



INNSPUB

RESEARCH PAPER

Journal of Biodiversity and Environmental Sciences (JBES)

ISSN: 2220-6663 (Print) 2222-3045 (Online)

Vol. 6, No. 4, p. 482-490, 2015

<http://www.innspub.net>**OPEN ACCESS**

Comparing the mental health and self-efficacy of soldiers with extra duty and soldiers without extra duty in an Iranian military center

Vahid Donyavi, Rasoul Soleimani Najafabadi^{*1}, Arsia Taghva², Amir Mohsen Rahnejat³

Department of Psychiatry, AJA University of Medical Sciences, Tehran, Iran

¹*Department of Clinical Psychology, University of Isfahan, Isfahan, Iran*

²*Department of Psychiatry, AJA University of Medical Sciences, Disaster and Military Psychiatry Research Center, Tehran, Iran*

³*Department of Clinical Psychology, AJA University of Medical Sciences, Tehran, Iran*

Article published on April 30, 2015

Key words: Mental health, Self-efficacy, Soldiers, Extra duty, Military center.

Abstract

Mental health and self-efficacy are among the factors and variables that play an important role in maintaining the health and efficacy of the military forces. This study was conducted in an Iranian military center in 2015 aiming at comparing the self-efficacy and mental health of soldiers with extra duty and soldiers without extra duty. This is a descriptive research with causal-comparative design. The desired sample size consisted of 50 soldiers with extra duty and 50 soldiers without extra duty selected by multistage random sampling method. The data collection tool included Symptom checklist- 90-Revised (SCL-90-R) and general self-efficacy questionnaire with 17 questions prepared. Data were analyzed using independent t-test and Mann-Whitney U test. The results showed a significant difference between the two groups of soldiers in all subscales of mental health and self-efficacy ($P < 0.05$). These results also indicated that soldiers with extra duty had lower mental health and self-efficacy than those without extra duty. Accordingly, it can be concluded that the enforcement of extra duty law, resulting in a longer period of military service, on Iranian soldiers, can negatively affect the mental health and self-efficacy of such soldiers.

***Corresponding Author:** Rasoul Soleimani Najafabadi ✉ soleimany.r@gmail.com

Introduction

Iran's population pyramid suggests that the young people make up a large part of the population (over 33 percent). Much of the male members of this community have to complete their mandatory military service based on the existing legislation to guard and protect the country. Military life has special conditions. Among them, staying in a foreign land, being separated from family and friends, cold weather, hunger, insomnia, and also tolerating the high noise can be mentioned. Exposure to such difficult and stressful conditions often affects the individual's performance (Ahmadi, Karambakhsh, Mehrzmay *et al.*, 2014). In fact, military service as a phase of transition from the youth and education term to the working and production and also predisposing of the personality formation has high sensitivity; and because soldiers encounter with a new environment and an order different from the previous environment orders, they must so adopt themselves with the regulations governing the armed forces to not suffer from behavioral problems (Asgharzadeh Golzar, 2000).

Research have shown that the difficulty in establishing interpersonal relationships with comrades and commanders, and also the use of immature defense styles are among reasons for the soldiers' incompatibility with the military environment in the first months of military service (Dedic, 2000; Dedic and Kostic, 2001). Those conflicts and stresses of military life, besides the difficulties and potential risks of military training period and military assignments and exercises, can fall on the soldiers at once, as the disease symptoms, and therefore threaten their mental health. One of the major consequences of this situation is impulsive and unbalanced behavior (Curtis, 2000).

Sometimes, it is seen that soldiers do crimes and acts contrary to the provisions during military service and do not follow the disciplinary rules. In addition to common crimes (such as theft, embezzlement, fraud, etc.), there are certain crimes that can be considered a

crime only in the armed forces and out of it is not a crime such as absenteeism, desertion, laxity and negligence of duties, revocation of orders, left the post and so on (Sadeghi Nasab, 2010). In Iran, the mandatory military service at present time takes almost two years. But some soldiers, due to non-compliance with military discipline and unusual or abnormal behaviors, are forced to spend more time in serving. Sometimes this punishment prolongs by more than one year (Ghorbani, Isfahani and Naghizadeh, 2008), which in turn may lead to mental and physical problems in soldiers and, consequently, decrease mental health of them.

With no doubt, the mental health of society individuals has significant value, without which society cannot survive and maintain its continuity. Similarly, mental health is an important factor in maintaining, survival and productivity of military forces (Hoge, Lesikar, Guevara *et al.*, 2002). The World Health Organization (WHO) defines mental health as follows: Mental health is a state of complete biological, mental, and social well-being, and not merely the absence of disease or infirmity, in that an individual is able to make a contribution to his or her community (WHO, 2001). Tudor (1996) has noted eight elements for promoting mental health. These elements, which are the same items considered for individuals' development, include coping skills, managing stresses and tensions, identity and self-concept, self-esteem, self-development, self-determination, change and action, and social support. Available statistics show a high prevalence of mental disorders among the soldiers (Mazokopakis, Lachonikolis, Sgantzios *et al.*, 2002; Farsi, Jabari Morouei and Ebadi, 2006; Gahm, Lucenko, 2008). In different studies, the significant prevalence of psychiatric disorders including post-traumatic stress disorder, major depression, minor depression, sleep disorders (Morrow, Bryan, Stephenson *et al.*, 2013; Zamorski, Rusu, Garber, 2014), generalized anxiety disorder, panic attacks and panic disorder (Black, Carney, Peloso *et al.*, 2004), obsessive-compulsive symptoms, paranoid ideation, pessimism and

somatization disorder (Fathi-Ashtiani and Sajjadi, 2005; Rahnejat, Bahamin, Sajjadian *et al.*, 2011) has been reported in soldiers and military forces. Therefore, the quest for knowledge about the mental health of soldiers is essential; because today diseases and mental disorders have been considered as the main cause of disability among this population (Fathi-Ashtiani and Sajjadi, 2005).

Moreover, another important psychological variable in maintaining the health and efficacy of military forces is self-efficacy. It refers to the judgment of a person about his/her ability to perform a particular activity (Leon-Perez, Medina, Munduate, 2011). Self-efficacy focuses on an individual's perception of his/her skills and abilities to perform successfully and competently. In other words, self-efficacy affects the perceptions of performance, adaptive behaviors, choice of environment and the conditions people are trying to achieve (Strauser, Kets, Keim, 2002). People who are strong in terms of self-efficacy believe that they are capable of effectively handling and controlling events in their lives. Therefore, self-efficacy can be a crucial factor in the success and failure throughout the life (Bandura, 1997). Self-efficacy in military forces is rooted in the belief in combat abilities and skills (Solberg, Laberg, Johnsen *et al.*, 2005; Morales-Negron, 2008). Recent research suggest that the greater sense of self-efficacy among soldiers is associated with better performance, risk-seeking and risk-taking behaviors during military service (Duran-Stanton, 2008; Haerem, Kuvaas, Bakken, *et al.*, 2011).

Although little research have been conducted on the effects of extra duty arising from the infringement of the laws by soldiers (Ghorbani *et al.*, 2008), several studies have investigated the relationship between the length of service or deployment of military and security forces with their mental health and self-efficacy. In a systematic review on 9 research conducted on the relationship between the length of service, mental health and well-being, the results showed that as the length of service increases, the

potential of military personnel to cope with adverse mental impacts increases (Buckman, Sundin, Greene *et al.*, 2011). In a cross-sectional study conducted by Rajabian (2007), 700 Iranian soldiers selected from military bases in different Iranian cities were studied. The results of this research showed that with increased duration of military service, psychological and pathological symptoms of depression, anxiety and social dysfunction increase. In a research on 2293 members of the United States' Army, Jex, Bliese, Buzzell *et al.* (2001) showed that while reducing overtime hours, self-efficacy of military personnel increases and proportionally the levels of cognitive stressors chain decrease.

Given the importance of what was said, addressing the disciplinary matters and laws, including extra duty law, and assessing its impact on the mental health of the soldiers seem necessary. In the most previous studies, just the relationship between the length of military service and soldiers' mental health was examined, but the gap of studies which compare mental health and self-efficacy of the soldiers with extra duty and the soldiers without extra duty is very tangible. This kind of researches cashed light on better the possible negative impacts of the increase in the length of service. In line with this, the purpose of this study is to compare the mental health and self-efficacy among soldiers with extra duty and those without extra duty in a military center in Iran.

Materials and methods

Methodology, population

This is a descriptive research with causal-comparative design. Its statistical population consisted of all soldiers serving in a military center of Isfahan - an Iranian city - in the winter of 2015.

Sample and sampling method

The through a multi-stage random sampling method, three military units were first selected. Then, from among the soldiers serving in these units, 50 soldiers with extra duty and 50 soldiers without extra duty, who fitted the inclusion criteria, were selected as the

research sample. Criteria for inclusion in this study included serving in one of the investigated three military units, having the degree of the third year of secondary education, having no severe mental and personality disorder, and having no experience of any life-threatening traumatic events in the past 12 months.

Data analysis

The research data were analyzed using SPSS 21. Shapiro Wilkie test, Mann-Whitney U test and independent t-test were respectively used to analyze the data, check the normality of the distribution of scores and compare the mean scores of the two groups of soldiers with extra duty and without extra duty in terms of self-efficacy and mental health variables.

Results and discussions

Evaluation instruments

In this study, two questionnaires were used to collect data. The first questionnaire was the general self-efficacy scale (Sherer *et al.*, 1982), which consisted of 17 questions scored based on a 5-point Likert scale. High scores indicate a high sense of self-efficacy. Sherer *et al.* (1982) reported the Cronbach's alpha of 0.86 for this questionnaire. Also, Keramati and Shahraray (2004) obtained Cronbach's alpha of 0.85 for it in an Iranian sample. The second questionnaire was the symptom checklist-90-revised (SCL-90-R) developed by Derogatis, Lipman & Covi (1973), which was revised later. This test has 90 questions covering 9 subscales of somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobia paranoid ideation, and psychoticism. Furthermore, the test was interpreted using the general severity index (GSI), positive symptom distress index (PSDI) and positive symptom total (PST). Each of the listed questions measures the subject's' discomfort on a 5-point Likert scale. Derogatis, Riekels & Rock (1976), obtained the concurrent validity of this test using minnesota multiphasicpersonality inventory (MMPI) between

0.36 and 0.73. In a research for the normalization of this questionnaire on an Iranian example, Rezapour (1997) obtained the reliability coefficient of the questionnaire as equal to 0.68 and 0.81, using test-retest.

Results

Descriptive findings from demographic characteristics of the soldiers showed that 40% of them were in the age range of 18-23 years, 49% in the range of 23-28 years, and 11% in the range of 28-33 years. In the both groups of soldiers, the most and least frequent educational levels were high school diploma and secondary school diploma. Among them, 71% were single and 29% were married. The majority of soldiers with extra duty (50%) had 1-3 months additional period of military service.

To compare the mental health of the soldiers in both groups, the assumption of normal distribution of scores was first assessed using the Shapiro Wilkie test. Given the significance of Wilkie Shapiro test for the GSI and all subscales of mental health ($P > 0.05$), which represents an abnormal distribution, nonparametric Mann-Whitney U test was used to compare the mental health of the two groups of soldiers.

As can be seen in Table 1, there were significant differences between the two groups of soldiers in terms of the mean GSI ($Z = -5.68$, $P = 0.001$) and subscales of somatization ($Z = -4.84$, $P = 0.001$), obsessive-compulsive ($Z = -4.95$, $P = 0.001$), interpersonal sensitivity ($Z = -2.70$, $P = 0.007$), depression ($Z = -5.73$, $P = 0.001$), anxiety ($Z = -4.34$, $P = 0.001$), hostility ($Z = -3.35$, $P = 0.001$), phobia ($Z = -3.83$, $P = 0.001$), paranoid ideation ($Z = -3.08$, $P = 0.002$) and psychoticism ($Z = -4.29$, $P = 0.001$). According to this table, it can be stated that soldiers with extra duty have more psychiatric symptoms and lower mental health compared with soldiers without extra duty.

Table 1. The results of Mann-Whitney U test for comparing the mental health of soldiers with and without extra duty.

P	Z	Mann-Whitney U	Sum of Ranks	Mean Rank	SD	M	Group	Variable
0.001	-4.84	555.50	3219.50 1830.50	64.39 36.61	2.03 2.28	12.26 9.96	with Extra Duty without Extra Duty	SOM
0.001	-4.95	556.50	3218.50 1831.50	64.37 36.63	1.45 1.51	11.10 9.86	with Extra Duty without Extra Duty	O-C
0.007	-2.70	889.50	2885.50 2164.50	57.71 43.29	1.12 1.58	9.38 8.62	with Extra Duty without Extra Duty	I-S
0.001	-5.73	432	3343 1707	66.86 34.14	2.20 2.23	13.68 11.22	with Extra Duty without Extra Duty	DEP
0.001	-4.34	639	3136 1914	62.72 38.28	1.67 2.34	9.78 8.18	with Extra Duty without Extra Duty	ANX
0.001	-3.35	782.50	2992.50 2057.50	59.85 41.15	1.18 1.36	6.10 5.28	with Extra Duty without Extra Duty	HOS
0.001	-3.83	713.50	3061.50 1988.50	61.23 39.77	1.40 1.67	5.04 3.90	with Extra Duty without Extra Duty	PHOB
0.002	-3.08	823	2952 2098	59.04 41.96	1.17 1.39	8.16 7.42	with Extra Duty without Extra Duty	PAR
0.001	-4.29	682	3093 1957	61.86 39.14	0.95 1.46	8.58 7.66	with Extra Duty without Extra Duty	PSY
0.001	-5.68	428.50	3346.50 1703.50	66.93 34.07	10.01 15.88	88.94 76.12	with Extra Duty without Extra Duty	GSI

To compare the self-efficacy of the two groups of soldiers, the assumption of normal distribution of the scores was first assessed, using the Shapiro Wilkie test. Due to the insignificance of the test ($P= 0.208$), normal distribution of scores is concluded. Therefore, the independent t-test was used to compare the self-efficacy of the two groups of soldiers. As can be seen

in Table 2, there is a significance difference between the self-efficacy scores of the group with extra duty and the group without extra duty ($t= -4.33$, $P = 0.001$). Thus, it can be stated that the soldiers with extra duty have lower self-efficacy compared with soldiers without extra duty.

Table 2. The results of independent t-test for comparing the self-efficacy of soldiers with and without extra duty.

P	Df	T	Mean Difference	SD	M	Group
0.001	98	-4.33	-7.60	8.18 9.32	54.46 62.06	with Extra Duty without Extra Duty

The purpose of this study was to compare the mental health and self-efficacy of soldiers with extra duty and soldiers without extra duty in one of the military centers in Iran. Part of the findings showed that the mental health of soldiers with extra duty was lower than soldier without extra duty in terms of GSI and the whole nine subscales of somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoid ideation, and psychoticism. These findings are consistent with the results of some other research (Rajabian, 2007; Ghorbani *et al.*, 2008; Buckman *et al.*, 2011; Dunn, Williams, Kemp *et al.*, 2015). In a research conducted in order to investigate the relationship between the

length of military service and the mental health, Dunn *et al.* (2015) reported that a longer service is accompanied with poorer mental health and post-traumatic stress disorder, depression, and problems associated with alcohol consumption. Based on the results of this study, increased military service for 6-12 months during a period of three years would lead to an increased risk of psychosocial problems in military personnel. Also the results of the research conducted by Ghorbani *et al.* (2008) on soldiers with extra duty showed that some high-risk behaviors such as drug abuse, smoking and sexual contact, causing health problems, are more common in soldiers with

extra duty; so that the longer the military service is, the more mentioned behaviors are exhibited.

In explaining these findings, it can be said that studies in the field of mental health status in persons aged 15 years and above in Iran indicate that, on average, about 21% of the population suffer from mental disorders (Noorbala, Mohammad, Bagheri Yazdi *et al.*, 2003). Similarly, In Iran, most people who are deployed for mandatory military service are at the age of 18 years with high vulnerability to mental symptoms or disorders. This initial vulnerability can lead to mental disorders under the strict rules of the military environment. As soldiers with extra duty, in addition to tolerating harsh military, should serve more time due to disciplinary violations and therefore, tolerate more psychological stress, it is likely that they experience more mental health problems than the soldiers without extra duty—a hypothesis that is confirmed by the results of this research. In addition, it seems that soldiers with extra duty who spend more time on service and sometime with deletion and reduction of holidays, suffer from a kind of burnout. Although, burnout is not typically a disorder, it really can convert to a disability and mental problem. The organizational factors, such as high-volume work, low control on job, low remuneration, lack of proper social communication, discrimination and conflict of values between individual and the organization has effect on the creation of exhaustion (Maslach, 2001). In the case of burnout, individual may feel chronic fatigue and frustrated, finds aggressive mood and become somewhat suspicious and cynical in interpersonal relationships (Maslach, Jackson, 1993). Therefore, burnout, in turn, leads to reduced mental health and it can account for one of the main reasons. Another part of the findings of this study showed that self-efficacy in soldiers with extra duty is lower than the soldiers without extra duty. This finding is consistent with the results of Jex *et al.* (2001). In explaining these findings, according to Bandura's social-cognitive theory, it can be said that emotional arousal is one of the resources of the self-efficacy. Negative

emotions can cause tension and pressure and it can upset the people internally and finally it has negative effect on their self-efficacy. It increases the positive emotional states of self-efficacy and decreases the negative emotional states of self-efficacy (Bandura, 1997). In addition, research suggest that soldiers with low mental health, especially depressed soldiers, have lower self- efficacy than other soldiers (Galor, Hentschel, 2012). So, it can be said that soldiers' self-efficacy with extra duty decrease with increase of negative emotional states such as worry and fear and with decrease of positive emotional states such as intimacy feeling and competition feeling which is seen in the military training environments and specially in the soldiers with extra duty and in this way, either directly or indirectly, the extra duty can lead to the lower self-efficacy in soldiers by increasing the risk for the mental health. The findings of this study confirm this issue.

Conclusion

Based on the results of this study, the military authorities in the area of legislation are recommended to have more observation over the enforcement of extra duty law, and if possible, replace it with appropriate punitive laws associated with minimal mental trauma. The conduction of relevant studies with larger sample size and in different military communities and security organizations are recommended to achieve higher generalizability.

Acknowledgments

The research has been approved and supported, financially and executively, by the AJA University of Medical Sciences. Therefore, all authorities of the Research Unit of this University and all honorable military commanders and soldiers who cooperated in this project are appreciated.

References

Ahmadi K, Karambakhsh AR, Mehrazmay AR, Salehi M, NajafiManesh Z. 2014. The pattern of drug abuse among soldiers. *Journal of Military Medicine* **15(4)**, 235-243.

- Asgharzadeh Golzar G.** 2000. Investigation about the causes of soldiers' crimes of 5 Nasr division. Master thesis, Command and Staff College of Army of the Guardians of the Islamic Revolution, Tehran.
- Bandura A.** 1997. Self efficacy: The exercise of control. New York: Freeman.
- Black DW, Carney CP, Peloso PM, Woolson RF, Schwartz DA, Voelker MD, BarrettDH, Doebbeling BN.** 2004. Gulf war veterans with anxiety: prevalence, comorbidity, and risk factors. *Epidemiology* **15(2)**, 135-142.
- Buckman JE, Sundin J, Greene T, Fear NT, Dandeker C, Greenberg N, Wessely S.** 2011. The impact of deployment length on the health and well-being of military personnel: a systematic review of the literature. *Occupational and Environmental Medicine* **68(1)**, 69-76.
<http://dx.doi.org/10.1136/oem.2009.054692>
- Curtis AJ.** 2000. Health psychology. London: Routledge.
- Dedic G, Kostic P.** 2001. Causes of frustration in soldiers during the period of adaptation to the military environment. *Vojnosanitetski Pregled* **58(6)**, 621-630.
- Dedic G.** 2000. Defense mechanisms in soldiers during the period of adaptation to the military environment. *Vojnosanitetski Pregled* **57(4)**, 393-401.
- Derogatis LR, Lipman RS, Covi L.** 1973. SCL-90: an outpatient psychiatric rating scale-preliminary report. *Psychopharmacology Bulletin* **9(1)**, 13-28.
- Derogatis LR, Riekels K, Rock AF.** 1976. The SCL-90 and MMPI, a-step in validation of a new self report scale. *British Journal of Psychiatry* **128**, 280-289.
- Dunn R, Williams R, Kemp V, Patel D, Greenberg N.** 2015. Systematic review: deployment length and the mental health of diplomats. *Occupational Medicine* **65(1)**, 32-38.
<http://dx.doi.org/10.1093/occmed/kqu142>
- Duran-Stanton AM.** 2008. An investigation of the relationship between perceived self-efficacy and performance of U.S. Army combat lifesaver students. PhD thesis, Capella University, Minneapolis.
- Farsi Z, Jabari Morouei M, Ebadi A.** 2006. General health assessment of Army soldiers seen in a military medical outpatient clinic in Tehran. *Journal of Iranian Army University of Medical Sciences* **4(3)**, 924-930.
- Fathi-Ashtiani A, Sajjadechi A.** 2005. Psychological assessment of the soldiers of material and logistics command of a military unit. *Journal of Military Medicine* **7(2)**, 153-159.
- Gahm GA, Lucenko BA.** 2008. Screening soldiers in outpatient care for mental health concerns. *Military Medicine* **173(1)**, 17-24.
- Galor S, Hentschel U.** 2012. Problem-solving tendencies, coping styles, and self-efficacy among Israeli veterans diagnosed with PTSD and depression. *Journal of Loss and Trauma* **17(6)**, 522-35.
<http://dx.doi.org/10.1080/15325024.2012.674440>
- Ghorbani GA, Isfahani AA, Naghizadeh MM.** 2008. Evaluating effect of additional in-service on health of soldiers. *Journal of Iranian Army University of Medical Sciences* **5(4)**, 1457-1460.
- Haerem T, Kuvaas B, Bakken BT, Karlsen T.** 2011. Do military decision makers behave as predicted by prospect theory? *Journal of Behavioral Decision Making* **24(5)**, 482-497.
- Hoge CW, Lesikar SE, Guevara R, Lange J, Brundage JF, Engel Jr CC, Messer SC, Orman DT.** 2002. Mental disorders among U.S. military

personnel in the 1990s: association with high levels of healthcare utilization and early military attrition. *American Journal of Psychiatry* **159(9)**, 1576-1583.

Jex SM, Bliese PD, Buzzell S, Primeau J. 2001. The impact of self-efficacy on stressor-strain relations: Coping style as an explanatory mechanism. *Journal of Applied Psychology* **86(3)**, 401-409. <http://dx.doi.org/10.1037/0021-9010.86.3.401>

Keramati H, Shahraray M. 2004. Examining the role of perceived self-efficacy in mathematical Performance. *Journal of Educational Innovation* **4(1)**, 103-115.

Leon-Perez JM, Medina FJ, Munduate L. 2011. Effects of self-efficacy on objective outcomes in transactions and dispute. *International Journal of Conflict Management* **22(2)**, 170-189.

Maslach C, Jackson SE. 1993. *Manual of the Maslach burnout inventory*. Palo Alto, CA: Consulting Psychologists Press.

Maslach C. 2001. What have we learned about burnout and health? *Psychol Health* **16(5)**, 607-611. doi: 10.1080/08870440108405530.

Mazokopakis EE, Lachonikolis IG, Sgantzou MN, Polychronidis IE, Mavreas IG, Lionis CD. 2002. Mental distress and socio demographic variables: A study of Greek warship personnel. *Military Medicine* **167(11)**, 883-888.

Morales-Negron HR. 2008. Self-efficacy and state anxiety during mandatory combative training. *Archives of Budo* **4**, 26-31.

Morrow CE, Bryan CJ, Stephenson JA, Bryan AO, Haskell J, Staal M. 2013. Posttraumatic stress, depression, and insomnia among U.S. Air Force pararescuemen. *Military Psychology* **25(6)**, 568-576. <http://dx.doi.org/10.1037/mil0000021>

Noorbala AA, Mohammad K, Bagheri Yazdi SA, Yasami MT. 2003. The Mental Health Status of Individuals Fifteen Years and Older in the Islamic Republic of Iran. *Hakim Research Journal* **5(1)**, 1-10.

Rahnejat AM, Bahamin G, Sajjadian SR, Donyavi V. 2011. Epidemiological Study of Psychological Disorders in One of the units Ground Military forces of Islamic Republic of Iran. *Journal of Military Psychology* **2(6)**, 27-36.

Rajabian SS. 2007. Investigating the relationship between psychiatric disorders and the duration of military service. Master Thesis, University of Medical Sciences of Iranian Army, Tehran.

Rezapour M. 1997. Standardization of SCL-90-R test on students of Shahid Chamran University of Ahvaz. Master Thesis, University of Allameh Tabatabaeei, Tehran.

Sadeghi Nasab A. 2010. A critic to the offenses criminal code of armed forces. Arak: Nevisandeh publication.

Samuels SM, Foster CA, Lindsay DR. 2010. Freefall, self-efficacy, and leading in dangerous contexts. *Military Psychology* **22(Suppl 1)**, 117-136.

Sherer M, Maddux JE, Mercandante B, Prentice-Dunn S, Jacobs B, Rogers RW. 1982. The self-efficacy scale: Construction and validation. *Psychological Reports* **51**, 663-671.

Solberg OA, Laberg JC, Johnsen BH, Eid J. 2005. Predictors of self-efficacy in a Norwegian battalion prior to deployment in an international operation. *Military Psychology* **17(4)**, 299-314. http://dx.doi.org/10.1207/s15327876mp1704_4

Strauser DR, Kets K, Keim J. 2002. The relationship between self efficacy/locus of control and work personality. *Journal of Rehabilitation* **68**, 20-27.

Tudor K. 1996. Mental health promotion: paradigms and practice. London: Routledge.

World Health Organization (WHO). 2001. World Health Report 2001- Mental health: New understanding, new hope. Geneva: World Health Organization.

Available at: <http://www.who.int/whr/2001/en/index.html>.

Zamorski MA, Rusu C, Garber BG. 2014. Prevalence and correlates of mental health problems in Canadian forces personnel who deployed in support of the mission in Afghanistan: Findings from post deployment screenings, 2009-2012. *Canadian Journal of Psychiatry* **59(6)**, 319-326.