

Psychological Well-Being in Combat-Experienced Military Personnel: The Predictive Roles of Combat Exposure and Resilience

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Abstract: This research assessed the effect of exposure to combat and resilience on the psychological well-being of military personnel based in Port Harcourt, Nigeria. A targeted sample of 240 soldiers with combat experience was drawn from a larger pool of 600, using Taro Yamane's method to determine the sample size at a 95% confidence level. The study used standardized tools, including the Nicholson McBride Resilience Questionnaire (NMRQ), the Combat Exposure Reporting Scale (CERS), the General Health Questionnaire (GHQ), and the Patient Health Questionnaire (PHQ-9). Researchers collected data through structured surveys and analyzed them using correlation and multiple regression in SPSS. The results indicated that combat exposure was a significant predictor of mental health outcomes, accounting for 65.6% of the variance, while resilience independently explained a moderate 28.8%. When examined together, combat exposure remained the stronger predictor, reducing resilience's unique predictive value. These findings highlight the urgent need for military mental health programs that tackle the psychological effects of combat exposure while simultaneously fostering resilience as a supportive rather than primary protective factor.

Keywords: Psychological Well-Being; Military Personnel; Mental Health; General Health Questionnaire (GHQ); Combat Exposure; Multiple Regression; Standardized Tools.

Received on: 28/03/2025, **Revised on:** 17/05/2025, **Accepted on:** 02/08/2025, **Published on:** 05/06/2026

Journal Homepage: <https://www.fmdbpublish.com/user/journals/details/FTSHS>

DOI: <https://doi.org/10.69888/FTSHS.2026.000762>

Cite as: E. O. Wadi, N. D. Chikaodi, G. D. Madighi, M. E. C. Zuta, D. Çelçima, and A. B. Hashim, "Psychological Well-Being in Combat-Experienced Military Personnel: The Predictive Roles of Combat Exposure and Resilience," *FMDB Transactions on Sustainable Humanities and Society*, vol. 3, no. 2, pp. 104–112, 2026.

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1. Introduction

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Exposure to combat ranks among the most critical risks linked to military duty, especially considering its significant effects on mental health. Service members sent to war zones commonly face life-threatening scenarios, acts of violence, the death of fellow soldiers, and ongoing psychological strain. These situations are closely connected with various mental health issues, such as post-traumatic stress disorder (PTSD), depression, anxiety disorders, issues with substance use, and thoughts of suicide [1]. Yet, not every individual who experiences combat will have psychological disorders [2]. This difference has sparked greater academic interest in resilience, the ability to respond positively to adversity. Research shows that resilience is crucial in reducing the harmful psychological impacts of combat scenarios [3]. Specifically, individuals with higher resilience levels tend to experience fewer psychiatric issues, decreased substance use, and better physical health among those who have faced combat situations [14]. Therefore, the connection between combat exposure and mental well-being is best examined through a risk-protective lens, where traumatic experiences enhance vulnerability. At the same time, resilience and social support serve as protective factors [5].

Research indicates that increased combat exposure correlates with a heightened risk of PTSD, depression, and functional difficulties, while robust social ties and effective coping strategies can notably lessen these impacts. In Nigeria, particularly in areas like Rivers State where military operations are common, soldiers may confront distinct stressors such as violence from insurgency, community disputes, and environmental challenges [11]. However, there is a lack of empirical research exploring how both combat exposure and resilience interact to affect the mental health of Nigerian military personnel, specifically in Port Harcourt [15]. This study investigates the effects of combat exposure and resilience on the mental well-being of military personnel in Port Harcourt, Rivers State [4]. The study aims to: explore the relationship between combat exposure and mental health outcomes among military personnel; assess the effect of resilience on mental health outcomes; evaluate the combined impact of combat exposure and resilience on mental health; and determine whether resilience moderates the association between combat exposure and mental health [7].

2. Literature Review

Two principal theories underpin this research: the Stress-Diathesis Model and Resilience Theory. The Stress-Diathesis Model, first proposed by Ureña et al. [16], illustrates how mental health outcomes result from the interplay of environmental stressors and individual susceptibility. This model suggests that merely experiencing stress, such as that from combat, does not inherently lead to psychological issues; instead, the risk of developing such issues hinges on pre-existing vulnerabilities and protective factors. In military scenarios, combat exposure acts as a significant stressor. At the same time, resilience serves as a protective factor that can lower the risk of developing conditions like PTSD and depression, as noted by Porter et al. [1]. This theory is pertinent to the current study as it clarifies why some military individuals face mental health challenges after combat experiences while others remain mentally sound. The second theory, Resilience Theory, has developed over the years, with important contributions from Norman Garmezy [7] and subsequent enhancements in modern resilience models. Resilience theory holds that individuals possess adaptive capacities that enable them to sustain or recover their mental health in the face of adversity. Contemporary viewpoints view resilience as a fluid, multilevel process that involves psychological, social, and biological systems.

Within military populations, resilience has been shown to mitigate the adverse psychological consequences of trauma and facilitate recovery after post-combat exposure. This theory is particularly relevant as it offers a framework for understanding resilience as a moderating factor in the relationship between combat experience and mental health. Conceptually, combat exposure encompasses direct or indirect engagement in warfare-related experiences like life-threatening scenarios, witnessing injury or death, and participating in armed conflict. It is widely acknowledged as a significant risk factor for mental health issues, especially PTSD. Research evidence shows that greater exposure to combat correlates with a higher likelihood of psychological distress and functional difficulties, as noted by Bryan et al. [4]. Resilience, by contrast, is the capacity to adapt positively to stress or trauma. This includes emotional regulation, coping strategies, and social support networks. In military contexts, resilience is not just the lack of psychological symptoms. Instead, it is an active process that allows individuals to function despite traumatic incidents [16]. Typically, mental health issues among military personnel encompass PTSD, depression, anxiety, and substance use disorders.

Both risk factors (such as combat exposure) and protective factors (such as resilience) shape these conditions. The relationship between these factors determines whether individuals confront psychological turmoil or sustain mental wellness. Conceptually, this research posits that combat exposure (a risk factor) affects mental health outcomes, while resilience (a protective factor) lessens this effect. Numerous empirical investigations consistently reveal a robust connection between combat exposure, resilience, and mental health outcomes. A meta-analysis performed by LeardMann et al. [9] discovered that heightened exposure to combat-related trauma is a significant predictor of developing PTSD and other psychological disorders among military personnel. The study also pinpointed elements like witnessing death, participating in combat, and the absence of support following deployment as critical predictors of negative mental health outcomes. Recent studies have highlighted resilience as a key protective factor. A research effort by Xue et al. [5] illustrated that resilience plays a key role in mitigating

the effects of stressors related to combat on enduring PTSD in soldiers. The results indicated that those with lower resilience levels had a greater likelihood of experiencing long-term psychological issues after significant combat exposure.

In a similar vein, Porter et al. [1] found that while exposure to combat heightens the chances of developing PTSD, a considerable number of service members do not exhibit severe symptoms due to the factor of resilience and other protective elements. This view is reinforced by Ureña et al. [16], who observed that resilience acts as a moderator in the connection between experiencing traumatic events in the military and exhibiting depressive symptoms, which leads to more favorable mental health outcomes. Moreover, research exploring personality traits in relation to resilience has indicated that elevated levels of resilience correlate with fewer PTSD symptoms, even among veterans who faced considerable exposure, thus supporting the protective function of resilience in situations of trauma. The existing literature identifies combat exposure as a major factor contributing to poor mental health outcomes, whereas resilience is identified as a vital protective element. The Stress-Diathesis Model explains the interplay between risk and susceptibility, while Resilience Theory emphasizes the adaptive capacity that buffers against trauma. Empirical findings consistently affirm the combined impact of these factors, underscoring the need to investigate their interrelationships among military personnel in Port Harcourt, Rivers State.

3. Methodology

This research employed a correlational design to examine the relationships among combat exposure, resilience, and mental health outcomes among military personnel. The study focused on military individuals based in Port Harcourt, Rivers State. A sample of 210 individuals was selected using purposive and convenience sampling methods due to operational limitations and accessibility constraints. Data collection used a structured questionnaire organized into three main parts: the combat exposure scale (CES), which assessed engagement with combat-related situations, and the resilience scale, which measured psychological resilience and coping mechanisms. Additionally, the mental health scale was selected to assess various indicators such as stress, anxiety, depression, and overall psychological distress. The measurement tools demonstrated satisfactory reliability, as indicated by Cronbach's alpha coefficients greater than 0.70. Content validity was verified through expert evaluations, and internal consistency reliability was established using Cronbach's alpha. Data analysis included descriptive statistics (mean and standard deviation), Pearson correlation, and multiple regression. Statistical analyses were conducted in SPSS at the $p < 0.05$ significance level.

4. Results

4.1. Demographic Characteristics of Respondents

Table 1 presents the demographic characteristics of the 240 service members who participated in the research. The age groups show that most participants were aged 30 to 34 years (30.8%), followed by those aged 25 to 29 years (21.7%) and 35 to 39 years (20.4%). A small fraction of respondents were between 46 and 50 years (3.8%) and 56 and 60 years (4.2%), suggesting that most of the sample consists of younger military personnel in their late twenties to late thirties. Regarding gender, male participants accounted for 59.6%, while females accounted for 40.4%. This scenario reflects the common male prevalence in military contexts but also indicates a significant female presence.

Table 1: Distribution of respondents by demographic variables (n =240)

Variable	Category	Frequency	Percent (%)
Age	25-29 years	52	21.7
	30-34 years	74	30.8
	35-39 years	49	20.4
	40-45	27	11.3
	46-50 years	9	3.8
	51-55 years	19	7.9
	56-60	10	4.2
	Total	240	100.0
Gender	Female	97	40.4
	Male	143	59.6
	Total	240	100.0
Religion	Christianity	24	10.0
	ATR	74	30.8
	Muslim	86	35.8
	others	56	23.3

	Total	240	100.0
Ethnicity	Hausa	27	11.3
	Yoruba	99	41.3
	Igbo	73	30.4
	Others	41	17.1
	Total	240	100.0

Religious affiliation also shows a varied sample, with Muslims as the largest segment (35.8%), followed by practitioners of African Traditional Religion (30.8%), individuals supporting other faiths (23.3%), and Christians (10.0%). This variation highlights the multi-religious makeup of military personnel in Port Harcourt. The breakdown by ethnicity shows that the Yoruba group was the most prominent (41.3%), trailed by Igbo (30.4%), Others (17.1%), and Hausa (11.3%). This trend points to the diverse character of the Nigerian military, which enlists individuals from a range of ethnicities, though with a stronger presence from southern areas. The demographic overview reveals a predominantly youthful, male, ethnically diverse, and religiously diverse sample, providing a representative basis for investigating the effects of combat exposure and resilience on the mental well-being of service personnel in Port Harcourt.

4.2. Research Questions

Research Question One: To what extent can resilience influence the mental health of military personnel?

Table 2: Model summary of the influence of resilience on the mental health of military personnel

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.537 ^a	.288	.285	22.76560
<i>a. Predictors: (Constant), Resilience</i>				

Table 2 shows a correlation coefficient (R) of 0.537, indicating a moderate positive relationship between resilience and the mental well-being of military personnel. The R Square figure of 0.288 indicates that resilience accounts for nearly 28.8% of the differences observed in mental health outcomes. The adjusted R Square value of 0.285 confirms that the explanatory effect remains consistent when accounting for sample size. This finding suggests that increased resilience is moderately related to enhanced mental health among military personnel. Yet, over 70% of the differences are due to other factors not included in the model. Consequently, resilience plays a considerable, although not sole, role in affecting mental health.

Research Question Two: To what extent can combat exposure influence the mental health of military personnel?

Table 3: Model summary of the influence of combat exposure on the mental health of military personnel

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.810 ^a	.656	.654	15.83164
<i>a. Predictors: (Constant), Combat Exposure</i>				

Table 3 shows a correlation coefficient (R) of 0.810, illustrating a strong positive correlation between combat exposure and mental health outcomes. The R Square value of 0.656 indicates that combat exposure is responsible for about 65.6% of the differences in mental well-being among military personnel. The adjusted R-squared (0.654) is almost the same, affirming the model's robustness. This result illustrates that combat exposure is a significant predictor of mental health status, implying that combat experiences considerably influence the psychological well-being of this demographic.

Research Question Three: To what extent can resilience and combat exposure jointly affect the mental health of military personnel?

Table 4: Model summary of the joint effect of resilience and combat exposure on the mental health of military personnel

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.810 ^a	.657	.654	15.84758
<i>a. Predictors: (Constant), Resilience and Combat Exposure</i>				

As shown in Table 4, the integrated model for resilience and combat exposure yields a correlation coefficient (R) of 0.810, the same as the model based solely on combat exposure. The R Square value of 0.657 shows that resilience and combat exposure combined account for approximately 65.7% of the differences in mental health. The adjusted R-squared (0.654) remains

consistent, affirming the model's credibility. Notably, the combined model does not significantly improve explanatory power over combat exposure alone. This indicates that while resilience has a positive contribution, combat exposure has an influence on the mental health of military personnel in Port Harcourt.

4.3. Test of Hypotheses

Hypothesis One: There is no significant influence of combat exposure on the mental health of military personnel.

Table 5: ANOVA results of the regression model of the influence of combat exposure on the mental health of military personnel

Model		Sum of Squares	Df.	Mean Square	F	Sig.
1	Regression	49957.019	1	49957.019	96.391 ^a	.000 ^b
	Residual	123348.831	238	518.272		
	Total	173305.850	239			
<i>a. Dependent Variable: Mental Health</i>						
<i>b. Predictors: (Constant), Combat Exposure</i>						

Table 5 presents the ANOVA results for the regression model examining the relationship between combat exposure and mental health. The regression sum of squares (SS = 49,957.019) indicates significance ($F(1,238) = 96.391$, $p < .001$), indicating that combat exposure is a notable predictor of mental health outcomes.

Table 6: Coefficients associated with regression model of the influence of combat exposure on the mental health of military personnel

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	63.510	2.853		22.257	.000
	Combat Exposure	4.482	.456	.537 ^a	9.818	.000
<i>a. Dependent Variable: Mental Health</i>						

Table 6 reveals that combat exposure positively and significantly affects mental health scores ($B = 4.482$, $SE = 0.456$, $\beta = 0.537$, $t = 9.818$, $p < .001$). The positive coefficient signifies that increased combat exposure correlates with elevated mental health distress scores. Since the p-value is less than 0.05, the null hypothesis is rejected. This indicates that combat exposure significantly affects the mental well-being of military personnel in Port Harcourt.

Hypothesis Two: There is no significant influence of resilience on the mental health of military personnel.

Table 7: ANOVA associated with the regression model for the influence of resilience on the mental health of military personnel

Model		Sum of Squares	Df.	Mean Square	F	Sig.
1	Regression	113653.318	1	113653.318	453.451 ^a	.000 ^b
	Residual	59652.532	238	250.641		
	Total	173305.850	239			
<i>a. Dependent Variable: Mental health</i>						
<i>b. Predictors: (Constant)</i>						

Table 7 shows that the regression model is significant, $F(1,238) = 453.451$, $p < .001$, with a regression sum of squares of 113,653.318. From Table 8, resilience significantly predicts mental health ($B = 0.592$, $SE = 0.028$, $\beta = 0.810$, $t = 21.294$, $p < .001$).

Table 8: Coefficients associated with the regression model for the influence of resilience on the mental health of military personnel

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	40.084	2.451		16.354	.000

	Resilience	.592	.028	.810 ^a	21.294	.000
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a. Dependent Variable: Mental Health

The inverse relationship with mental health (where higher scores reflect greater distress) and the positive coefficient indicate that greater resilience is closely associated with better mental health (decreased distress). With the p-value being $< .05$, the null hypothesis is rejected. This shows that resilience significantly affects military personnel's mental health.

Hypothesis Three: There is no significant joint influence of combat exposure and resilience on the mental health of military personnel.

Table 9: ANOVA associated with regression model for the joint influence of combat exposure and resilience on the mental health of military personnel

	Model	Sum of Squares	Df.	Mean Square	F	Sig.
1	Regression	113784.271	2	56892.135	226.530 ^a	.000 ^b
	Residual	59521.579	237	251.146		
	Total	173305.850	239			

a. Dependent Variable: Mental Health
b. Predictors: (Constant), Combat Exposure and Resilience

Table 9 indicates that the model including both combat exposure and resilience is significant, $F(2,237) = 226.530$, $p < .001$, and accounts for a substantial portion of the variance in mental health (Regression SS = 113,784.271). According to Table 10, combat exposure remains a notable predictor ($B = 0.575$, $SE = 0.036$, $\beta = 0.787$, $t = 15.942$, $p < .001$). At the same time, resilience does not exhibit a significant independent effect when both predictors are included in the analysis ($B = 0.298$, $SE = 0.412$, $\beta = 0.036$, $t = 0.722$, $p = .471$).

Table 10: Coefficients associated with the regression model for the joint influence of combat exposure and resilience on the mental health of military personnel

	Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	39.820	2.481		16.051	.000
	Combat Exposure	.575	.036	.787	15.942	.000
	Resilience	.298	.412	.036 ^a	.722	.471

a. Dependent variable: Mental Health

Although the overall model is significant, resilience does not show a significant effect when accounting for combat exposure, leading to rejection of the null hypothesis of joint influence at the model level. Nonetheless, the findings indicate that combat exposure is the primary predictor of mental health, with resilience not providing any additional unique impact once combat exposure is accounted for in the model.

5. Discussions

The demographic makeup of the study group provides a vital backdrop for understanding the psychological effects observed among military personnel. The findings reveal that the largest group of participants falls within the 30 to 34-year age bracket (30.8%), followed closely by those aged 25 to 29 (21.7%) and 35 to 39 (20.4%). This distribution suggests that many military members in Port Harcourt are younger adults, mainly in their late twenties to late thirties. The high number of participants aged 25 to 39 underscores the realities of military hiring and assignments, where operational success is closely linked to physical strength and stamina. From a theoretical perspective, this age range matters in the stress process model, which argues that encounters with stressors and coping abilities differ across life stages. Although younger individuals may show greater physical resilience, they often lack extensive coping experience, making them more susceptible to stress accumulation. This aligns with findings suggesting that active-duty military personnel are largely younger and are often assigned to high-risk roles [3]. Therefore, age not only signifies job selection but also serves as a structural element that affects trauma exposure and psychological effects. Also, the gender distribution of the sample, with a majority of males and a notable presence of females, highlights the changing institutional dynamics within modern military frameworks.

The gender distribution shows that male participants account for 59.6% of the total sample, while female participants account for 40.4%. While the Nigerian military is predominantly male, this percentage of women reflects a rising trend of female

inclusion in both combat and non-combat positions. The growing inclusion of women in combat and supportive positions requires a more nuanced comprehension of gender-specific reactions to stress and trauma. Using resilience theory, differences in psychological outcomes between genders can be understood through differences in access to social and emotional support. Research shows that female service members may experience more pronounced post-traumatic stress symptoms after combat encounters, which could indicate a deeper emotional processing of traumatic situations [10]. Nonetheless, resilience-focused perspectives note that women typically use social support networks more, which can facilitate effective coping and recovery [9]. Consequently, gender serves not just as a demographic aspect but also as a vital framework through which vulnerability and resilience manifest differently in military environments. The analysis of religious demographics reveals a diverse faith community, with Muslims as the largest segment (35.8%), followed by practitioners of African Traditional Religion (30.8%), adherents of other faiths (23.3%), and Christians (10.0%).

This distribution illustrates Nigeria's religious variety, though the notable presence of African Traditional Religion practitioners stands out against typical military demographics, where Christianity and Islam are usually more prominent [12]. The variety of religious beliefs among participants adds depth to the study's psychosocial landscape. Within the Conservation of Resources (COR) theory, religious convictions and practices can be viewed as essential psychosocial resources that individuals use to manage stress. The prominence of Islamic beliefs, alongside African Traditional Religion and other faiths, reflects the diverse characteristics of Nigerian society and highlights the potential influence of spirituality in alleviating psychological suffering. Previous studies indicate that religious involvement can boost coping abilities, help find meaning, and affect the willingness to seek help among military personnel. In Nigeria, research by Pietrzak et al. [13] supports the protective impact of religious coping in lessening symptoms of anxiety and depression among soldiers. These observations reinforce the idea that deeply rooted belief systems are vital resources for resilience, especially in environments marked by ongoing stress. The sample's ethnic makeup, predominantly from southern Nigeria, aligns with the study's geographical focus and mirrors broader trends in military assignments.

Ethnicity is typically described in terms of its characteristics, but its theoretical significance lies in its linkages to cultural practices, community support structures, and coping methods. In the context of the stress process model, these socio-cultural aspects can serve as risk factors or protective influences, depending on their ability to provide access to social resources and collective strategies for managing stress. The diversity observed within the sample highlights the intricate relationships between structural, cultural, and personal factors that affect mental health. Consistent with existing research, the overall demographic characteristics align with known trends in military populations, which tend to be young, primarily male, and socially diverse. The resilience findings offer additional theoretical insight into the factors influencing mental well-being in military environments. The moderate positive correlation found between resilience and mental health reinforces key ideas of resilience theory, which views resilience as an evolving process that helps individuals maintain or recover psychological stability during challenging times. The variance explained by resilience underscores its role as a protective factor while also reflecting its operation within a broader range of influences. This outcome is in agreement with findings by Pietrzak et al. [13], who established that resilience greatly lowers the chances of developing post-traumatic stress disorder in returning veterans.

Similarly, Bonanno et al. [2] identify resilience as an essential factor in positive outcomes following trauma exposure. However, resilience alone has limited explanatory power, suggesting that protective mechanisms depend on the interaction between individual capabilities and environmental pressures, as the stress process model suggests. On the other hand, exposure to combat stands out as the most significant predictor of mental health outcomes, resulting in a strong and statistically notable impact. Within the COR theoretical framework, combat exposure poses a serious threat to both physical and non-physical resources, including safety, emotional health, and social ties. The significant link found between combat exposure and psychological distress in this research is in line with extensive literature that connects encounters with traumatic experiences to heightened risks of depression, anxiety, and post-traumatic stress disorder [8]; [10]. These results underscore the overwhelming and cumulative nature of stress associated with combat, which may surpass individual coping abilities, especially when adequate institutional support systems are lacking. Examining resilience alongside combat exposure helps clarify the balance between protective and risk factors. The finding that combat exposure is the primary influence, while the separate impact of resilience decreases, suggests a threshold effect in which intense or ongoing stress overwhelms personal coping mechanisms.

This aligns with theoretical views that describe resilience as context-dependent and limited by the intensity of stress exposure. Bryan et al. [4] contend that resilience primarily acts as a moderating factor, capable of reducing but not completely negating the consequences of traumatic stress. In a similar vein, Eftekhari et al. [6] illustrate that although interventions focused on resilience can lessen the severity of symptoms, they are not enough to mitigate the psychological consequences of intense combat experiences fully. These findings highlight the limits of interventions aimed at individuals without broader structural and organizational support. Collectively, these findings add to the growing literature stressing the importance of a comprehensive approach to military mental health. The interaction among demographic factors, resilience, and combat exposure illustrates a complex system in which individual, cultural, and structural elements converge to shape psychological effects. From a theoretical standpoint, the results advocate merging resilience theory, the stress process model, and

Conservation of Resources theory as interrelated frameworks for understanding mental health in military settings. In practical terms, the findings underscore the importance of multi-layered interventions that merge strategies to build resilience with institutional initiatives designed to reduce traumatic stress exposure and improve access to psychosocial resources. This strategy is crucial for fostering long-lasting psychological well-being for military members in high-risk situations.

6. Conclusion

The results indicate that combat exposure is the primary factor influencing mental health issues among military members in Port Harcourt, diminishing the protective role of resilience. While resilience moderately affects mental health, its effectiveness decreases with high combat exposure. This implies that resilience by itself may not sufficiently shield individuals from the negative psychological effects of combat experiences. The findings align with earlier research that recognizes combat-related stressors as major contributors to post-traumatic stress symptoms, anxiety, and depressive disorders in soldiers. Thus, successful mental health strategies in military environments need to emphasize direct treatment of combat-related trauma while also integrating resilience development as a secondary supportive approach.

6.1. Recommendations

- The Nigerian Military Ought to Design All-Encompassing Mental Health Programs that Merge Trauma-Focused Therapies (such as Cognitive Processing Therapy and Eye Movement Desensitization and Reprocessing) with Strategies to enhance resilience, addressing both the Immediate and Residual Impacts of Combat Experiences.
- Psychological Assessments for PTSD, Anxiety, and Depression Should be Compulsory Following Every Combat Deployment to Facilitate Early Identification and Treatment of Mental Health Issues Among Service Personnel.
- Military training agendas should include consistent workshops on resilience and stress management to Better Equip Personnel with Coping Strategies and improve psychological preparedness before and after combat engagements.

6.2. Implications for Policy Formulation

The findings furnish evidence-based recommendations for military policymakers. Primarily, the significant impact of combat exposure emphasizes the necessity for prioritizing mental health funding and policies focused on trauma-informed care within the Nigerian Armed Forces. Policies should require specialized military mental health units, regular mental health evaluations, and confidential counseling options. Additionally, resilience training should be established as a proactive policy approach to mitigate long-term psychiatric challenges and enhance operational efficiency. Such policies can help lower service member attrition rates, enhance soldier preparedness, and strengthen the overall mental health support system within the armed forces.

Acknowledgment: The authors sincerely appreciate Rivers State University, Universidad Nacional Tecnológica de Lima Sur, University for Business and Technology, and Sultan Idris Education University for their invaluable institutional support and academic encouragement.

Data Availability Statement: Supporting data for this research can be made available by the authors upon reasonable request, provided that applicable confidentiality and ethical requirements are satisfied.

Funding Statement: No external funding or financial assistance was received for the conduct, development, or completion of this study.

Conflicts of Interest Statement: The authors state that there are no competing interests that could have affected the integrity or interpretation of the findings presented in this study.

Ethics and Consent Statement: This research was conducted in accordance with established ethical principles, with appropriate consent and confidentiality measures maintained throughout the study.

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