

# RESILIENCE PREDICTS MILITARY PERFORMANCE AND SUCCESSION: A PREDICTIVE VALIDITY STUDY OF RESILIENCE INVENTORY FOR MILITARY (RIM)

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**Abstract** — Emerging research suggests that personality differences and characteristics might mitigate or exacerbate the impact on individual responses to military succession and war-related experiences. These characteristics could be either risk or protective factors. Resilience Inventory for Military (RIM) scale which focuses on protective factors has been developed and validated with in Sri Lankan military context. The aim of this paper is to present the findings of a longitudinal study conducted to establish predictive validity of RIM scale. Ninety-two officer cadets (tri-service) participated in the study and they were assessed with RIM scale in 2015 and followed them up after 6 months with few outcome variables related to military well-being and performance. Those variables were training satisfaction, turnover intention, newcomer adjustment, training performance and mental health status of the trainees. The results demonstrated that those who score high on the RIM scale have a greater adjustment, good level of mental health, less likely to exhibit turnover intention and more satisfied with the training. However, RIM could not predict academic performance of trainees. The findings can help Sri Lankan military forces identify the most resilient candidates for military service and minimise negative behaviour outcomes among military personnel. The approach might also be of use elsewhere.

**Keywords** resilience, military recruitment, training, military performance, turnover intention

## I. INTRODUCTION

Emerging research suggests that personality differences and characteristics might mitigate or exacerbate the impact on individual responses to military succession and war-related experiences. These characteristics could be either risk or protective factors. Resilience, mental toughness and hardiness are prominent among the characteristics which could contribute to military performance and succession.

### A. RESILIENCE

Resilience is a personality characteristic that moderates the negative effects of stress and promotes adaptation. Frequently, the quality of resilience is attributed to individuals who, in the face of overwhelming adversity,

can adapt and restore equilibrium to their lives and avoid the potentially deleterious effects of stress" (Wagnil & Young 1993 p. 165). Resilience functions as a buffering factor that protects individuals from psychological disorders. Those who are resilient possess higher self-esteem, higher self-efficacy, better problem-solving, and skills at maintaining good interpersonal relationships (Rutter 1987; Wagnild & Young, 1993).

The biggest contribution of the resilience concept to the military context was the introduction of the Comprehensive Soldier Fitness programme (CSF) to the US Army by Cornum, Matthews, & Seligman from 2009 to 2013. This programme was based on positive psychology and designed to increase psychological strength and positive performance and to reduce the incidence of maladaptive responses for the entire U.S. Army (Cornum, et al., 2011). Skomorovsky and Sudom, (2011) found that hardiness, which is a main component of resilience, was significantly associated with positive outcomes in Canadian service members. These positive outcomes included psychological well-being and a favourable perception of training. Schaubroeck et al. (2011) studied US Army personnel who had been deployed in Iraq, finding that higher order resilience was strongly associated with better psychological and physical health, particularly amongst those who had been exposed to severe combat experience.

Hourani et al. (2012) found that US Marines who scored higher in resilience assessed in the weeks before retirement from the military had lower odds of demonstrating chronic mental health problems at the follow-up nine months after leaving the military. Also, Elbogen et al. (2014) found that resilience and self-determination were associated with lower levels of violence and aggression in US military deployed in Operation of Enduring Freedom or Operation Iraqi Freedom.

### B. MENTAL TOUGHNESS

The term "Mental Toughness" was initiated by Clough, Earle and Sewell (2002). Mental toughness is an extension of the concept of "hardiness". Hardiness has three components (3Cs): Control, Challenge and Commitment

(Kobasa, 1979). Clough et al. (2002) identified a fourth component (another C) in this psychological concept and they named it as "confidence". Clough et al. (2002) therefore redefined the hardiness concept as Mental Toughness and provided new interpretations for the 4Cs. They also added two subscales to both the Control and Confidence components. Thus there are six components altogether, and mental toughness is supposed to subsume resilience/ hardiness. Those six components and the definition of a mentally tough person are presented below as Clough et al. explained in 2002. Godlewski and Kline (2012) studied 459 male Canadian Forces personnel. The objective of this study was to develop a model to explain voluntary turnover amongst recruits. They included mental toughness along with few other pre-entry individual characteristics including measures of normative commitment (feeling of commitment to military service) and a desire for a military career. They also assessed some post-entry variables including turnover intention and actual turnover. Mental toughness significantly predicted attitudes: normative commitment, affective commitment and newcomer adjustment. Because mental toughness had a strong relationship with newcomer adjustment, the authors suggest that mental toughness should be included in the military recruitment criteria (Godlewski & Kline, 2012). Hardy et al. (2015) also found that mental toughness measured by MTMTI (6) predicted objective performance and fitness.

#### *C. DEVELOPMENT OF RESILIENCE INVENTORY FOR MILITARY (RIM)*

Tools used for risk assessment had been using in the military sector for special screening and some of them have been validated in Sri Lanka. However, there was no such tool to assess protective/resilient factors of the candidates. The Resilience Inventory for Military (RIM), developed by Hettigoda & Hamersley (2017) is the first ever screening tool developed for Sri Lanka military. RIM was designed to measure the level of pre-enlistment resilience of military candidates. This study was conducted with 960 junior military officers from tri forces. RIM was developed using three existing scales which are widely used in the military sector in the world. RIM development study was approved by the Ministry of Defence Sri Lanka. RIM consisted with 42 items representing two subscales, namely, resilience and mental toughness. The overall expectation of this scale is to select psychologically resilient candidates for military services. All aspects of internal validity of RIM had been established and demonstrated a very good level of reliability. However, the external validity (predictive, convergent, discriminant validity) of the tool was yet to be established. Predictive validity is crucial to convince the military authorities to use

this tool in the recruitment process. For this reason, a longitudinal predictive validity study was designed.

There were a few predictions of RIM. It was predicted that those who scored high on RIM scale would complete the basic military training successfully. If they were resilient, they also should be able to adjust to the military organisational structure well. Another prediction of resilience is concerned the psychological well-being of the trainees. Therefore, the individuals who score high in resilience should have lower psychological issues or should score low in mental health assessments. Prevention of attrition in the military was another objective of developing RIM scale which means it should be able to predict those who leave the service prematurely. A longitudinal study was designed to test all these predictions.

#### *D. RESEARCH QUESTION*

Can RIM and risk factor assessments use at the recruitment predict military performance and well-being?

##### *1.2 Aims of the study*

- to determine the extent to which the Resilience Inventory for Military (RIM) predicts military training success and adjustment to the service
- to determine whether RIM can predict psychological well-being of the trainees
- to explore the relationship between pre-enlistment risk factors and training success and psychological well-being

## **II. METHODS AND PROCEDURES**

A Longitudinal cohort study was designed to meet these aims.

#### *A. SAMPLE*

Cadet trainees who were in training at that time of the study (2015-2016) in all three forces were the target population for this study. The inclusion criteria for this sample were an officer cadet, with at least six months to go before the completion of the training to allow six-month follow-up. One hundred and forty-seven trainees were tested using the RIM and other demographic and risk assessment questionnaires during October, November and December 2015. Of these 39.5% (n=58) were Army cadets, 39.5% (n=58) were Navy cadets while 21.1% (n=31) represented the Air Force. Only 2.7% (n=4) were female. These trainees were monitored for six months for their training performance, and the predictive criterion was tested at the end of the six-month period (June- July 2016).

Ninety-three cadet trainees were included in the second stage of the study after filtering for suitable candidates. Of these, 55.9% (n=52) were from the Navy, 23.7% (n=22)

were from the Army and the other 20.4% (n=19) were from the air force. Academic performance and other archival information such as examination results were collected only from navy cadets, due to the practical difficulties of obtaining archival information from Army and Air force training sections.

#### B. MEASURES

1) Resilience Inventory for Military (RIM 42). The main predictor variable in this study was the **RIM which has 42** items 20 Resilience items and 22 Mental Toughness items. Resilience items were rated in 7 point Likert scale and Mental Toughness items were rated in 5 point Likert scale. Composite scores of RIM was standardised to overcome the rating differences.

A few risk factors also considered as predictor variables. Those were antisocial personality, childhood adversities, PTSD Check List and suicide ideation scale. These scales were translated and adapted to military context.

The dependent variables were: newcomer adjustment scale (NCA18); turnover intention scale (TIS6); training satisfaction questionnaire (TS8); general health questionnaire (GHQ 12) and exam performance.

2) Newcomer Adjustment Scale: (NCA18). Newcomer Adjustment/ Learning was measured using the 18 items developed by Thomas & Anderson (2014) which has three main domains: role learning, social learning and organisational learning. This measure is considered as the most parsimonious and least occupationally specific newcomer learning scale (Thomas & Anderson, 2014). Items are rated on a 7 point Likert scale from 1 "strongly disagree" to 7 "strongly agree".

#### 3) Turnover Intention Scale (TIS6)

Turnover intention (the intention to leave or stay) was assessed using a six-item Turnover Intention Scale (TIS-6) validated by Bothma and Roodt (2013). This is the short version of the original 15 item scale which was developed by Roodt (2004). Authors suggest that TIS-6 can be used as a reliable and valid scale to assess turnover intentions or to predict actual turnover.

#### 4) Subjective Training Satisfaction and Attitudes towards Training staff (TSAT)

A questionnaire was developed to assess the satisfaction level of the trainees and their attitudes towards the training staff and environment considering the military training context. This variable included eight items, and the first item was a global measure of overall job satisfaction. This is a single item scale which measures global rating of overall job satisfaction (Thomas & Anderson 2002; Sackett & Larson, 1990; Scarpello &

Campbell, 1983). The single item "How satisfied are you with the decision you made to join with military/" was rated on a 1-5 scale from "not satisfied at all" to "fully satisfied". This item also was included to the subjective training satisfaction scale.

#### .5) General Health Questionnaire (GHQ12)

GHQ 12 was used as the measure of psychological well-being of the cadet trainees. The General Health Questionnaire (GHQ) is a self-administered questionnaire widely used to detect potential nonpsychotic psychiatric disorders. The original questionnaire consists of 60 items, but subsequently, 30, 28 and 12 item versions have been derived from it. These are used globally. GHQ 12 has been validated for many countries, and claims to have 2-3 factor solutions. GHQ 12 has been validated in the Sri Lankan population (Sinhala language) by Abeysena et al. (2009),

6) Academic performance during the training. One indicator of the success of training is how trainees have performed in their academic courses, which include both theory and practical examinations. Therefore, average of academic performance at the exams was collected for further analysis. However, the full record was obtained only for the 28 trainees of the 54<sup>th</sup> Cadet Batch of the Navy, who had completed the three years training. Only first year examination results were available for the 56<sup>th</sup> batch. RIM 42 and GHQ-12 were already existed in Sinhala. NCA-18 and TIS-6 went through translate and back translate process before using them. The satisfaction scale was developed in English and translated into Sinhala and examination scores were obtained from the training officers' records.

#### C. PROCEDURES

**Data collection:** At the first stage, data were collected using RIM 4), demographic data, pre-enlistment vulnerability sub scales (ASB, PCL, childhood adversities, psychological disorder, suicidal attempts and thoughts) during November-December 2015. Behavioural outcomes should be measured within a reasonable timeframe after accepting a position within an organisation. Based on Muliawan et al., (2009), this study used a six to seven month period (during June-July 2016).

The second stage of the data collection was done remotely with the help of the training staff and counselling officers of each military service; the researcher could not attend this stage due to practical issues.

**Statistical analysis:** Hierarchical multiple regression (MLR) analysis was carried out to see the contribution of predictive factors to the outcome variables. Risk factors (childhood adversities, PTSD symptoms, anti-social behaviour patterns, and history of psychological disorder) and protective factors (the resilience and mental

toughness measured by the newly developed tool) were considered as the independent variables, whereas the NCA, TIS, training satisfaction and GHQ were considered as the dependent variables in this study. RIM was entered in the first block of the MRL, and all the other predictive variables entered in the second block. Reasons for this decision are explained in the results section

### III. RESULTS

#### A. Characteristics of the respondents

One hundred and forty-seven trainees were entered into this study after testing using RIM and other demographic and risk assessment questionnaire during October November and December 2015. However, after six months, only 93 Cadet Trainees completed the outcome measures. Of these, 55.9% (n=52) were Navy cadets representing two training cohorts (54<sup>th</sup> and 56<sup>th</sup>), another 23.7% (n=22) were Army cadets representing two training cohorts (83<sup>rd</sup> and 84<sup>th</sup>) and 20.4% (n=19) represented the Airforce (58<sup>th</sup> cohort). There were only two female respondents. Respondents' mean age was 21.5 years (SD = 1.58). As all of them were cadet trainees their minimum level of education was GCSE Advanced Level. Five respondents had achieved diploma level qualifications. All the participants were unmarried.

#### B. RIM scores for the sample

The main predictive measure of this study was the RIM score of the cadet trainees which was tested six months before the second study. The mean score for the resilience factor of cadet trainees was 109.62 (SD = 23.66) while the mean score for the mental toughness factor was 75.95 (SD = 8.72). These scores were standardised, to minimise the influence of two different point scales.

Anti-social behaviour was assessed with eight true/false items. The mean number of yeses for this sample was 1.48 (SD = 1.67). However, it is worth noting that 38.7% (n = 36) scored 2 or more points on the ASB scale. Raw scores were converted into two categories, ASB positive and ASB negative, based on Felitti et al. (1998). By this criterion 20.4% (n=19) were ASB positive.

Pre- enlistment trauma was measured using the PCL short version, and the mean score was 9.5 with a standard deviation of 3.75. According to the scale authors, an individual can be screened positive if the sum of these items is 14 or greater. The sample was categorised into two categories based on this criterion as PTSD positive and PTSD negative. There were 11.8% (n = 11) respondents who fell into the PTSD positive category.

The next predictive variable was suicidal thoughts and attempts. Ninety-two respondents completed this. Raw data were categorized into two categories: no suicidality,

and one or more events. Forty-one per cent of respondents had some suicidality, of whom 9.7% (n=9) reported more than two events. Only 8.6% (n=8) reported a history of psychological disorders, so this variable was not going to be a useful predictor.

Childhood adversity was measured using an 8 item scale. Only 11.8% (n = 11) had been away from their mother more than six months, and 15.2% (n = 14) had been away from their fathers for more than six months. Only two respondents (1.4%) reported living with a mentally ill person, while 10 (6.8%) reported living with a problem drinker.

Twenty-three respondents (25%) had experienced one or more abuses as a child. Three people did not answer this question. Scale responses were categorised into, no adversity reported and at least one adversity reported. Twenty-five respondents (26.9%) have had at least one of the adversity experience as a child.

#### C. Results of the outcome variables

The results of all outcome variables; Newcomer Adjustment, Turnover intention, Subjective training satisfaction, General health questionnaire and examination performance are presented in table 1. Academic performance of the trainees was obtained only from navy cadet sample due to problem of access to army and air Force records. The subjective training satisfaction scale which included a single item overall job satisfaction scale, was analysed separately to see participants' general satisfaction with the job so far, and the mean score was 3.73 (SD = 1.10, n = 92). Scores ranged from 1 to 5. Raw GHQ scores were converted to standard GHQ scoring format (0, 0, 1, 2), then totalled for each respondent. The reliability of each scale was also measured using Cronbach's alpha and obtained good-to excellent reliability, ensuring the safe use of these scales in the Sri Lankan military context.

Table 1: Results of the Outcome variables

	N	Min	Max	Mean	Std. Dev	Reliability
Total NCA	93	77	124	103.74	8.876	0.91
Total TIS	92	6	25	14.39	4.065	0.76
Total TSAT	92	13	53	38.17	7.875	0.91
Total GHQ	92	0	9	2.93	2.301	0.78

Exam score Ave	53	54	73	63.7	4.42	
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Source Hettigoda & Hamersley, 2017

One-way ANOVA was conducted to check whether there were any statistical differences between means of these outcome variables in terms of military services and found no significant difference between groups.

*D. Correlation between predictive variables and outcome variables*

Before multivariate analysis, first order correlations were calculated between all predictor and outcome variables. RIM was correlated with most outcome variables, as shown in Table 4.3, NCA ( $r=0.38$ ), turnover intention ( $r=-0.43$ ), training satisfaction ( $r=0.42$ ) and GHQ ( $r=-0.40$ ), but not with academic score ( $r=0.20$ ).

Childhood adversity was one of the main risk factors looked at in this screening tool. Categorized adversity data were positively correlated with GHQ12 scores ( $r = .24, p < .05, n = 89$  non parametric). Individuals who had experienced childhood adversities scored high on GHQ 12, indicating a threat to their psychological well-being. However, none of the other outcome measures correlated with childhood adversities in this cadet sample.

Suicidal acts and thoughts was another risk factor included in the screening tool. However, none of the outcome measures were correlated with suicide acts and thoughts. PTSD was correlated with total GHQ ( $r = .22, p < .05, n = 92$ ). Antisocial behaviour patterns were not correlated with any outcome measures.

*E. Correlation among outcome measures*

There were some strong correlations among outcome measures. Total newcomer adjustment scores were strongly negatively correlated with turnover intention ( $r = -.62, p < .001, n = 92$ ). Cadets who had adjusted well into the service had no intention to leave the service and vice versa. NCA was positively correlated with subjective training satisfaction ( $r = .50, p < .001, n = 92$ ). Those who were satisfied with the aspects of training also had adjusted to the service culture or vice versa. Correlation between NCA and GHQ also was significant ( $r = -.49, p < .001, n = 92$ ). Turnover intention was negatively correlated with training satisfaction ( $r = -.58, p < .001, n = 92$ ) while turnover intention scores were positively correlated with GHQ scores ( $r = .48, p < .001, n = 92$ ).

*F. Testing the military well-being and successfulness in training through RIM and other pre-enlistment risk factors predict?*

The main objective of the predictive validity study was to determine whether the pre-enlistment factors assessed by RIM and the other risk scales can predict military well-being and training successfulness measured using five outcome measures (NCA, TIS6, TSAT, examination scores and GHQ12). A series of multiple linear regression (MLR) was conducted to help determine whether the predictor variables could be used to predict military well-being and training success and to find out which predictive variable is the best predictor of the outcome measures. Separate MLRs were conducted to test each outcome measure. Table 2 summarises the results of MLR conducted for each outcome variable. All the MRL showed that RIM could predict the outcome variables.

1) Newcomer Adjustment (NCA): RIM alone accounted for 14.8% of the total variance of NCA. The total contribution of the model to the variation was 20.06% ( $R^2 = .15$  for step 1,  $R^2 = .21$  for step 2  $***p < .001, **p < .01$ ) This means Childhood adversities, PTSD positivity. Suicide act and thoughts, and ASB scores added an additional 6% to the total variance of NCA. The overall model fit was  $F(5, 81) = 4.204, p < 0.01$ . RIM positively contributed to Newcomer adjustment while ASB, childhood adversities, Suicide thoughts, PTSD positivity negatively contributds to NCA.

2) Turnover Intention (TIS)

According to the model summary,  $R^2$  value indicates that all predictors accounted for 24.2% of the total variance of Turnover intention, whereas the Model 1 alone accounted for 18.2%. ( $R^2 = .18$  for step 1,  $R^2 = .24$  for step 2  $***p < .001$ ). This means Childhood adversities, PTSD positivity, Suicide act and thoughts, and ASB scores have added only an additional 6% to the total variance of turnover intention. Overall model fit was significant  $F(5, 85) = 5.20, p < 0.001$ . RIM score which is a protective factor had a negative impact on turnover intention and other risk factors had a positive impact on turnover intention of the military trainees.

3) Training satisfaction of military trainees (TSAT).  $R^2$  values in the model summary indicated that all predictors accounted for 25.2% of the total variance of training satisfaction while in Model 1 alone accounted for 18.7%. All the other criterion variables added only an additional 6.5% to the total variance in training satisfaction ( $R^2 = .19$  for step 1,  $R^2 = .25$  for step 2  $***p < .001, *p < .05$ ). The overall model fit was significant  $F(5, 85) = 5.40, p < 0.001$ . The contribution of RIM ( $P < 0.001$ ) to the training satisfaction model was significant and positive. The contribution of ASB was also significant ( $p < .05$ ) while the individual contributions of other variables were not significant.

4)GHQ of military trainees  $R^2$  values in the model summary indicated that all

predictors accounted for 41.4% of the total variance of GHQ, whereas the Model 1 alone accounted for 19.7%. All the other criterion variables added an additional 21.7% to the total variance of GHQ ( $R^2 = .20$  for step 1,  $R^2 = .41$  for step 2  $***p < .001$ ,  $**p < .01$ ,  $*p < .05$ ). The overall model fit was significant  $F(5, 85) = 11.30$ ,  $p < 0.001$ . Table 4.7 presents a summary of the multiple regression models for GHQ. The contribution of RIM to the GHQ model was significant ( $p < 0.001$ ) and it was negative. The contributions of ASB, childhood adversities and PTSD positivity were also significant ( $p < .01$ , and  $p < .05$ ) while suicide thought was not significant in this model.

5) Training performance. Average examination score was considered as an indicator of training performance. Examination scores were available only for two intakes of the Navy. As noticed in the correlational analysis above, there is no any strong relationship between any of the criterion variable and examination score. To further explore any linear relationship, another hierarchical multiple regression was carried out. However, none of the models were significant, which leads to the conclusion that none of the criterion variables in this study can predict examination performance. This could be due to the nature of the examination and the training.

#### IV. DISCUSSION

Demographic information of the sample suggests that the sample was homogeneous as they shared common characteristics such as age, education level, and marital status. Due to this reason, subsequent regression analysis did not use them as moderating factors.

This study assumed that those who scored high in risk factor scales should have problems related to well-being and performance. Both childhood adversity and PTSD positivity could predict GHQ, the well-being of the trainee

as expected (Cabrera et al., 2007; Macmanus, 2012; Owens et al., 2009). This finding further confirms the notion that childhood adversity and child trauma may continue to have strong influences on mental health issues in adult life. Suicidal thoughts did not make any significant contribution to any predictive model. Anti-social behaviour traits also could not predict psychological wellbeing of the cadet trainees. However, these assessments measured very sensitive aspects of respondents' pre-enlistment life. Therefore, either underreporting or social desirability may have influenced these unexpected results. The absence of evidence of sufficient relationship between of some pre-enlistment risk factors and well-being and performance models does not indicate that they do not exist. It means the risk assessment measures need to be modified.

The predictive ability of RIM on all the outcome variables was proved to be significant on all the outcome variables except academic performance. RIM contributed significantly to NCA model which proves its role in predicting newcomer adjustment. RIM negatively contributed to Turnover intention and suggested that RIM could screen candidates who will leave the service soon. Contribution of RIM to Training satisfaction model was positive and resilient candidates were more satisfied with their training and training staff. As expected RIM negatively contributed to the GHQ model, which measured the psychological well-being of the trainees. These findings concur with the previous empirical studies done relating to resilience and mental toughness which are two main constructs of RIM (Nicholls et al., 2008; Cohen, et al., 2010; Cornum et al., 2011; Hardy et al., 2015; and Sudom & Lee, 2016).

Table 2: Summary of MLR and ANOVA table of predictive and outcome variables

	NCA			TIS			TSAT			GHQ			
	Variance	R <sup>2</sup>	F (5,85)	Beta	R <sup>2</sup>	F (5,85)	Beta	R	F (5,85)	Beta	R	F (5,85)	Beta
Step 1	14.8%				18.2%				18.7%			19.4%	
RIM Score		4.20		.39**		5.20	-.43***		5.40, $p < 0.001$	.43***		11.30, $p < 0.001$	-.44***
Step2 R2	20.06%				24.2%				25.2%			41.7%	
RIM score				.41***			.48***			.43***			-.43***
ASB				.24*			.14			-.25*			-.39*
Suicide				-.13			.21			-.04			.00
Adversity				-.02			.08			.04			.21*
PTSD				-.10			.12			-.12			.24**

Source: Hettigoda & Hamersley, 2017

... could not predict academic performance due to lack

of data for this variable as data from the Army and Air force could not be obtained for this variable. Only 53 navy participants were entered into the average

examination score variable, and of these, final marks were available only for 28 trainees, and the balance was from the end of first year scores. Due to these data collection limitations, the absence of a relationship between RIM and academic performance cannot be concluded until confirmed with a good set of data. On the other hand, average examination score is not a good measure of military personality, and it will not predict military performance and/or well-being.

#### V. FURTHER RESEARCH DIRECTIONS

There is abundant research that has looked at resilience as a predictor of mental health. The military is one of the contexts which has utilised the term "resilience" extensively. One big project is Comprehensive Soldier Fitness (Cornum et al., 2011). This project has started in 2009 and was supposed to finish by 2015. Under this project, compulsory resilience training was recommended, and small unit leaders were trained to help their subordinates. There are some vital criticisms against this project (Eidelson & Soldz, 2012). Critiques have mainly criticised the methodological flaws of the project. However, these criticisms have not been able to disapprove that resilience is important in the military. A similar kind of resilience training programme has been adopted by the Australian military to train their soldiers in resilience. This training is called "BattleSMART" (Self - Management and Resilience Training). The main objective of this resilience training is to create awareness of psychological and physiological reactions to adverse and stressful events and teach trainees how to minimise maladaptive behaviours in reaction to stress (Cohn, et al., 2010). Another project in which the resilience concept is used is the Technical Cooperation Program in US Military (Sudom & Lee, 2016). According to this report, some studies have considered resilience as the absence of psychological symptoms such as PTSD and depression. This finding is in line with the finding of the current study, which confirmed that the RIM could predict GHQ, which is the well-being of the military trainees. With that light implementing further research on military resilience in Sri Lanka context seems to be very useful. The possibility of replicating Comprehensive Soldier Fitness programme in Sri Lanka need to be further explored.

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