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The Costs of Policing: Psychosocial Capital and Mental Health Outcomes in a Nigeria Police Sample

Oluyinka Ojedokun[1] and Shyngle K. Balogun[2]

[1] *Adekunle Ajasin University (Nigeria)*
[2] *University of Ibadan (Nigeria)*

Abstract. This study examined the influence of psychosocial capital (psychological and workplace social capital) on mental health outcomes among 340 police personnel in Nigeria. Data were collected via anonymously completed questionnaires. The hypotheses were tested using structural equation modeling, and the results revealed that in the context of stress and traumatic stress, resilience $p < .05$, optimism $p < .05$, self-efficacy $p < .05$, hope $p < .05$, and workplace social capital $p < .05$ can influence the development of mental health problems or adaptation. The findings imply that it is important that both researchers and police organization pay attention to how psychological capital influence the development of psychopathology or resilience and how such issues can be addressed through psychological training in the workplace.

The job of policing is demanding and stressful, and police personnel are at a higher risk of developing mental-health problems (van der Velden et al., 2013). This is because their duties involve frequent exposure to stressors, critical incidents, traumatic events, and threatening situations on and off-duty (van der Velden et al., 2013). The spill-over effect of stressors at work can make police personnel vulnerable to mental-health problems.

The World Health Organization (2005) defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Mental health is a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and fruitfully, and contributes meaningfully to his or her society (World Health Organization, 2014). For this study, mental health is conceptualized as the psychological condition of an individual who functions optimally at levels of cognitive, emotional and social adjustment as depicted by the General Health Questionnaire (GHQ: Goldberg & Hiller, 1979). Thus, the GHQ provides a broad indicator of factors that maintain a balance personal growth for individuals.

Numerous studies have been published that have attempted to prove that poor mental health can be predictive of numerous gloomy outcomes such as reduced job satisfaction, sick leave, and absenteeism (Berg, Hem, Lau, & Ekeberg, 2006); increased substance use and negative work behavior (Vinokur, Pierce, Lewandowski-Romps, Hobfoll, & Galea, 2011). Globally, there is a growing concern about the high rate of mental-health problems among workers, especially, those in high-stress occupations such as the military and police personnel. Research by Cesur, Sabia, and Tekin (2013), and Dai, Yu, Wu, Wu, and Fu (2010) have reported a high level of post-traumatic stress disorder and depressive symptoms among active-duty American soldiers deployed to war zones and Chinese traffic police personnel and others.

In Nigeria, a high-level of stress is reported among the police personnel (Adegoke, 2014). Factors that contribute to this high rate include exposure to potentially traumatic events, the *Boko Haram* insurgency, and community-based violence (Ikuomola, 2011), poor welfare package and equipment, emotionally demanding interactions with the public, under staffing, long working hours, and routine shift work (Ojo, 2014). All these challenges place psychosocial burdens on police personnel, and pose threats to their mental health, and have implications for their optimal functioning (Agolla, 2009).

Notwithstanding these increased risks, research evidence has shown that in the face of comparable stressors, majority of police officers show impressive resilience while a minority exhibit significantly impaired functioning but recover over time, while a smaller group demonstrates stable or even increasing symptoms over time (Galatzer-Levy, Madan, Neylan, Henn-Haase, & Marmar, 2011). This finding suggests that people are not homogenous in their responses to stress and traumatic

stress, and points to the direction that individual factors might be influential on the development of psychopathology or resilience. Previous studies (e.g., Galatzer-Levy et al., 2013) have consistently demonstrated that responses to stress and potentially traumatic events conform to discrete patterns of response such as resilience, anticipatory stress, initial distress with gradual recovery, and chronic distress. Therefore, in Nigeria where police personnel perform their duties amidst adversities, investigating the individual factors that can explain vulnerability to psychopathology or coping with mental health problems is imperative.

Existing models of mental health outcomes in literature have outlined a multiplicity of biological (e.g., genetic inheritance), psychological (e.g., personality, explanatory style), and social (e.g., social support, social status and living conditions) factors that can influence mental health. The Biopsychosocial model considers the biological, psychological, and social factors in interaction with each other as predisposing factors in health and illness. Similarly, the Diathesis-stress model proposes that genetic, biological, psychological, and cultural vulnerability (diathesis) interact with environmental or biological stressors to increase the probability of occurrence of mental-health problems.

There are a number of studies (e.g., Marchand & Blanc, 2010; Marchand & Durand, 2011) that support the Biopsychosocial and Diathesis-stress models. However, it is important to note that while the assumptions of these models are well supported empirically, there is a concern over their restrictive nature in that they focus solely on the risk and vulnerability for developing mental-health problems, and fail to recognize the heterogeneity in responses to both potentially traumatic events and other significant life stressors (Galatzer-Levy et al., 2011, 2013). This shortcoming provides an avenue to investigate the role of psychosocial capital (i.e., psychological capital and workplace social capital) in the development of psychopathology and coping with mental-health outcomes among police personnel. In this study, psychosocial capital refers to a combination of psychological capital (PsyCap) and workplace social capital (WSC).

Although, Inoue (2012) and Kouvonen et al. (2008**)** have suggested associations of PsyCap and WSC, with mental health outcomes, the influence of PsyCap and WSC on mental health outcomes within a Structural Equation Model (*SEM*) is not well understood. Moreover, previous studies have not simultaneously explored the influence of PsyCap and WSC on mental health outcomes of police personnel within the psychosocial resources model. This research gap is noteworthy, because certain positive psychosocial states can influence the cognitions, behavior and thoughts of individuals.

By drawing on the psychosocial resources theories in conceptualizing the association between psychosocial capital and mental health, this study aims to compensate for a lack of empirical findings in this area in Nigeria. Therefore, research needs to focus on the role of psychological and social capital on the development of psychopathology or coping with mental health problems amongst police personnel because their total health is a prerequisite for good performance. Mental health of police personnel is of importance for administrators and managers, because their "optimal functioning" will generally benefit the police organization and the society. The purpose of this study was to use the SEM to model the influence of PsyCap and WSC on mental health outcomes of police personnel in Nigeria.

Dimensions of PsyCap, workplace social capital, and mental health outcomes

Building on the Conservation of Resources Theory or COR (Hobfoll, 1989) and Social Resources Theory (Lin, Ensel, & Vaughn, 1981), the present study is conceptualized from the psychosocial resources perspective. This approach adapts the COR by adding workplace social capital as a social resource that can explain vulnerability or coping with mental-health problems. The psychosocial resources perspective elaborates on the role of certain psychological and workplace social resources in susceptibility or resilience to mental-health problems. The COR emphasizes the process of positive adaptation under circumstances of loss and describes how employees acquire, maintain, and foster the necessary resources to meet their current job demands and to guard against further resource depletion. The social resources theory focuses on the resources embedded within the network not necessarily the strength of tie or the bridging properties between groups that lead to an individual's upward mobility (Lin et al., 1981).

One recent approach on the psychological strengths that protect against mental health problems focuses on PsyCap, a construct consisting of the positive psychological states of resilience, efficacy, hope, and optimism (Youssef & Luthans, 2010). According to Luthans, Avolio, Avey, and Norman (2007), PsyCap is considered a positive psychological state characterized by confidence to take on and put in the needed effort to succeed at challenging tasks; making a positive attribution about succeeding now and in the future; persevering towards goals and, when required, redirecting paths to goals in order to succeed, and when beset by problems with adversity, sustaining and bouncing back and even beyond to attain success. Nevertheless, the link between PsyCap and mental health outcomes has not been studied among Police personnel in Nigeria. It is

important to examine the influence of the PsyCap components on mental health outcomes.

Resilience is the capability of individuals to "bounce back" and cope successfully despite threatening or challenging situations (Luthans, 2002). In this regard, resilience highlights the cognitive resource that can explain the development of psychopathology or resilience, when dealing with work stressors. Previous research (deRoon-Cassini, Mancini, Rusch, & Bonanno, 2010; Orcutt, Erickson, & Wolfe, 2004; Nugent, Saunders, & Williams, 2009) has indicated that following traumatic injury, exposure during combat, and continued exposure to family violence among children, two groups of people have consistently emerged; one resilient and the other with high levels of symptoms of posttraumatic stress disorder (PTSD). Luthans et al. (2007) indicated that resilient individuals are more likely to adapt positively when they experience negative events in the workplace. Philippe, Lecours, and Beaulieu-Pelletier (2009) reported that resilience is associated with positive emotions, especially when an individual is experiencing a taxing event.

According to Carver and Scheier (2009), optimism is a cognitive tendency to expect positive outcomes rather than negative ones in the face of obstacles. When facing life threatening challenges, optimists are more likely to perceive setbacks as challenges and opportunities that can lead to success, while pessimists are more likely to expect bad things to happen to them (Scheier & Carver, 2009). Optimism has been reported as one of the personal factors that might help explain why some soldiers become vulnerable to psychiatric illness while others exposed to similar events do not (see Thomas, Britt, Odle-Dusseau, & Bliese, 2011). This is because optimists compared to pessimists may have a positive reinterpretation of adversity.

Dispositional optimism has been related to the flexible use of adaptive coping strategies with regard to controllability of stressors (Solberg & Segestrom, 2006), and is considered a predictor of perceived capability to manage the demands of potentially traumatic events (Benight & Bandura, 2004). Therefore, having a positive or a negative outlook of life can explain why optimists and pessimists differ in their coping with mental-health outcomes. In the work context, workers who are dysfunctional, depressed, anxious and somatic are more likely to have a negative attitude towards life. Research on optimism indicates that optimists experience less distress during times of adversity and are generally healthier than pessimists (Rothmann & Essenko, 2007; Scheier & Carver, 2009).

Self-efficacy is the people's confidence in their capabilities to mobilize the motivation, cognitive resources and courses of action necessary to deal with prospective situations (Stajkovic & Luthans, 1998). In the context of stress and traumatic stress, individuals with a higher level of self-efficacy compared to those with a lower level of self-efficacy are more likely to perceive challenges as surmountable, given sufficient competencies and effort. According to Bandura (2000), perception and interpretation of events will influence and determine the experience of stress symptoms and how individuals address difficult challenges. Rothmann (2013) suggested that self-efficacy could have a mediating effect on occupational stress, burnout and work engagement. Hence, self-efficacy is a psychological resource that may have influence on the development of psychopathology or resilience.

According to Snyder (1995), hope is the individual process of thinking about goals and the motivation to move toward those goals (agency) and the ways to achieve those goals (pathways). In other words, people with high levels of hope have the will (agency) and the ways (pathways) to achieve goals (Snyder, 1995). In some studies (Folkman, 2010; Weick & Quinn, 1999), higher levels of hope have been associated with individuals' perceptions of vulnerability, uncontrollability and unpredictability, well-being, anxiety, and depression.

The concept of social capital is defined as the features of social structures, which act as resources for individuals, including interpersonal trust and norms of reciprocity and mutual aid (Baum & Ziersch, 2003). Another definition describes social capital as the sum of the goodwill and potential resources available to individuals and groups stemming from their networks of relationships (Nahapiet & Ghoshal, 1998). This definition recognizes that social ties, such as interaction at work, may accommodate many purposes, including advice and support.

We adopted the definition of Nahapiet and Ghoshal (1998) because it encompasses the three facets of social capital, that is, structural, cognitive, and relational. Workplace social capital can be a social strength in preventing vulnerability to mental health symptoms through mechanisms that include social support, social contact, norms of reciprocity, and sharing of information. All these can facilitate collective solution to problems and buffer against vulnerability to mental-health problems. Kouvonen et al. (2008) have reported that workplace social capital prevents against mental-health problems, and various underlying mechanisms such as, social support, and social network, have been proposed to explain the association between social capital and mental health outcomes. In other words, social ties can have a salutary effect on mental health outcomes and well-being.

With regard to the proposition of Conservation of Resources Theory, we hypothesized that PsyCap (resilience, optimism, self-efficacy, and hope) is inversely related to mental health outcomes (somatization, anxiety, social dysfunction, and depression). Also, in accordance

with social resources theory, we hypothesized a negative influence of workplace social capital on mental health outcomes.

Method

Participants

A cross-sectional survey design was used to collect data among 340 Nigerian police personnel that comprised male (276, 81.18%) and female (64, 18.82%). The age ranged from 23 to 52 years (mean = 38.9, SD = 7.056). Concerning marital status, 199 (58.53%) of the respondents were married, 96 (28.24%) were single, and 45 (13.24%) were divorced or separated. 110 (32.35%) had secondary certificates, 86 (25.29%) had diploma certificates, 97 (28.53%) had bachelor degrees, and 47 (13.82%) had postgraduate degrees. The participants had 3 to 27 (Mean = 7.59 years, SD = 4.79) years of work experience and their length of service in the police organization ranged from 1 to 20 years (Mean = 4.70 years, SD = 5.08).

Instruments

Demographic characteristics

Information concerning age, gender, marital status, level of education, years of work experience, length of service in the police organization, and rank were collected.

Psychological capital

PsyCap was assessed with the 24-item Psychological Capital Questionnaire (Luthans et al., 2007). It contained 6 items for each of the 4 components of PsyCap (resilience, optimism, hope and self-efficacy). Each item is rated on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree). Higher scores for each dimension indicated higher resilience, optimism, self-efficacy, and hope. In this study, the cronbach alpha coefficients of resilience, optimism, self-efficacy, and hope were .89, .86, .81 and .84 respectively.

Workplace social capital

Workplace social capital was assessed by the 8-items social capital scale (Kouvonen et al., 2006). The scale measures both the cognitive and structural components of social capital at work. Cognitive social capital, which refers to beliefs, attitudes and values such as trust between workmates, solidarity and reciprocity that are shared among members of the same organization, was measured with items 3, 5 and 8. Structural social capital, which is formed through horizontal organizations and networks that have collective and transparent decision making processes, trustworthiness of leaders, practices of collective action and mutual

responsibility, was measured with items 1, 2, 4, 6 and 7. The responses are given in a five-point scale (1 = totally disagree, 5 = totally agree). The full score of the scale is 40, which indicates the highest level of social capital at work. A high score on the scale indicates high social capital. The internal consistency of the scale is good (α = .89).

Mental health outcomes

The 28-item version of the General Health Questionnaire (Goldberg & Hiller, 1979) was used to assess mental health outcomes. The questionnaire has four subscales of Somatization (items 1–7), Anxiety (items 8–14), Social Dysfunction, (items 15–21) and Depression (items 22–28). The items asked respondents to rate on a 4-point scale how much they were affected by each of the 28 symptoms of mental health over the previous few weeks (0 = not at all, 1 = the same as usual, 2 = rather more than usual or 3 = much more than usual). The scoring for items 1, 15, 16, 17, 18, 19, 20 and 21 were reverse. The score of 6 and below for each subscale and the total score of 22 and below suggests worse mental health. The psychometric properties of the GHQ-28 have been demonstrated in a wide variety of community populations with good construct validity (Aderibigbe, Riley, Lewin, & Gureje 1996). For the present study, acceptable Cronbach alphas were obtained for somatization (á = .89), anxiety (á = .88), social dysfunction (á = .79), and depression (á = .80) subscales.

Procedure

The study took place at a police command headquarters, which falls under Zone 11 of the Nigeria Police Force (NPF), and located in the capital city of a State in the South West Geopolitical Zone of Nigeria. The Zone comprises Ondo, Osun, and Oyo state commands. The command has 7 departments and 21 divisions with staff strength of 6,588 personnel as of the time of data collection.

Data were collected in three parts. First, 140 copies of the questionnaire were distributed at a day workshop for police personnel. All the questionnaire copies were completed and returned immediately before the beginning of the workshop. For the second part, police stations in the state capital were selected because all the departments in the Nigeria Police were represented in these stations. The relevant police authorities were approached for permission to collect data among their personnel, and upon their consent, data were collected from the respondents. The third part involved the use of police trainers working with the Police departments to administer the questionnaire. Opportunistic sampling technique (i.e., using those happened to be around) was used to administer 300 copies of the questionnaire

in the second and third parts. The reason for using opportunistic sampling method was to get adequate number of participants because the security situation in Nigeria as at the time of this study and the shift nature of police job did not allow for a randomized technique. Two hundred and sixty copies of the questionnaire out of the 300 administered were returned, 60 were removed due to incomplete data. The remaining 200 copies of questionnaire were added to the 140 copies collected in part one to make 340 copies altogether. This figure yielded a response rate of about 77% of the total questionnaire administered. The study spans about a month, and no incentive was provided for the participants. The participants were assured of psychological help, should the need arose.

Ethical considerations

The study was approved by the ethics committee of the Department of Pure and Applied Psychology, Adekunle Ajasin University, Nigeria. Also, through the information provided on the questionnaire, respondents were informed that participation was voluntary and that the data obtained would be analyzed in a group format. The completion of the questionnaire was considered consent to participate in the study. To ensure confidentiality and anonymity, all the questionnaire copies administered were coded and kept in sealed envelopes.

Data analysis

The Pearson r correlation statistics was used to establish the relationships between study variables. All the paths were tested simultaneously using maximum likelihood method in SEM techniques to model the relationship between psychosocial capital and mental health outcomes. These criteria were used to evaluate the overall goodness-of-fit (see table 2). The chi-square statistic (χ^2), which is the test of absolute fit of the model. A χ^2 value of zero indicates little difference between the expected and observed covariance matrices. In addition to the χ^2 test, the Goodness-of-fit Index (GFI), the Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA) were assessed because the χ^2 is sensitive to sample size. As a rule of thumb, indicators of a well-fitting model are evidenced by GFI and CFI greater than .90 (Hoyle, 2012), and values of RMSEA of about .06 or less indicate a good fit, values smaller than .08 are still indicative of an acceptable fit, and values greater than 0.1 lead to model rejection (Browne & Cudeck, 1993).

Results

To proceed with SEM, the normality of the data was tested by computing the range, minimum, maximum, mean, standard deviation, skewness, and kurtosis for all the scales. The data were presumed to be normally distributed because they met the assumption of normality. The descriptive statistics of all variables are presented in Table 1.

The results revealed that somatization was negatively associated with resilience, optimism, self-efficacy, hope, and workplace social capital. Anxiety was negatively associated with resilience, and self-efficacy, and workplace social capital, but not with optimism, and hope. Social dysfunction had a significant positive relationship with resilience, optimism, self-efficacy, hope, and workplace social capital. The results equally indicated that depression had a significant negative relationship with resilience, optimism, and workplace social capital, but no significant relationship with self-efficacy and hope.

Maximum likelihood analysis in *SEM*, as implemented in *AMOS* version 22 was used to test the hypotheses.

In the first model, the relations between psychosocial capital (resilience, optimism, self-efficacy, hope, and workplace social capital) and mental health outcomes (somatization, anxiety, social dysfunction, and depression) were tested. The model produced fit indices as follows: $\chi^2(10) = 831.300$ ($p < .001$); $\chi^2/df = 4.75$; GFI = .668; CFI = .623; *AGFI* = −.496; NFI = .624; TLI = .359; RMSEA = .492. As expected, moderate correlations were found between certain psychosocial capital and mental health outcomes, while others were not contributing meaningfully to the mental health outcomes. Particularly, paths from resilience to social dysfunction and depression, paths from self-efficacy to anxiety, social dysfunction, and depression, and paths from hope to somatization, anxiety, and depression revealed inadequate statistical significance. This indicated that not all aspects of the psychosocial capital were significantly linked to mental health outcomes, in line with the study hypotheses. Because the hypothesized model did not have a 'good fit', it was rejected.

The model was re-specified, and in the model 2, using modified indices, all non-significant paths were excluded from the analysis. The second model demonstrated an acceptable fit (GFI = .968, AGFI = .771, RMSEA = .369). As indicated in model 2, the goodness of fit measures indicated a 'good fit' for the re-specified model because all the indices met the minimum requirements for the benchmark fit indices. The $\chi^2(18) = 849.023$; $\rho < .001$.

Figure 1 showed the results of psychological capital (resilience, optimism, self-efficacy, and) and workplace social capital on mental health outcomes (somatization, anxiety, social dysfunction, and depression) of police personnel. All paths are standardized path coefficients showing the magnitude of each factor on mental health outcomes and each factor can be compared with other

Table 1. *Correlation showing inter-variable relationship of the study variables*

Variable	1	2	3	4	5	6	7	8	9
1. Somatization	1								
2. Anxiety	.81**	1							
3. SD	−.46**	.47**	1						
4. Depression	.76**	−.74**	−.43**	1					
5. Resilience	−.42**	−.20**	.13*	−.13**	1				
6. Optimism	−.33**	.11	.16**	−.51**	.51**	1			
7. Self-efficacy	−.26**	−.17**	.15**	.02	.65**	.30**	1		
8. Hope	−.31**	−.10	.23**	−.07	.53**	.42**	.54**	1	
9. WSC	−.66**	−.55**	.28**	−.26**	.32**	.16**	.14**	.37**	1
Range	18.00	21.00	20.00	18.00	18.00	14.00	15.00	18.00	22.00
Minimum	7.00	7.00	7.00	7.00	6.00	6.00	6.00	6.00	8.00
Maximum	25.00	28.00	27.00	25.00	24.00	20.00	24.00	24.00	36.00
Mean	15.93	16.66	11.74	16.19	14.36	13.42	14.66	13.58	23.87
SD	5.10	6.23	4.48	6.21	4.19	2.86	2.84	3.38	5.48
Variance	26.00	38.81	20.08	38.58	17.55	8.20	8.09	11.43	30.01
Skweness	.171	−.092	1.116	−.467	−.045	.068	.570	−.513	.228
Kurtosis	−1.171	−1.371	.779	−1.465	.274	−.375	.626	.689	−.846

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

factors in the model. Resilience was found to have a significant negative direct effect on somatization and anxiety, suggesting that resilience is negatively associated with somatization and anxiety. Optimism had a significant negative effect on somatization, anxiety, and depression. This means that optimism is negatively related with somatization, anxiety, and depression. In contrast, optimism had significant direct positive effect on social dysfunction. Self-efficacy was found to be significantly and negatively associated with somatization. Hope had a significant positive association with social dysfunction. This seems to suggest that hope is positively associated with social dysfunction. In terms of workplace social capital, there was a direct effect of workplace social capital on mental health. Specifically, workplace social capital had significant negative effect on somatization, anxiety, and depression. This indicated that workplace social capital is negatively related with somatization, anxiety, and depression. Workplace social capital also had significant positive effect on social dysfunction. In other words, workplace social capital is positively associated with social dysfunction. Hence, the study hypotheses were partly supported.

Discussion

The purpose of this study was to explore how psychological capital (PsyCap) and workplace social capital (WSC) would influence mental health outcomes of police personnel. In addition, the applicability of Conservation of Resource Theory and Social Resources Theory were examined by testing whether all the dimensions of psychological capital (resilience, optimism, self-efficacy, and hope) and workplace social capital would influence the various types of mental-health outcomes in the same model.

From the association found between the dimensions of psychological capital, workplace social capital, with some mental health outcomes, the hypotheses postulated by Hobfoll (1989) and Lin et al. (1981) in both the COR and the Social Resources theories were supported to a certain extent, and this has extended the applicability of the two theories in the work settings. The findings from this study provided empirical evidence that vulnerability or coping with mental health outcomes was related to lower scores on psychological capital and workplace social capital. This suggests that a combination of psychological and social capital is relevant in

Table 2. *Goodness-of-fit indices of psychosocial capital model of mental health outcomes*

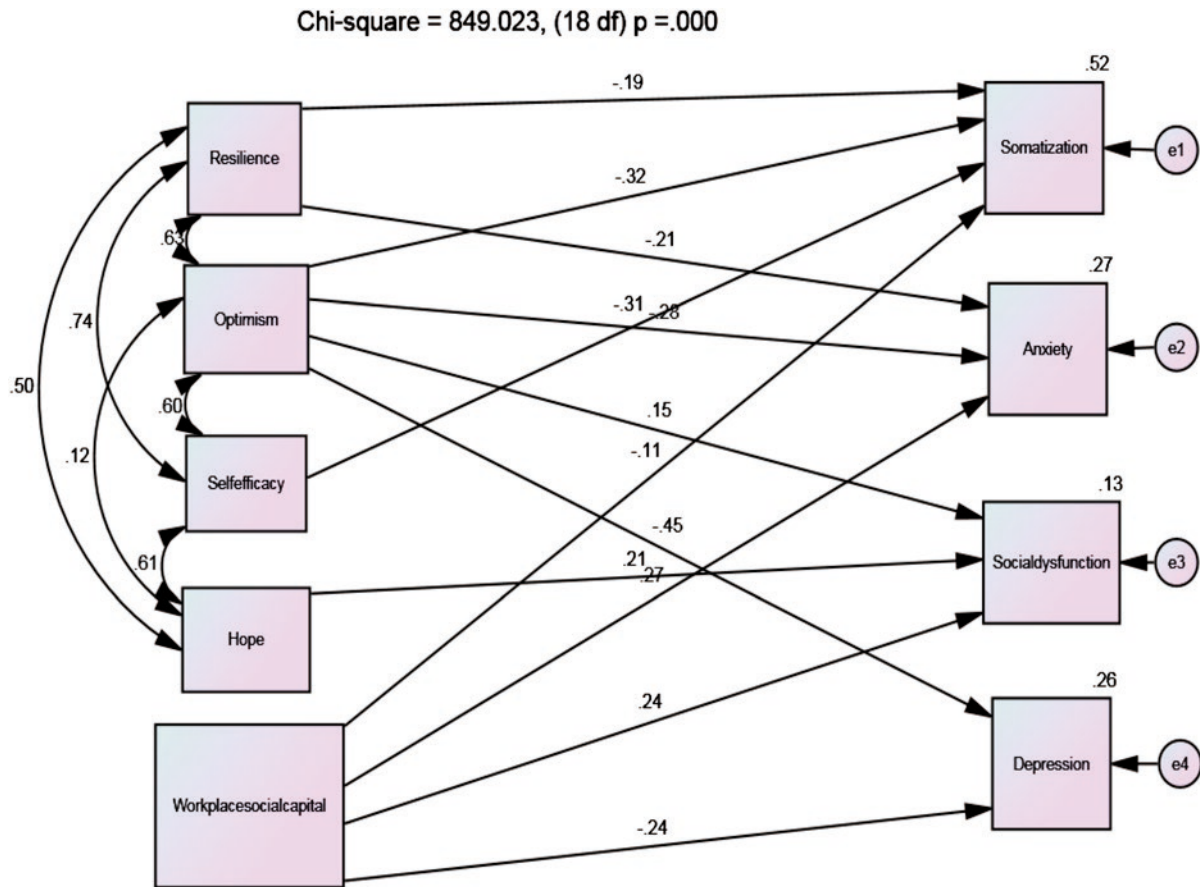| Model	χ^2	df	p	GFI	CFI	AGFI	NFI	TLI	RMSEA
Model 1	831.300	10	0.01	0.668	0.623	−0.496	0.624	0.359	0.492
Model 2	849.023	18	0.01	0.968	0.971	0.771	0.956	0.236	0.369

Chi-square = 849.023, (18 df) p =.000

Figure 1. The relationship between Workplace psychosocial capital and mental health.

reducing vulnerability or coping with mental-health outcomes among police personnel.

In general, the findings of this study are in agreement with those of earlier research. For instance, similar to the studies (Galatzer-Levy et al., 2011, 2013; Philippe et al., 2009; Rothmann, 2013; Rothmann & Essenko, 2007) that found resilience, optimism, self-efficacy, and hope to be associated with how individuals develop psychopathology or resilience during potential life threatening situations., the negative relationship of resilience, optimism, self-efficacy and hope, with mental health outcomes as well as the negative association between workplace social capital and mental health outcomes (Kouvonen et al., 2008) were also found in this study.

Specifically, the findings showed that individuals who are resilient, optimist, and self-efficacious reported less somatic and anxiety symptoms. The findings replicate prior studies in both Western and African countries (Luthans et al., 2007; Philippe et al., 2009; Rothmann, 2013; Rothmann & Essenko, 2007). Resilient and optimist individuals are characterized by high levels of adaptation and success expectation which can help in maintaining better mental health in the face of challenging situations requiring change and adaptation.

Under difficult circumstances, self-efficacy describes people's self-confidence in their skills to manage the situation effectively. The perception of being in control of the stressful situation can acts as important buffer and decreases people's potential for experiencing mental health problems. The COR theory (Hobfoll, 1989) ascribes this influence to psychological resources that employees acquire to cope with their current job demands and to guard against vulnerability to mental-health problems. The findings can also be attributed to a number of factors including the commonplace nature of exposures to traumatic stress, the nature of police training, and the self-selection and institutional selection factors that shape who enlists in the police work, which may contribute to vulnerability or coping with mental health outcomes.

Also individuals who are optimist and hopeful reported less social dysfunction symptom. This may be perhaps be due to optimists' tendency to flittering out irrelevant negative stimuli in the context of stress and traumatic stress, and this could make the appraisals of these stimuli less disturbing, leading, in turn, to fewer negative mental health outcomes. In the face of work stressors, the adaptive cognition of positive expectations

concerning oneself and one's future may an explanation for the role of hope in vulnerability or resilience to mental health problems. In the context of stress traumatic, and coping with stressful situations, most previous studies (Benight & Bandura, 2004; Folkman, 2010; Solberg & Segestrom , 2006; Thomas et al., 2011; Weick & Quinn, 1999) have found that optimism and hope are important factors in the development of psychopathology or resilience. Previously, under stressful situations, the roles of optimism and hope in individuals' perceptions of vulnerability, uncontrollability and unpredictability, well-being, anxiety, and depression have been reported by Rothmann and Essenko (2007).

Further, individuals who are optimists reported less depression symptoms. Optimism is a state of mind that is associated with making positive attribution when in stress-provoking situations, individuals high on this psychological factor appear to remain calm and unaffected behaviorally or emotionally, and may find it easier to cope better with mental health issues. Psychological capital and well-being studies (Scheier & Carver, 2009; Rothmann & Essenko, 2007) indicate that optimism reduces susceptibility to well-being problems. Individual differences should therefore be taken into account in the context of police training and work, especially with regard to mental health outcomes which are inherent in the nature of police work. Therefore, consideration should be given to the boosting of psychological capital in developing training materials to minimize vulnerability to mental health problems. Psychological capital development training strategies can focus on setting positive goals, reducing exposure to risk while mobilizing assets and protective systems, fostering positive thoughts, adaptive coping skills, developing self-efficacy beliefs through enactive mastery experiences, vicarious experiences, verbal persuasion, psychological and emotional arousal, and accentuating hope through hope finding, bonding, enhancing, and reminding.

Workplace social capital was also shown to have an independent negative influence on somatic, anxiety, and depression symptoms. Individuals with high workplace social capital may find it very easy to cope with mental health problems due to the social ties and support from the others which may be evaluated as pleasurable, thus reducing focusing on workplace adversities. Social bonding is particularly a cultural norm in most workplaces in Africa. The current findings add to the evidence on the importance of workplace social support. These findings may support the finding of Kouvonen et al. (2008) who indicated less vulnerability to mental health problems through various underlying mechanisms such as, social support and social network. Therefore, organizations should provide employee assisted programs designed to create a supportive atmosphere for the employees.

There are several limitations to this study. First, the findings are not generalizable to all individuals experiencing mental health problems because participants in this study do not constitute a sample randomly selected from a known population. Second, participants were recruited from a police command in Nigeria, which did not guarantee a representative cross-section of police personnel in Nigeria. Third, measurement of mental health was limited to GHQ. In further studies, other measures of mental health outcomes need to be included. Finally, the cross-sectional design did not allow conclusions regarding cause–effect relationships. This could be addressed in future studies using a longitudinal methodology.

In conclusion, the study identified psychosocial capital which influences mental health symptoms among police personnel in Nigeria. This study suggests that it is important that both researchers and police organization pay attention to the psychosocial capital influencing susceptibility or adaptation to mental health problems and how such issues can be addressed through psychosocial interventions in the workplace.

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