., 2016). Military veterans in the line of active duty in the theater of war may witness catastrophic suffering and severe cruelty, causing their moral beliefs about humanity and their worldview to shatter. Moral injury can also be experienced by soldiers who have been transgressed against, the injury may in those cases, which are often about transgressions by the soldier and others (e.g., the commander) at the same time, include a sense of betrayal and anger (Molendijk, 2019). All these negatively impact wellbeing, manifesting through lack of satisfaction, happiness and accomplishment with military work.

In addition to moral injury, social support could play a crucial role in affecting the psychological wellbeing of veterans. Social support is the perception or experience of being loved and cared for by others. Researchers commonly make a distinction between perceived and received support. Perceived support refers to a recipient's subjective judgment that providers will offer (or have offered) effective help during times of need. Received support (also called enacted support) refers to specific supportive actions (e.g., advice or reassurance) offered by providers during times of need (Gurung, 2013). Social support is an important factor in helping veterans maintain a sustainable psychological wellbeing during and after combat experiences by improving perceived and received support source. For military personnel to perform optimally in the workplace and enjoy a robust wellbeing, they have to be supported by military authorities, families and significant others, and this has been linked to optimal psychological wellbeing (Ernst et al., 2011; Taylor 2011).

Existing research have shown positive associations between social support and measure of wellbeing, including cognitive functioning. In America, Proescher et al. (2022) discovered that the high perceived social support group in their study reported less PTSD, anxiety, and depression symptoms than the low perceived social support group. Poor social support is linked to detrimental outcomes, including worse depressive symptoms, functional impairment, and a longer recovery time in military veterans with other mental illnesses, such as schizophrenia, bipolar disorder, and anxiety disorders (Stevenson et al., 2015), however the evidence was noted to be less strong. Military veterans from the theater of war, usually come back to increased bureaucracy, red-tapism, and decreased work challenges, relative to the activity and purpose they felt during their deployment (Johnson

et al., 2015). Returning home also can be associated with significant organizational disruptions (e.g., unit reconfigurations, postings). All these could pose a serious problem to social and work adjustment leading to poor productivity and efficient performance

Looking at the centeredness theory (CT) of psychological wellbeing (PW) by Bloch-Jorgensen (2015), the interplay of psychological wellbeing with moral injury and social support is orchestrated. The theory assumed that psychological wellbeing stands on the tripod of subjective well-being, psychological well-being, and composite well-being, arguing that PW is better seen as a systems-approach leading to self-actualization across the five life domains of Self, Relationship, Family, Work, and Community. It suggests that these domains are interconnected, whereas the balance (or imbalance) within one domain facilitates (or inhibits) balance in the other domains. As such, to achieve balance between and within domains, self-generated goals must be congruent with one's personal values. Thus, PW is achieved when there is congruence in thought and behaviour following the balance achieved in the five domains.

Personal values of military veterans, in line with CT assumptions, is a source of PW. Personal values are inclusive of their moral beliefs, which any injury to such will arguably decrease their PW. Military veterans face extreme situations in the war front and face occasions where unnecessary killings were carried out for the sake of surviving, thereby posing a threat to the veteran's moral beliefs. CT shared the view that such killing could cause incongruence to the veteran underscoring that there is no balance in their life domains. The balance in the domains could be both perceived and received and have implications with social support. Military veterans experience of social support is likely to come from any of the life domains. In the context that it comes from a given domain, CT argued that it will be effective in leading to balance in the other life domains. Thus, if a military veteran perceived or received social support from family, for example, CT upholds that this will positively influence what goes on the domain of work, among others, which improves PW.

Despite the military efforts in ensuring the psychological wellbeing of military veterans in Southern Borno, little concern has been given to the effect of moral injury and social support. Veterans who return from the theater of war in most cases experience traumatic events such as nearly being killed, witnessing the death of colleague, and a host of other factors like feeling of numbness, repeated nightmares, or reliving to the traumatic experience, it is our argument that this is very likely to negatively affect their psychological wellbeing, too. Instead, focus is fully made in the treatments of veterans who sustained physical injuries, whereas in some cases no form of social support is administered to assess and cure the injuries sustained in their mind. It is vital that military veterans maintain an optimal level of psychological wellbeing at all times in order to effectively discharge their official duties in protecting lives and properties, as well as the defense of its national territorial integrity.

To address these gaps, the objective of the present study include: (a) To examine the independent influence of moral injury on psychological wellbeing. (b) To examine the role of social support on psychological wellbeing, (c) To ascertain if moral injury and social support have significant joint influence on psychological wellbeing of Nigerian military veterans deployed to North East.

Method

Participants The participants of this study were 324 military veterans purposively sampled from military cantonment in Biu, and other military outpost across Southern Borno. A total of 83 respondents were between 18-29 years; 117 were from 30-45 years; 92 were from 46-55 years; while 32 were from 56 years and above. The highest age percentage was veterans from 30-45 years, who constituted 36.1%. Majority of the veterans sampled in the study were 302 junior soldiers, representing 93.2%, while 22 representing 6.8%, were senior officers. Majority of the veterans 231 (71.3%) were married, while a total of 87(26.9%) were unmarried. Six veterans (1.9%) reported that they had either been separated or divorced. On different locations where they served during the operation, 32(9.9%) were deployed to Askira Uba, 57(17.6%) to Biu, 40(12.3%) to Chibok, 31(9.6%) to Damboa, 19(5.9%) to Gwoza, 55(17.0%) to Hawul, 35(10.8%) to Miringa, while 55(17.0%) were deployed to Buratia.

Measurement

Demographic variables The demographic data of the participants were obtained using a section of the questionnaire, it requested information on age, rank, marital status, educational level, cumulative duration of deployment, and also location of deployment.

Moral injury This was assessed using Moral Injury Scale (Sonya & Shira, 2014). This is 11-item self-report measure of moral injury that has extensively been used to assess moral injury in military veterans (Sonya & Shira, 2014). Veterans responded to the 11 items relating to acts of perpetration, omission, communion, or betrayal that they experienced during deployment. Scoring is done using Likert format, where 1= strongly agree; 2= moderately agree; 3= slightly agree; 4= slightly disagree; 5=moderately disagree; and 6= strongly disagree. Sample of the items of the scale is "I am troubled by having witnessed others' immoral acts." The scale has been widely used among military veterans and found to be validly acceptable and of Cronbach alpha reliability coefficient of .80 (Sonya & Shira, 2014).

Social support This was assessed using the social support scale developed by (Sarason et al., 2012). It is a 12-item self-report measure of social support which has been extensively used to examine the level of perceive and receive social support among military veterans. Scoring is done using Likert format, where 1=Very Strongly Disagree, 2=Strongly Disagree, 3= Mildly Disagree, 4=Neutral, 5=Mildly Agree, 6=Strongly Agree, and 7=Very Strongly Agree. Sample questions are: "There is a special person with whom I can share joys and sorrows..." "I have a special person who is a real source of comfort to me..," "I can count on my friends when things go wrong". The scale has been well used and found to have good psychometric properties (Sarason et al., 2012).

Psychosocial wellbeing Veterans' psychological wellbeing was measured using the instrument developed by Ryff (2009). It is a 42-item self-report instrument. The instrument is designed to measure psychological wellbeing, with domains such as happiness, satisfaction, accomplishment, environmental mastery, autonomy and self-acceptance. In our study, we computed the overall scores for all the dimensions to form a composite score for psychological wellbeing. Participants were asked to respond to the 42-item scale bordering on their different facets of wellbeing on 6-point Likert scoring format, where 1=

Strongly Disagree, 2= Slightly Disagree, 3= Disagree, 4= Agree, 5= Slightly Agree, and 6= Strongly Agree. Sample of the questions are: “When I look at the story of my life, I am pleased with how things have turned out, “I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people, and I am not interested in activities that will expand my horizons”. The instrument has been widely used among military population and found to have acceptable psychometric properties with Cronbach alpha reliability coefficient score for the whole items ranging between .78 to .89 (Ryff, 2009).

Procedure

The administration of the instruments was done by the researchers in the Military Cantonment Biu and other military outpost across Southern Borno. Data were also collected via an online link to the goggle form containing the study instruments. This link was shared/administered among the military veterans via their social media platforms. The researchers requested and encouraged veterans to share the link to other veterans serving in other military outposts across Southern Borno. Before data collection, participants were informed about the study and asked to indicate if they were interested to participate. They were also assured of their confidentiality, privacy and voluntariness.

In all, three hundred and twenty-four (324) respondents were purposively sampled across Southern Borno state. The reason for adopting purposive sampling was because the study ideally targeted only military veterans who actively participated in military operations, and met other inclusion criteria. The study instruments obtained from respondents were crossed checked to make sure that the they were completely filled. Instrument with complete responses were coded and analyzed using Statistical Package for Social Sciences (SPSS-Version 22).

Design and Statistics This study used cross-sectional survey design. Regarding statistics applied, Zero-order correlation was used to establish relationship among variables, while multiple regression was utilize to test the study hypotheses.

Results

Table 1: CORRELATION MATRIX SHOWING RELATIONSHIP BETWEEN DEPLOYMENT DURATION, MORAL INJURY, SOCIAL SUPPORT AND PSYCHOLOGICAL WELLBEING AMONG MILITARY VETERANS IN SOUTHERN BORNO.

S/no.	Variables	1	2	3	4	M	SD
1.	Deployment Duration	-				1.20	.40
2.	Moral Injury	.14*	-			33.82	6.62
3.	Social Support	.21*	.10	-		49.16	7.52
4.	Psy-Wellbeing	.16**	.08	.18*	-	135.52	10.14

From the results presented in Table 1 above, there is a significant positive relationship between deployment duration and psychological wellbeing among veterans deployed for insurgency operation ($r= .16, p<.01$), implying that prolonged duration is associated with improved psychological wellbeing. There is also significant positive association between social support and psychological wellbeing of the veterans ($r= .18, p<.05$), implying that

availability or perception of high social support would enhance psychological wellbeing of military veterans in the area. As military veterans receive or perceive more support from families and significant others upon homecoming, they will experience better psychological wellbeing.

Table 2: MULTIPLE REGRESSION SHOWING SIGNIFICANT INDEPENDENT AND JOINT INFLUENCE OF MORAL INJURY AND SOCIAL SUPPORT ON PSYCHOLOGICAL WELLBEING OF MILITARY VETERANS.

Variable	β	t	R	R ²	df	F	P
Constant	.12	27.30					
Moral Injury	.06	1.11	.19	.04	2,321	6.166	<.05
Social Support	.18	3.19					

The result in Table 2 indicated no significant association between moral injury and psychological wellbeing ($\beta = .06, t = 1.11 > .05$). This implies that exposure to morally injurious events is not related to the wellbeing of the sampled veterans. The same table showed that social support emerged as a significant independent predictor of psychological wellbeing ($\beta = .18, t = 3.19 < .05$). The implication for this is that giving support to military veterans would improve their psychological wellbeing and post-operation efficiency. Finally, the same Table 2 revealed a significant joint influence of moral injury and social support on psychological wellbeing [$R = .19, R^2 = .04, [F (2,321) = 6.166, P < .05]$], with the variables explaining 4% of its variance. The result implies that an interaction of moral injury and social support would influence psychological wellbeing among deployed veterans.

Discussion

In this study, moral injury was found not to be a predictor of psychological wellbeing among military veterans. This finding suggests that morally injurious experiences relating to perpetration, omission or betrayal that military veterans encountered during operation do not have significant influence on their psychological wellbeing. This means that any exposure to moral injury do not increase or decrease the participants happiness, satisfaction, accomplishment, environmental mastery, autonomy and self-acceptance, or psychological wellbeing in general. Those moral injuries of these veterans encountered via unusually exposure to highly traumatic events or situations of which it is inevitable, could be that it did not reach the threshold to cause any variation in the level of their psychological wellbeing. This finding therefore was not in agreement with the outcome reported in the study by Victoria et al. (2021). The study found a negative impact of moral injury on mental health of US veterans. Many reasons could be behind the dissimilarity if findings, including that the two studies differed in method and were carried out in different cultural settings.

Another interesting revelation obtained from the study was that social support showed to be significant predictor of psychological wellbeing among military veterans. A finding as this suggests that both perceived and received social support experienced by these veterans would improve their psychological wellbeing, including post-operation

efficiency. This showed how important social support could be to this population. It could be that they needed it to cope effectively from the negative exposures of war, thereby increasing their capacity for effective adjustment to life after war. This finding then agreed with findings of previous studies. We found it to agree with the outcome of Peter et al. (2022) which accounted that social support shared a strong positive relationship and influence with psychological wellbeing of military veterans. The possibility of getting the similar findings despite having different participants that are from different climes underscored the ability of impact of social support not to be thwarted by such factors. It also showed that it has the capacity to promote psychological wellbeing despite the circumstances prevailing on the participants.

We also found a significant joint influence of moral injury and social support on psychological wellbeing of the military veterans. This result suggests that, when acting as unit, moral injury and social support would significantly impact the psychological wellbeing of veterans who are deployed to combat zones. As such, the effect of exposure to what is against one's moral principles could be assuaged by the perception that help is readily available from people around, thereby both interacting to achieve a significant and positive prediction of psychological wellbeing.

Recommendation and Conclusion

Military veterans happen to be exposed to myriad of negativities that expectedly affect their psychological wellbeing. In line with the findings we obtained, we recommend that social support should always be made available to these veterans. They are to be easily accessed and readily be put to use. This is very necessary because availability of social support was so effective to the extent that with moral injury, they achieved positive and significant prediction of psychological wellbeing.

Psychological wellbeing over the years has been a source of concern among the military, thereby facilitating consequential effects on acts of indiscipline, lack of job morale, assault, arrogance, early retirement, and disregard for human dignity and lives. Our suspicion that moral injury and social support could be predictive of psychological wellbeing was not supported in the former but in the latter. The study also revealed that when moral injury and social support interact, they would positively and significantly predict psychological wellbeing.

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