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## NEGATIVE PSYCHOLOGY IN SOLDIERS CONDUCTING TIMOR-LESTE MILITARY ASSIGNMENTS: LITERATURE REVIEW

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### ARTICLE INFO

*Article history:*

Received: 01-09-2025

Accepted: 09-11-2025

Published: 31-12-2025

*Keyword:* negative  
psychology, soldiers,  
military duty

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### ABSTRACT

The purpose of writing is to provide an overview of the negative psychological conditions of military members while performing military duties. The article writing process uses the literature review study method. Data collection uses databases from PubMed, EBSCO, Google Scholar, and JAMA Psychiatry. Keywords are military nurses, the role of military nurses, and the psychological well-being of soldiers. Results: negative psychology experienced by military members includes stress, anxiety, depression, and suicide attempts. Negative psychological influences are the burden and heavy demands of work. The number of cases increases every year. Military members with high occupational risks are experiencing psychological problems. Reducing referring experiences by improving psychological well-being at work through developing guidance and counseling and screening interventions, and by implementing case managers in mind and great warrior activities.

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### INTRODUCTION

Soldiers are a profession with quite high occupational risks (Carlsbad, 2018). The occupational risks experienced by soldiers can influence feelings of well-being, such as stress, depression, and even suicide attempts when carrying out military duties (Harms, Krasikova, Vanhove, Herian, & Lester, 2013; L. Shelef et al., 2017; Wazen et al., 2014). Soldiers are expected to be always ready in various conditions and to work 24 hours/day

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without additional compensation (Simmons & Yoder, 2013). Soldiers also have an obligation always to appear perfect and to always concentrate on completing their heavy workload (Defense, 2015).

Cases of soldiers experiencing negative psychological problems such as stress, depression, and the risk of suicide are often reported by soldiers who are sent on assignment to areas of conflict or potential war, and even those who work at home bases or headquarters (Hotopf et al., 2006; Pflanz & Sonnek, 2002; Ursano et al., 2016). Cases of soldiers experiencing work stress were reported by 44% of female Air Force soldiers and 41% of male Air Force soldiers. Meanwhile, stress among marine soldiers was reported to be as high as 37% (Bridger, Brasher, Dew, & Kilminster, 2008). Soldiers conducting assignments also often experience anxiety and depression, which are significant symptoms of posttraumatic stress disorder (PTSD). Depression in soldiers was reported as much as 11.2% -17.1% after being sent on assignment (Hoge et al., 2004). Research results regarding suicide attempts in 1992-2001 based on gender were 90.9% for male soldiers and 53.3% for female soldiers (Shelef et al., 2017).

The negative psychological problems experienced by soldiers are caused by the cultural factors of deployment and separation that military members often experience. M. Segal in Burrell found that the culture of deployment among army members is closely related to the risk of injury, satisfaction with marital status, adaptation to new environments, and even loss of life due to combat (Burrell, Adams, Durand, & Castro, 2006). The risk of spreading culture is felt most strongly among young military members, namely those aged 18-22. This is due to my inability to find a future while in the military environment (Finnegan et al., 2014).

Deployment culture can cause stress among military members, as evidenced by feelings of role ambiguity during assignments (Multisari et al., 2022). Essential levels of work-related stress and ignorance of the duties and responsibilities that must be performed are forms of role ambiguity felt by military members. Frone in Sharma (2015) noted that role ambiguity can arise when access to information is obstructed or inadequate, which can reduce the employment potential of military members.

Nurses can take steps to reduce negative psychological problems among soldiers before deployment. Roles that can be conducted in the phase before sending an assignment include conducting stress management training, promoting mental health, and providing information on endemic disease prevention (Pinder, Fear,

Wessely, Reid, & Greenberg, 2010). The role of nurses as case managers can also be carried out during assignments by implementing secondary prevention through periodic screening to obtain reports on the mental health of military members (Potter, Perry, Stockert, & Hall, 2013). Screening results can be used to develop nursing interventions to improve the psychological well-being of military personnel (Armstrong, 2018; Searle et al., 2017). Providing an overview of negative psychological problems in serving soldiers is expected to increase collaboration between community and military nurses and develop interventions.

## **METHOD**

The writing method uses a literature review and a database search via EBSCO, PubMed, JAMA Psychiatry, and Google Scholar. The search process used article year restrictions starting from 2004-2018 using the keywords psychology, well-being in the military, stress in the military, depression in the military, risk of suicide in the military, and the role of community and military nurses. Inclusion criteria for the database search process include research articles on soldiers serving in conflict and vulnerable areas, articles on air, land, and sea forces, research articles on veteran members, articles published in full text, and articles searched in Indonesian and English. The analysis process uses a descriptive narrative approach.

## **RESULT AND DISCUSSIONS**

### **Instrument validity and reliability test**

Based on the results of the instrument, which was tested validly and reliably according to the following requirements: if the significance value  $< 0.05$  (5%), then the item is significantly valid, and if the significance value  $> 0.05$  (5%), then the item is significantly invalid. From the results of the X and Y variable output shows that the items of the Smartphone Usage (X) variable with a significant value of (0.000; 0.001; 0.002; 0.003; .0004; .0.005)  $< 0.05$ , significant items are valid. The Learning achievement (Y) with a significant value of (0.006; 0.001; 0.009; 0.002; .0.003; .0.002)  $< 0.05$  significant items are valid. The results of Cronbach's Alpha from the Smartphone Usage variable (X) show a value of 0.810, and the results of Cronbach's Alpha from the Learning Utilization variable (Y) show a value of 0.877.

The following conditions must be met to decide whether one variable is reliable: If the Cronbach's Alpha value is  $> 0.6$ , it is significantly reliable. It is significantly unreliable if the Cronbach's Alpha value is  $< 0.6$ . So, if the Cronbach's Alpha value  $> 0.6$  or  $0.810 > 0.6$ , the Smartphone Usage variable (X) is reliable. Furthermore, if the Cronbach's Alpha value is  $> 0.6$  or  $0.877 > 0.6$ , the Learning Utilization variable (Y) is reliable.

### Data Normality Test

Referring to the output of the data normality analysis, with the interpretation of the results on the following conditions:

#### 1. Hypothesis testing

- ✓ H0: The sample comes from a normally distributed population
- ✓ H1: Samples come from a population that is not normally distributed

#### 2. Whether the data is normally distributed or not:

- ✓ If the significance  $< 0.05$ , then reject H0 and accept H1, meaning that the data is not normally distributed.
- ✓ If the significance value  $> 0.05$ , then accept H0 and accept H1, meaning with normally distributed data.

To determine whether the data is usually distributed, look at the significance of the value. Then, we look at the significance value of Kolmogorov-Smirnov because the sample is more than 50. From the results, the sig. Kolmogorov-Smirnov value  $> 0.05$ , then accept H0, meaning that the population data is usually distributed.

Table 1. Tests of Normality

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	Df	Sig.
Utilizing Smartphone	.090	81	.165	.977	81	.150
Functioning Learning	.124	81	.003	.965	81	.027

a. Lilliefors Significance Correction

Referring to table 1, the significance value of the Smartphone Usage variable is  $> 0.05$  ( $0.165 > 0.05$ ), then we accept H0. This means that the data from the Smartphone Usage variable is normally distributed. Meanwhile, the Learning Utilization variable, the significance value  $> 0.05$  ( $0.003 > 0.05$ ). The result showed that the test hypothesis accepts H0 and rejects H1. Meaning the data for the Learning Utilization variable is normally distributed (Brito & da Costa, 2024; Husnah et al., 2024).

## Data Linearity Test

The linearity test becomes another essential test for analyzing parametric statistics. The purpose of this test is to discover whether the relationship between the two variables (independent and dependent) is linear or not. These two variables have a linear relationship where the significance value (Linearity)  $< 0.05$ . (Brito & da Costa, 2024; Cut Nelga Isma1, 2022)

Table 2: Linearity results  
ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Utilizing a learning * functioning smartphone	Between Groups	(Combined)	141.827	13	10.910	1.063	.405
		Linearity	37.478	1	37.478	3.652	.060
		Deviation from Linearity	104.350	12	8.696	847	.602
	Within Groups		687.531	67	10.262		
	Total		829.358	80			

### 1. Condition for data to be linear or not

- ✓ If the significance  $< 0.05$ , then reject  $H_0$  and accept  $H_1$ , meaning there is a linear relationship between variables X and Y.
- ✓ If the significance  $> 0.05$ , then accept  $H_0$  and reject  $H_1$ , meaning there is no linear relationship between variables X and Y.

### 2. The significance value of Linearity indicates the Linearity or lack thereof of the relationship between variables X and Y. Referring to the results, since the significance value. Value $< 0.05$ , then accept $H_1$ , meaning a linear relationship exists between the variables X and Y. If the Sig. Value $> 0.05$ , then reject $H_1$ , meaning no linear relationship exists between the variables X and Y. The following table compares the significance value of Linearity with a significance degree of 5%.

Table 3: table comparison

Variable	Sig. Linearity	Comparison	P sig.	Conclusion
Utilizing Smartphone * Functioning Learning	0,060	>	0,05	Non-Linear

Based on the results of the comparison in the table above, the value of sig. (significance)  $> 0.05$  ( $0.060 > 0.05$ ). It means there is no linear relationship between Smartphone Use (X) and Learning Utilization (Y) variables.

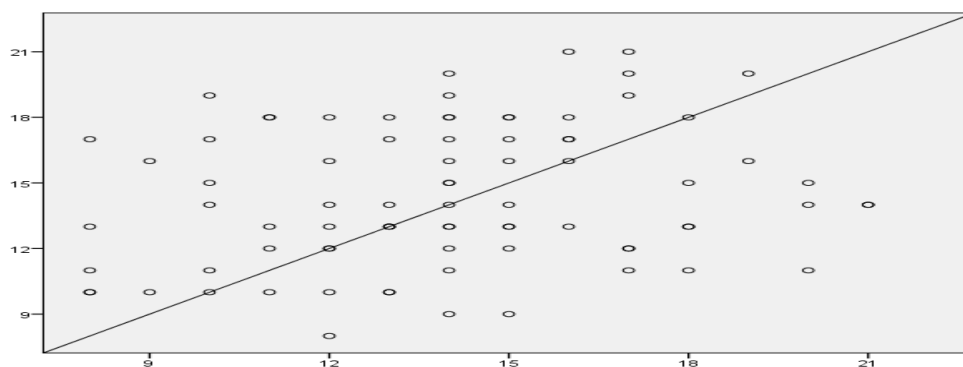


Figure 1: Results of linearity analysis on scatterplot charts.

Figure 1 shows no linear relationship between Smartphone Usage (X) and Learning Utilization (Y) variables. After placing a diagonal straight line on top, it can be observed that the data is somewhat distant from this diagonal line. Based on the results of the normality and linearity analysis in Table 1 on Smartphone Use and Learning Utilization, it shows that the data of these two variables are from a population with a normal distribution, and these two variables also indicate that there is no linear relationship.

### Partial test (t-test)

Table 4 Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta		
(Constant)	11.432	1.572		.272	.000
Utilizing Smartphone	.212	.110	.213	.934	.057

a. Dependent Variable: Functioning Learning

It is known that the value of sig. for the variable of smartphone use (X) to learning utilization (Y) is  $0.057 > 0.05$ . So it can be concluded that receiving H0 and total H1 means that smartphone use (X) has no impact on learning utilization (Y).

### CONCLUSIONS

Soldiers with negative psychological problems caused by job demands can have an impact on completing military duties. Soldiers with negative psychological issues can be influenced by their mental condition and personality. A closed personality type, or neuroticism, is characterized by negative emotions. Efforts to increase positive emotions can be achieved through the development of nursing interventions. The role that nurses can play is as case managers, managing patients through the home care setting. Collaboration between community nurses and military nurses can be improved, especially in providing interventions for military members with mental health disorders. Collaboration can be improved to address occupational health problems by developing intervention training based on support groups, such as peer and self-help groups.

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