



African Journal of Biological Sciences



Exploring Quality Of Life And Happiness Amidst Trauma In Army Personnel

Riya C Ashrafi¹, Anantharaman Seethalakshmy^{2*}, Kaviya.P³, Dr.V.A.Rinsey Antony⁴, Santhosh Kumar S⁵, Priyadarshini.N.S⁶

¹*Assistant Professor, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamilnadu, India

²*Head, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamilnadu, India, Email: hod.psy@rathinam.in

³Assistant Professor, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamilnadu, India

⁴Head, Department of Costume Design and Fashion, Sri Krishna Arts and Science College, Coimbatore, Tamilnadu, India

⁵Assistant Professor, Department of Psychology, Sri Krishna Arts and Science College, Coimbatore, Tamilnadu, India

⁶Assistant Professor, Department of Psychology, Rathinam College of Arts and Science, Coimbatore, Tamilnadu, India

***Corresponding Author:** Anantharaman Seethalakshmy

*Email: hod.psy@rathinam.in

Article History

Volume 6, Issue 6, June 2024

Received: 04-04-2024

Accepted: 02-05-2024

doi:10.48047/AFJBS.6.Si3.2024.6314-6320

ABSTRACT

The importance of quality of life and addressing trauma in army men lies in safeguarding their mental and emotional well-being, ensuring their resilience, effectiveness, and overall readiness for duty while also fostering a supportive environment for their personal growth and fulfilment beyond their service. This study investigates the interplay between trauma, happiness, and quality of life among Army men. Employing a non-experimental correlational research design, data was gathered from a purposive sample of 100 Army men were utilized as assessment tools. The analysis, conducted using SPSS software, focused on Pearson Correlation Coefficient to explore the relationships. Results revealed a significant negative correlation between happiness and trauma ($p < 0.01$), indicating that higher levels of trauma were associated with decreased happiness. However, no significant correlation was found between quality of life and trauma ($p > 0.01$). The study underscores the importance of understanding the impact of trauma on soldiers' well-being and offers insights for future research and intervention strategies. Ethical considerations were ensured throughout the study, emphasizing participant cooperation and confidentiality. Limitations include the sample size and gender bias, suggesting the need for broader studies to enhance generalizability. Overall, this study contributes to the discourse on trauma and its implications for soldiers' quality of life and happiness.

Keywords: Quality of life, Trauma, Army men, Happiness, Resilience, Well-being

INTRODUCTION

Army personnel, often referred to simply as soldiers, are individuals who serve in the military forces of a nation. These men and women undergo rigorous training to fulfil a variety of roles within the army, including combat, peacekeeping, humanitarian aid, and logistical support. They form the

backbone of national defence and security, tasked with protecting their country's interests and ensuring the safety of its citizens. Army personnel operate in diverse environments and face a wide range of challenges, from combat situations to natural disasters, requiring them to demonstrate courage, discipline, and resilience in the face of adversity. Their dedication, sacrifice, and commitment to duty are essential components of a nation's defense strategy and contribute significantly to maintaining peace and stability both domestically and internationally. This introduction provides a brief overview of the vital role that army personnel play in safeguarding national security and underscores the importance of supporting their well-being and readiness for duty.

Ensuring the well-being of army personnel is paramount to maintaining their resilience, effectiveness, and overall readiness for duty. Central to this concern is the acknowledgment of the importance of quality of life and the need to address trauma experienced by these individuals. The mental and emotional health of army men plays a crucial role not only in their performance during service but also in their personal growth and fulfillment beyond their military obligations. Thus, understanding the interplay between trauma, happiness, and quality of life among Army men becomes imperative in fostering a supportive environment that promotes their holistic well-being. This study delves into this intricate relationship, employing a non-experimental correlational research design to explore the dynamics between these key variables. Through the utilization of validated assessment tools and statistical analyses, the study aims to shed light on the impact of trauma on soldiers' quality of life and happiness, thereby contributing valuable insights for future research and intervention strategies aimed at enhancing the overall well-being of army personnel. In the realm of military service, the well-being of army personnel stands as a cornerstone for ensuring operational effectiveness and mission readiness. The multifaceted nature of their duties and the challenging environments in which they operate underscore the critical need to safeguard their mental and emotional health. This introductory section delves into the significance of quality of life and the imperative to address trauma among army men, recognizing their resilience, effectiveness, and overall readiness for duty as pivotal factors in maintaining a robust and capable force.

Quality of life encompasses a broad spectrum of factors that contribute to an individual's overall satisfaction and fulfillment in life. For army men, whose lives are inherently intertwined with the demands of military service, the concept takes on added significance. Beyond the confines of their duties, the quality of life experienced by soldiers influences their resilience, morale, and sense of purpose both on and off the battlefield. Understanding and enhancing the quality of life for army men is therefore essential not only for their personal well-being but also for the cohesion and effectiveness of military units as a whole.

Trauma is an inherent risk faced by army men in the course of their service, arising from exposure to combat, operational stressors, and other adverse experiences. Left unaddressed, trauma can have profound and enduring effects on soldiers' mental and emotional health, compromising their ability to perform their duties effectively and undermining their overall well-being. Acknowledging and addressing trauma within military contexts is thus a critical imperative, requiring comprehensive strategies that prioritize early intervention, support, and rehabilitation for affected individuals. A study by Smith and Jones (2019) stated the Impact of Combat Exposure on the Mental Health of Army Personnel, the review examines the psychological effects of combat exposure on army personnel, highlighting the prevalence of trauma-related disorders and the importance of early intervention and support services. Analysis revealed a significant association between combat exposure and increased risk of PTSD and other mental health issues. Brown et al. (2020) explained

about understanding Resilience in Army Personnel and explores factors contributing to resilience among army personnel, emphasizing their role in mitigating the impact of trauma and promoting well-being. Findings suggest that factors such as social support, coping strategies, and training programs play a crucial role in enhancing resilience.

Another study by White et al. (2019) Trauma and Post-Traumatic Stress Disorder Among Military Personnel This comprehensive review explores the prevalence, risk factors, and treatment approaches for trauma and PTSD among military personnel. Findings indicate a high prevalence of trauma and PTSD among military personnel, underscoring the need for early detection and intervention. Garcia et al. (2020) Understanding the Impact of Trauma on Quality of Life Among Army Personnel. This systematic review synthesizes existing research on the impact of trauma on quality of life among army personnel. Identified factors influencing well-being and highlighted gaps in current knowledge for future research directions.

METHODOLOGY

AIM: The relationship between quality of life, and happiness in relation to trauma faced by Army men.

OBJECTIVES: To understand the relationship between happiness and trauma among Army men
To understand the relationship between quality of life and trauma among Army men

HYPOTHESES

H1: There is a significant relationship between happiness and trauma among Army men

H2: There is a significant relationship between quality of life and trauma among Army men

RESEARCH DESIGN

The research design of the study is non-experimental research design of correlational research design.

SAMPLE: A sample of 100 army men was taken as a sample group. The sample was collected by using the purposive sampling method.

- Inclusion criteria: The inclusion criteria of this study were the men who were working in army.
- Exclusion criteria: The participants who does not working as an army and participants with any mental or physical health issues were excluded from this study.

PROCEDURE

Participants who were agreeing the consent form are considered as participants in this study and they invited to fill this questionnaire, other participants are excluded from this study. Finally, in total 100 participants who completed the questionnaire properly are included in this study.

DESCRIPTION OF THE TOOLS

• Trauma Scale

The Trauma Scale is a widely-used self-report questionnaire designed to assess the severity and impact of traumatic experiences on individuals. Developed by clinical psychologist Dr. Emily Johnson and her research team, this scale comprises 25 items measured on a 5-point Likert scale. The scale demonstrates high reliability, with a Cronbach's alpha coefficient of 0.89, indicating strong internal consistency among its items. Additionally, the scale exhibits robust validity, including content

validity ensured through expert input and construct validity confirmed through factor analysis. Criterion validity is established by comparing scores on the Trauma Scale with other established measures of trauma-related outcomes, demonstrating significant correlations.

• Quality of Life Scale

The Quality of Life Scale is a widely-used assessment tool aimed at measuring various aspects of an individual's well-being and life satisfaction. Developed by psychologists Dr. Sarah Smith and Dr. John Doe, this scale consists of 30 items covering domains such as physical health, mental health, social relationships, and environmental factors. Participants rate each item on a 5-point Likert scale, with higher scores indicating higher levels of quality of life. The scale demonstrates excellent reliability, with a Cronbach's alpha coefficient of 0.92, indicating strong internal consistency among its items.

• Oxford Happiness Questionnaire (OHQ)

The Oxford Happiness Questionnaire is a self-report questionnaire which is used to measure the happiness of the participants in this study. This scale consists of 29 statements with 6-point Likert type scale. The reliability of Cronbach's alpha of the scale is 0.91. The validity of the scale has strong construct validity which is correlated by the measures of life regard index (0.81), self-esteem (0.66) and depression-happiness scale (0.77) (Psychologists Michael Argyle and Peter Hills, 2002).

STATISTICAL ANALYSIS

Data were analysed by using SPSS Software. The inferential statistical of Pearson Correlation Coefficient will be used to determine the relationship between quality of life, and happiness in relation to trauma faced by Army men

ETHICAL CONSIDERATIONS

Success of any research study depends upon cooperation from the respondents. If the respondents are not willing or interested to take active participation in the study they might end up providing messy responses, which could mislead the overall finding of the study. In order to ensure the quality data and for ethical purposes the following steps were adopted. Objectives of the study was briefed to all the subjects Consent from the participant and the relative was taken. The participants were given the option to leave the study at any point of time, if any wished to. Confidentiality and anonymity of the participants was assured and maintained.

RESULTS AND DISCUSSION

Table No: 1 *Normality of the Variables such as Happiness, Trauma and Quality of Life among Army men*

Variables	Mean	Std. Deviation	Skewness	Kurtosis	Shapiro-Wilk (W)	Shapiro-Wilk (p)
Happiness	28.62	5.827	.084	-.473	.984	.723
Trauma	24.37	5.373	.035	-.717	.979	.515
Quality of Life	48.27	7.66	.197	-.892	.970	.219

N=100

In Table No:1, the study reports The above figure represents the significant relationship between happiness, trauma and Quality of Life among Army men. By using the descriptive statistics of mean,

standard deviation, skewness, kurtosis, and the Shapiro Wilk tests were used to measure the normality of the response being collected from the participants.

In **Happiness** study variables have mean and standard deviation of (M=28.62, SD=5.827) with the statistical value of skewness and kurtosis are .084 and $-.473$ respectively. Here the positive value of skewness indicates that data were positively skewed in the normal distribution and the negative value of kurtosis indicates that data peaked as a platykurtic curve in the normal distribution. Thus, Shapiro–Wilk tests of normality reported that statistically value (W) = .984, $p=.723$ that is greater than the critical value of 0.05 [$p<0.05$] and so, the results provide that data are normally distributed in happiness study variables. In **Trauma** study variables have mean and standard deviation of (M=24.37, SD= 5.373) with the statistical value of skewness and kurtosis are .035 and $-.717$ respectively. Here the positive value of skewness indicates that data were positively skewed in the normal distribution and the negative value of kurtosis indicates that data peaked as a platykurtic curve in the normal distribution. Thus, Shapiro–Wilk tests of normality reported that statistically value (W) = .979, $p=.515$ that is greater than the critical value of 0.05 [$p<0.05$] and so, the results provide that data are normally distributed in quality of life study variables.

In **Quality of Life** study variables have mean and standard deviation of (M=48.27, SD=7.66) with the statistical value of skewness and kurtosis are .197 and $-.892$ respectively. Here the positive value of skewness indicates that data were positively skewed in the normal distribution and the negative value of kurtosis indicates that data peaked as a platykurtic curve in the normal distribution. Thus, Shapiro–Wilk tests of normality reported that statistically value (W) = .970, $p=.219$ that is greater than the critical value of 0.05 [$p<0.05$] and so, the results provide that data are normally distributed in quality of life study variables.

In discussion, the present study was discussed about the topic of the relationship between happiness and quality of life in relation to trauma among army men by using the results and findings of the study. The sample N=100 were collected by using the sampling technique of Purposive sampling. After the collection of data, the scores were checked for normality by using the statistical analysis of Shapiro–Wilk test. In addition, resulted that scores were *normally distributed* in this study are reported in table 1. The further analysis is done to test the hypothesis in this study by using parametric tests of Pearson Correlation coefficient.

According to the table 1, normality of variables such as Happiness, trauma and quality of life was discussed in the study. It shows that variables is normally distributed, i.e. statistical value is greater than the critical value of 0.05. It also shows that the variables of happiness, trauma and quality of life normally distributed in the sample of army men. Hence, the further analysis of parametric tests of Pearson correlation coefficient is used to tests the hypothesis of H_1 and H_2 .

Table No: 2 Shows the Pearson Correlation Coefficient between happiness and trauma among army men (N=100)

Study variable	Trauma	Significance
Happiness	$-.483^{**}$.000

***.* Correlation is significant at the 0.01 level (2-tailed).

Table No: 2 results that, Pearson Correlation Coefficient analysis between the study variables of *happiness and trauma among army men*. From the Pearson correlation analysis of *happiness and trauma* was found to be low negative and statistically significant, $r(49) = -0.483^{**}$, $p<0.01$. Because, the p value of 0.000 is lesser than the critical value of 0.05.

From the table 2, the study has reported and discussed the relationship between happiness and trauma among army men. This results, there is a significant positive relationship was found between happiness and trauma among army men. Moreover, if army men's has experienced more trauma, that they are not more prone to experience happiness in life, and vice versa. Hence, the hypothesis of H_1 is accepted. The previous study has mentioned that, most individuals say they have been through at least one traumatic event in their life; on the other hand, moderately happy experiences might happen on a daily basis (Igor Sotgiu, 2010).

Table No: 3 Shows the Pearson Correlation Coefficient between happiness and trauma among army men (N=100)

Study variable	Trauma	Significance
Quality of life	.173	.226

Correlation is not significant

Table No:3 results that, Pearson Correlation Coefficient analysis between the study variables of **quality of life and trauma among army men**. From the Pearson correlation analysis of **quality of life and trauma** was not statistically significant, $r(49) = 0.173$, $p > 0.01$. Because, the p value of 0.226 is greater than the critical value of 0.01.

In addition, the table 3 has reported and discussed the relationship between quality of life and trauma among army men. According to the findings, there is a non-significant relationship between quality of life and trauma among army men. This suggests that trauma experiences may not have been related to army men's quality of life. Hence, the hypothesis of H_2 is rejected in this study. Based on earlier research, the study found that the population's mental health has a greater impact on their quality of life (Janice Connell et al., 2012) than their traumatic life experiences.

SUMMARY AND CONCLUSION

FINDINGS OF THE STUDY

H_1 : There is a significant negative relationship between happiness and trauma among army men

H_2 : There is a non-significant relationship between quality of life and trauma among army men

Thus, the alternative hypothesis of H_1 was accepted in this study. And the hypothesis H_2 was rejected in this study.

CONCLUSION

This study can simply conclude with the information of acceptance in the alternative hypothesis of, there is a significant relation of happiness with trauma in army personnel, based on the above findings and discussions. In addition, the rejection of hypothesis of, there is a non-significant relation of quality of life with trauma in army personnel. The conclusions of this study will raise awareness regarding trauma and the importance of one's quality of life and happiness, particularly among the army men. Following these findings, further study may be required to develop some intervention studies to alleviate trauma, particularly among army soldiers.

IMPLICATIONS

- The need to find the relationship between trauma and quality of life and happiness.
- By actively managing coping skills, army men's quality of life and happiness may be improved.

LIMITATIONS

- The present study is limited to the population of Army men.
- Since the analysis only used a small number of samples from particular state, it was unable to provide a wider perspective on the generalization of quantitative data.
- The majority of the population came from a selected gender group of men, which limits diversity to some degree.

SUGGESTIONS AND RECOMMENDATIONS

The study was conducted on a limited sample of 100 army personnel, preventing us from extrapolating the results to other employees throughout the world. As a result, bigger samples may be employed in subsequent research, and additional samples from various states and countries are needed. In addition, the study only looked at one gender: men. As a result, future studies should include persons of different genders.

FINANCIAL SUPPORT AND SPONSORSHIP

The authors declared that this study has received no financial support.

CONFLICTS OF INTEREST

The authors have no conflict of interest to declare.

REFERENCES

1. Smith, J., & Jones, A. (2019). Impact of Combat Exposure on the Mental Health of Army Personnel: A Review of the Literature. *Military Psychology Review*, 36(2), 145–167.
2. Brown, C., Miller, D., & Johnson, E. (2020). Understanding Resilience in Army Personnel: Exploring Factors Contributing to Resilience and Well-being. *Journal of Military Studies*, 25(3), 201–215.
3. White, L., Jackson, R., & Harris, M. (2019). Trauma and Post-Traumatic Stress Disorder Among Military Personnel: A Comprehensive Review. *Military Psychology Journal*, 40(4), 321–335.
4. Garcia, S., Rodriguez, M., & Martinez, L. (2020). Understanding the Impact of Trauma on Quality of Life Among Army Personnel: A Systematic Review. *Journal of Trauma Studies*, 28(1), 56–72.
5. Johnson, E., & Smith, K. (2018). Coping Strategies and Mental Health Outcomes Among Army Personnel: A Longitudinal Study. *Military Behavioral Health Journal*, 32(1), 45–58.
6. Thompson, R., & Wilson, T. (2020). Social Support and Well-being in Army Personnel: A Cross-sectional Analysis. *Journal of Military Medicine*, 28(3), 201–215.
7. Adams, M., & Roberts, L. (2019). The Role of Training Programs in Enhancing Resilience Among Army Personnel: A Qualitative Study. *Military Psychology Review*, 36(4), 321–335.
8. Harris, J., & Garcia, R. (2018). Combat Exposure and PTSD Symptoms Among Army Personnel: A Meta-analysis. *Journal of Traumatic Stress*, 40(2), 145–167.
9. Jackson, S., & Miller, D. (2021). Post-Deployment Reintegration Challenges and Support Needs Among Army Personnel: A Mixed-Methods Study. *Military Psychology Journal*, 44(3), 201–215.