PSYCHOSOCIAL MECHANISMS OF QUALITY OF LIFE: THE ROLE OF RESILIENCE, SOCIAL SUPPORT AND PERCEIVED SELF-EFFICACY

ANA-DIANA BALCAN*
Mobile Gendarmerie Group, Ploiești

Abstract

The quality of life of military personnel is a relevant indicator of well-being and individual functioning within a professional context characterized by specific demands. This study examined the relationship between resilience and the quality of life of military gendarmes by testing the mediating roles of perceived social support and perceived self-efficacy. The sample consisted of 145 active-duty military gendarmes. Relationships between the variables were assessed using serial mediation analysis. The results highlight a significant relationship between resilience and quality of life. Furthermore, the indirect effect of resilience on quality of life—mediated by perceived social support and perceived self-efficacy—is statistically significant, supporting the existence of a serial mediation mechanism. These findings indicate that the influence of resilience on quality of life unfolds progressively through the successive activation of social and personal resources, each contributing distinctly to explaining the association between the two constructs. Specifically, resilience is positively associated with perceived social support, which in turn correlates with higher levels of perceived self-efficacy; both serve as psychosocial resources that contribute to enhancing quality of life. From an applied perspective, the results provide guidelines for developing interventions that integrate the strengthening of resilience and perceived self-efficacy with facilitated access to social support resources, thereby supporting the quality of life of military gendarmes.

Keywords: resilience; quality of life; perceived social support; self-efficacy; military personnel; serial mediation.

INTRODUCTION

The professional activity of military personnel is characterized by constant exposure to stressful situations, such as threats, conflict, or imminent danger. Military personnel continuously manage operational stressors associated with high-risk missions, as well as organizational stressors. These demands can have significant effects on mental and physical health. Furthermore, exposure to traumatic experiences within a military context affects numerous dimensions of life, significantly impacting quality of life and psychological well-being (Al-Ghabeesh *et al*., 2025).

* Mobile Gendarmerie Group, Ploiești, Romania, E-mail: psiholog.anadianabalcan@gmail.com

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In the specialized literature, *resilience* is conceptualized as an essential mechanism for adapting to adversity, ensuring the capacity for recovery and bouncing back after exposure to traumatic events (Aburn *et al*., 2015). At the same time, resilience can be conceptualized as a set of personal traits and resources that foster positive adaptation to specific environmental demands (Fletcher & Sarkar, 2013). These resources include positive thinking and an optimistic outlook on life, stress tolerance, perceived self-efficacy, spirituality, and self-esteem, as well as problem-solving skills or the use of social support (Zautra *et al*., 2005).

Quality of life is a complex and multifaceted concept, defined as an individual's subjective perception of their position in life within the cultural and social context in which they are embedded, as well as in relation to their goals, expectations, standards, and concerns (Schuch *et al*., 2016). It reflects an overall assessment of experienced satisfaction and well-being, viewed in the context of the individual's needs, values, and socio-cultural background (Lutomski *et al*., 2021). In a military context, quality of life reflects how personnel perceive their general health and well-being, encompassing dimensions of physical health and functionality as well as components of mental health and psychological well-being (Kolaja *et al*., 2022). Low levels of quality of life are associated with poor health, a higher prevalence of anxiety and depression symptoms, and the manifestation of maladaptive behaviors (Beiramloei & Movafagh, 2022). Based on these considerations, this study aims to investigate the relationship between resilience and quality of life, as well as the role of external resources – specifically perceived social support – and internal resources –represented by perceived self-efficacy – in explaining this relationship. Given the multiple implications for the health and functioning of military personnel, identifying the factors that contribute to maintaining a high level of quality of life is of both theoretical and practical importance.

Resilience and quality of life

Resilience is a predictor of high levels of quality of life (Macia *et al*., 2020). As a process of positive adaptation to demanding, challenging, or difficult experiences, resilience contributes to maintaining optimal functioning and personal competence, as well as general well-being and quality of life, even in the face of threats, risks, or adversities (Brinkhof *et al*., 2021). Research conducted across various professional groups has consistently highlighted positive associations between resilience and quality of life. For example, the meta-analysis conducted by Wang and colleagues (2020) demonstrated that individuals with high levels of resilience report a significantly better quality of life. Similar results were also identified among healthcare professionals (Alonazi *et al*., 2023). However, the relationship between resilience and quality of life has been investigated to a lesser extent among military gendarmes.

The mediating role of social support and perceived self-efficacy

Perceived social support represents the extent to which an individual believes they can receive or benefit from support and assistance from their social network (Wang & Zhang, 2021). It manifests in various forms, such as emotional support (expressed through affection, approval, or acceptance), instrumental support (*e.g.*, material aid or help in solving problems), informational support (providing advice, information, or guidance), and appraisal support (validating behaviors and supporting personal development processes) (Taylor, 1999). In the military environment, social support is an important resource, being associated with the use of adaptive coping strategies (Li *et al*., 2021) as well as with a reduced risk of developing post-traumatic stress symptoms (Blais *et al*., 2021).

Individuals with high levels of resilience strengthen their adaptive capacity by effectively leveraging resources available in their social environment (Rossi *et al*., 2017), thereby facilitating the maintenance of optimal psychological functioning (Tourunen *et al*., 2021). In a military context, resilience serves as a predictor of perceived social support (Liu *et al*., 2024), fostering both receptiveness to supportive behaviors and the likelihood of developing positive social relationships (Chen *et al*., 2021). Numerous studies have highlighted that social support contributes significantly to improving quality of life (Shahzadi *et al*., 2025). Thus, high levels of social support are associated with a superior quality of life (LaRocca & Scogin, 2015), whereas low social support and social isolation are correlated with reduced quality of life and diminished general well-being (Zaninotto *et al*., 2009; Theeke *et al*., 2021).

Perceived self-efficacy refers to an individual's belief in their capacity to initiate and execute the actions necessary to achieve desired outcomes (Bandura, 1997). It reflects a prospective cognitive orientation with significant implications for psychological and behavioral functioning, serving as a relevant predictor of performance and motivation (Duckworth *et al*., 2007). Individuals with low perceived self-efficacy tend to avoid challenging situations, feel overwhelmed by demanding events, and have little confidence in their own problem-solving abilities. In contrast, individuals with high levels of self-efficacy adopt a positive mindset, actively tackle challenging tasks, and demonstrate an enhanced ability to recover from setbacks (Harefa & Winadi, 2024). Resilience and perceived self-efficacy are closely interdependent constructs that influence each other and jointly contribute to effective adaptation in the face of adversity (Bawazier *et al*., 2025). Perceived self-efficacy is associated with life satisfaction, professional performance, and psychological well-being among military personnel (Turliuc & Balcan, 2024), as well as with higher quality of life (Dongmei *et al*., 2025).

While social support is an individual's external resources, perceived self-efficacy represents an important personal resource. Social support contributes to the development of perceived self-efficacy (Pan *et al*., 2022) by providing emotional

support, guidance, and effective coping models within social networks (Wulandari *et al*., 2024). Supportive social relationships provide verbal encouragement and constructive feedback, while also reducing emotional distress in challenginf situations (Fierloos *et al*., 2023). Receiving support fosters validation, encouragement, and the strengthening of confidence in one's own capabilities (Gao *et al*., 2014). Empirical research indicates, for instance, that social support provided by family and friends is positively associated with perceived self-efficacy among university students (Zhang & Qian, 2024). Although the literature has highlighted the relationship between resilience and social support, as well as the association between perceived social support and self-efficacy, the interaction among these three variables has not been sufficiently investigated among military gendarmes.

Perceived social support and perceived self-efficacy are strongly interconnected (Al-Dwaikat *et al*., 2021). Perceived self-efficacy is considered an essential factor in maintaining mental health (Guler & Yıldırım, 2022). Like social support, it plays a protective role by reducing the impact of stressors (Pan *et al*., 2022). According to Conservation of Resources Theory (Hobfoll, 1989), social support represents a valuable psychological resource that facilitates the accumulation and mobilization of other personal resources (Schiff *et al*., 2025). Both resilience and social support can operate as complementary personal and interpersonal resources that contribute to stronger self-efficacy beliefs (Labrague, 2024). Individuals who benefit from high levels of social support tend to report higher levels of perceived self-efficacy (Miller *et al*., 2021). This sequence is also consistent with social cognitive theory, according to which social persuasion and feedback from signiticant others constitute sources through which efficacy beliefs are shaped and reinforced (Bandura, 1997). Numerous studies have demonstrated that social support and perceived self-efficacy have positive effects on health (Harandi *et al*., 2017). For instance, Rippon and colleagues (2024) showed that self-efficacy mediates the relationship between perceived social support and mental well-being. However, no studies have been identified that examine how social support and perceived self-efficacy simultaneously influence the quality of life of military gendarmes, particularly in Southeast Europe.

2. METHODS

2.1. STUDY OBJECTIVES AND HYPOTHESE

In light of the theoretical and empirical framework presented earlier, we sought to explore an explanatory model analyzing the relationship between resilience and quality of life, as well as the mediating role of external and internal resources. The research hypotheses are as follows:

Research Hypothesis 1: Military gendarmes resilience is a significant positive predictor of quality of life.

Research Hypothesis 2: Social support partially mediates the relationship between resilience and quality of life among military gendarmes.

Research Hypothesis 3: Perceived self-efficacy partially mediates the relationship between resilience and quality of life among military gendarmes.

Research Hypothesis 4: Social support partially mediates the relationship between resilience and perceived self-efficacy among military gendarmes.

Research Hypothesis 5: Perceived self-efficacy partially mediates the relationship between social support and quality of life among military gendarmes.

Research Hypothesis 6: Social support and perceived self-efficacy act as serial mediators in the relationship between resilience and quality of life among military gendarmes.

2.2. MEASURES

The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) was used to assess the resilience of Gendarmerie personnel. The instrument consists of 25 items (*e.g.*, "*I like challenges*") rated on a 5-point Likert scale, ranging from 0 ("not true") to 4 ("true"). The total score is obtained by summing the scores from all items, with higher values indicating a higher level of resilience among the Gendarmerie personnel. The instrument's authors reported a Cronbach's alpha coefficient of 0.89. Additionally, Liu *et al.* (2024) reported high internal consistency for the scale when assessing military personnel's resilience, with Cronbach's alpha values of 0.949 at T1 and 0.964 at T2. In the present study, the Cronbach's alpha coefficient obtained for the CD-RISC was 0.924.

The World Health Organization's Quality of Life (WHOQOL-BREF; World Health Organization, WHO, The WHOQOL Group, 1998a) was used to assess the quality of life of Gendarmerie personnel. The instrument offers a multidimensional perspective on life experiences and well-being (Seok *et al*., 2023). The WHOQOL-BREF has been validated and widely used across various populations (Galgam *et al*., 2025), supporting its applicability in measuring the quality of life of Gendarmerie personnel. The questionnaire is structured into two sections. The first includes socio-demographic information, while the second part assesses quality of life through 26 items organized into four domains: physical health (*e.g.*, "*How satisfied are you with your health*?"), psychological health (*e.g.*, "*How well are you able to concentrate*?"), social relationships (*e.g.*, "*How satisfied are you with the support you receive from your friends*?"), and environmental factors (*e.g.*, "*How satisfied are you with access to health services*?"). The items are rated on a 5-point Likert scale, ranging from 1 ("very poor/very dissatisfied/not at all/never") to 5 ("very good/very satisfied/extreme/very well"). The total score is obtained by summing the mean values from each domain. A higher total score indicates a better quality of life (Cordioli *et al*., 2020). In a study involving frontline officers, Fakorede *et al*. (2024) reported high internal consistency for the instrument, with a

Cronbach's alpha coefficient of 0.81. In the present study, the alpha coefficient obtained for the WHOQOL-BREF was 0.904.

General Self-Efficacy Scale (GSES; Schwarzer & Jerusalem, 2005) was used to measure perceived self-efficacy among Gendarmerie personnel. The instrument consists of 10 items rated on a four-point Likert scale ranging from 1 ("not at all true") to 4 ("completely true"). An example of an item is "*I am confident that I can handle things well, even in unexpected situations*". In their exploration of the mediating role of perceived self-efficacy between military recruits' psychological stress and coping styles, Wu *et al*. (2022) reported a Cronbach's alpha coefficient of 0.884. In the present study, the scale demonstrated very high internal consistency, with a Cronbach's alpha coefficient of 0.950.

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet *et al*., 1988) was used to measure perceived social support from family, friends, and a partner. The instrument consists of 12 items (*e.g.*, "*My family really tries to help me*"), rated on a 7-point Likert scale ranging from 1 ("strongly disagree") to 7 ("strongly agree"). In their investigation of the relationship between social support and the mental health of military veterans, Grover *et al.* (2024) reported high internal consistency for both the total score (Cronbach's alpha = 0.95) and the subscales for family (Cronbach's alpha = 0.91), friends (Cronbach's alpha = 0.93), and partner (Cronbach's alpha = 0.94). In the present study, the scale demonstrated high internal consistency, with a Cronbach's alpha coefficient of 0.886.

Sociodemographic variables. Participants provided information regarding age, gender, length of service in the military structure, and the type of mission performed.

2.3. PROCEDURE

The study procedure and the instruments used adhered to the ethical principles set forth in the Declaration of Helsinki. Data collection was carried out following the receipt of necessary approvals from the relevant authorities, namely the Psychosociology Center of the Ministry of Internal Affairs and the General Inspectorate of the Romanian Gendarmerie, in accordance with Report No. 4649892/ 23.07.2025. The instruments were administered individually using a paper-and-pencil format in a suitable environment, without time limits. Administration of the instruments was preceded by the completion of an informed consent form. Before completing each questionnaire, participants were provided with verbal and written instructions. They were also informed of the research purpose, the anonymous nature of the study, and the confidentiality of the collected data. The instruments gathered demographic information–including age, gender, length of service, the organizational unit where the participants worked, the type of activities performed, and the risk level of missions. Participation in the study was

voluntary. The administration of these instruments was not part of the periodic psychological evaluation process.

2.4. PARTICIPANTS

The study included 145 Gendarmerie personnel recruited using a convenience sampling procedure. Eligibility criteria included active- duty personnel and voluntary consent to participate in the study. The sample included personnel performing both operational and non-operational/ support duties. Of the 145 participants 134 were men (92.41%) and 11 were women (7.58%); 140 participants (96.55%) performed operational duties, whereas 5 (3.44%) performed non- operational duties. Operational personnel were involved in activities includind public- order missions and hight- risk interventions. The mean age of the participants was 30.20 years (SD = 9.36) and the mean length of service was 8.12 years (SD = 8.78). An a priori statistical power analysis was performed using G*Power (version 3.1.9.7) to estimate the minimum sample size required for the multiple linear regression model. Based on a medium effect size ($f^2 = 0.15$), a significance level of $\alpha = 0.05$, a statistical power of 0.80, and three predictors, the analysis indicated a minimum required sample size of 77 participants. The final sample of 145 participants exceeded this minimum, ensuring robust statistical power for hypothesis testing.

3. RESULTS

3.1. PRELIMINARY ANALYSES

In the first stage, descriptive and correlational statistical analyses were performed using SPSS® software, version 28.0.1.0 (IBM Corporation, Armonk, NY, USA). Means and standard deviations for the investigated variables were calculated, and the normality of the distribution was assessed using the Shapiro-Wilk test. The results indicated normal distributions for all variables ($p > .05$). Multicollinearity was assessed using tolerance and variance inflation factor values. Tolerance values ranged from 0.504 to 0.534 and VIF values ranged from 1.874 to 1.983, indicating no evidence of problematic multicollinearity. Subsequently, Pearson correlation coefficients were calculated for all study variables.

In the second stage of the statistical analysis, a serial mediation model corresponding to Model 6 proposed by Hayes (2018) was tested using the PROCESS macro (version 4.0) for IBM SPSS 28. Indirect effects were estimated using the bootstrapping procedure with 5,000 samples and 95% confidence intervals (Hayes, 2017). Confidence intervals that do not include zero indicate statistically significant values (Hayes & Scharkow, 2013). The mediation analysis was conducted to examine the serial mediating role of perceived social support and perceived self-efficacy in the relationship between resilience and quality of life among military gendarmes.

Descriptive statistics indicate high mean values for all variables investigated: resilience (M = 92.34; SD = 8.98), quality of life (M = 122.70; SD = 7.10), perceived social support (M = 78.64; SD = 4.87), and perceived self-efficacy (M = 36.87; SD = 3.50). Descriptive statistics and correlational analyses are presented in Table 1.

The correlational analysis revealed statistically significant positive associations among all the variables investigated. The quality of life of Gendarmerie personnel correlates positively with resilience (r= .55, p< .01). Furthermore, the resilience of Gendarmerie personnel shows a significant positive correlation with the level of perceived social support (r= .62, p< .01) and with perceived self-efficacy (r= .64, p< .01).

Table 1

Means, standard deviations, and correlations between study variables

Variables	**M**	**SD**	**1**	**2**	**3**	**4**
Resilience	92.34	8.98	1			
Quality of life	122.70	7.10	0.559**	1		
Perceived social support	78.64	4.87	0.621**	0.553**	1	
Perceived self-efficacy	36.87	3.50	0.645**	0.564**	0.618**	1

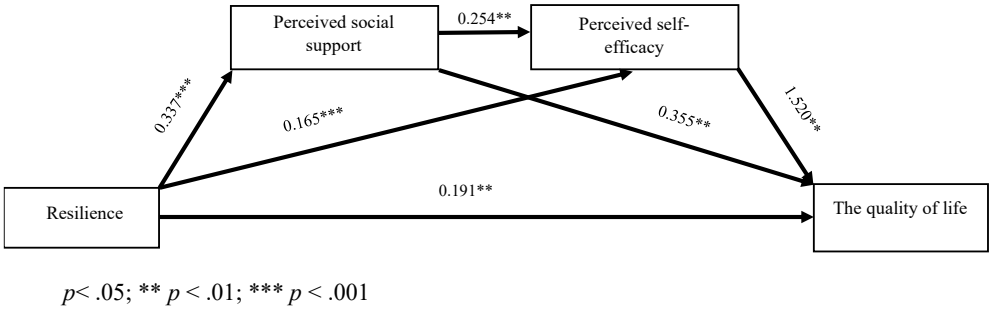
Note.
**. Correlation is significant at the 0.01 level (2-tailed);
*. Correlation is significant at the 0.05 level (2-tailed).

3.2. MEDIATION ANALYSIS

The serial mediation model examined the predictive effect of resilience on the quality of life of military gendarmes, mediated by perceived social support and perceived self-efficacy (Table 2).

Resilience is significantly associated with perceived social support (B= 0.337, SE= 0.035, p < .001, 95% CI [0.266; 0.407]) and perceived self-efficacy (B= 0.165, SE= 0.029, p < .001 95% CI [0.107; 0.224]). Perceived social support is significantly associated with perceived self-efficacy (B= 0.254, SE= 0.054, p < .001, 95% CI [0.146; 0.362]). Also, perceived social support (B= 0.355, SE= 0.128, p < .01, 95% CI [0.101; 0.609]) and perceived self-efficacy (B= 1.520, SE= 0.183, p < .01, 95% CI [0.158; 0.883]) are significantly associated with quality of life. The regression equations accounts for 38.5 % of the variance in perceived social support, 49.4% of the variance in perceived self-efficacy and 41.5% of the variance in quality of life. The results of the mediation analysis indicate a significant direct effect of resilience on quality of life (B = 0.191; p < .01, 95% CI [0.049; 0.333]), even after including the mediators in the model. Significant indirect effects were also identified, both through perceived social support (B = 0.110, 95% CI [0.018; 0.214]) and through perceived self-efficacy (B = 0.086, 95% CI [0.0234; 0.179]). Furthermore, the serial indirect effect, involving both perceived social support and perceived

self-efficacy, proved to be significant (B = 0.044, 95% CI [0.009; 0.080]). The bootstrap confidence intervals (95%) do not include zero, confirming the existence of significant mediated effects. The results indicate that resilience is associated with quality of life both directly and indirectly through perceived social support and perceived self-efficacy. Overall, the total indirect effect of resilience on quality of life, through all mediation pathways, is significant (B = 0.250, 95% CI [0.133; 0.374]), supporting the proposed serial mediation model (Figure 1).



$p < .05$; ** $p < .01$; *** $p < .001$

Figure 1. The relationship between resilience and quality of life serially mediated by perceived social support and perceived self-efficacy.

Table 2

Direct, indirect, and total indirect effects of the relationship between resilience and quality of life, serially mediated by perceived social support and perceived self-efficacy

	B	**SE**	***p***	**95% CI**
Individual regression paths				
Resilience — Perceived social support	0.337	0.036	< .001	
Resilience — Perceived self-efficacy	0.165	0.029	< .001	
Perceived social support — Perceived self-efficacy	0.254	0.054	< .001	
Perceived social support — Quality of life	0.355	0.128	< .01	
Perceived self-efficacy — Quality of life	1.520	0.183	< .01	
Direct effects				
Resilience — Quality of life (controlled M1 and M2)	0.191	0.071	0.008	[0.049; 0.333]
Simple indirect effects				
Resilience — Perceived social support — Quality of life	0.110	0.049	—	[0.018; 0.214]
Resilience — Perceived self-efficacy — Quality of life	0.086	0.040	—	[0.024; 0.179]
Serial indirect effect				
Resilience — Perceived social support — Perceived self-efficacy — Quality of life	0.044	0.018	—	[0.009; 0.080]
Total indirect effect				
	0.250	0.060	—	[0.133; 0.374]

4. DISCUSSION

The statistical model tested in this study revealed a complex relationship between resilience and the quality of life of military gendarmes, explained by a serial mediation mechanism involving perceived social support and perceived self-efficacy. The results indicate that perceived self-efficacy significantly mediates the relationship between social support and the quality of life of military gendarmes, while social support significantly mediates the relationship between resilience and perceived self-efficacy. Higher levels of resilience are associated with stronger interpersonal relationships and greater perceived self-efficacy in military gendarmes. The perception of high social support is associated with higher levels of perceived self-efficacy. Social support and perceived self-efficacy are significantly associated with quality of life. These associations suggest that resilience, perceived social support and perceived self-efficacy may represent interconnected psychosocial resources relevant to quality of life among military gendarmes. Consequently, the identified serial pathway suggests an interecconected pattern of psychosocial resources associated with adaptive outcomes.

Resilience and quality of life

The results of this study suggests that military gendarmes with higher levels of resilience tend to report greater overall life satisfaction and better psychological functioning. These findings are consistent with the existing literature. Specifically, Liu *et al*. (2024) demonstrate that resilience predicts life satisfaction among military personnel, while Oluwakemi *et al*. (2025) highlight that the ability of military personnel to recover from adversity is a key determinant of well-being and effective functioning. Furthermore, Glise and colleagues (2020) demonstrated that individuals with high levels of resilience adapt more effectively to stressful situations and exhibit lower stress levels, while Turliuc and Balcan (2024) reported a positive association between resilience and psychological well-being. These findings support the idea that resilience represents not only the capacity to cope with adversity and transform difficult experiences into opportunities for adaptation and growth, but is also positively associated with quality of life, even in demanding contexts (dos Santos *et al*., 2025).

Social support, a significant mediator

The results of this study highlight that military gendarmes with higher levels of resilience tend to perceive greater social support, and this heightened perception is associated with both higher levels of perceived self-efficacy and a higher quality of life.

An important conclusion regarding the mediating role of social support is that military gendarmes with high levels of resilience report greater social support, which, in turn, is associated with a better quality of life. Resilience is significantly and positively associated with the level of social support perceived by military gendarmes. Military personnel with high resilience tend to view the support

received from colleagues, superiors, and family more favorably, interpreting social interactions in a more positive and approachable manner – a tendency reflected in higher levels of perceived social support (Litwic-Kaminska *et al*., 2023). These findings are consistent with those of previous studies conducted on other population groups. For example, Ong *et al*. (2018) demonstrated that resilience positively influences perceived social support among caregivers of older adults, providing evidence of a similar association in another population. Perceived social support is also directly and significantly associated with quality of life of military gendarmes. Military personnel who perceive a high level of support from colleagues, superiors, friends, or family manage exposure to high-risk situations, mission pressure, and professional demands more effectively –factors reflected in higher levels of quality of life. Social support may contribute to positive mental health by fostering positive relationships, self- concept and adaptive coping. Higher social support is associated with a stronger sense of self-worth and a more positive attitude toward themselves (Vaingankar *et al*., 2022). Similar results were reported by Grover *et al*. (2024), who highlighted that perceived social support is one of the most important predictors of positive psychological functioning and quality of life, as it decreases the negative effects of stress and facilitates adaptation processes.

Another important finding of this research is that social support acts as a significant mediator between resilience and perceived self-efficacy. Thus, higher resilience is associated with greater perceived social support, which is, in turn, associated with higher perceived self-efficacy. Social support provides validation and positive feedback, facilitating the internalization of achievements and the strengthening of self-confidence – processes that support the development of self-efficacy beliefs regarding the performance of relevant tasks (Li *et al*., 2023). Similar results have been reported in different cultural and organizational contexts. For example, Zhang and Qian (2024) highlighted that social support predicts higher levels of academic self-efficacy among students. In military populations, social support has been linked to better psychological adjustment through higher self-efficacy, suggesting that efficacy beliefs may represent an important mechanism through which interpersonal resources contribute to adaptive outcomes (Chukwuemeka *et al*., 2025).

Perceived self-efficacy, a significant mediator

Among military gendarmes, perceived self-efficacy mediates both the relationship between resilience and quality of life and the relationship between social support and quality of life. Higher levels of resilience and social support are associated with higher perceived self-efficacy, which, in turn, correlates positively with better quality of life. Thus, military gendarmes characterized by high resilience and substantial social support tend to report higher perceived self-efficacy, reflected in more favorable assessments of their quality of life.

The first conclusion of this research regarding the mediating role of perceived self-efficacy in the relationship between resilience and quality of life indicates that military gendarmes with higher levels of resilience develop greater confidence in their ability to cope with the specific demands of the military environment, which contributes to a more favorable perception of their quality of life. The results show that resilience significantly and positively predicts perceived self-efficacy among Gendarmerie personnel. These findings support the perspective that resilience and self-efficacy are interdependent constructs that mutually reinforce and enhance one another (Baluszek *et al*., 2023). Furthermore, perceived self-efficacy is directly and significantly associated with quality of life of military gendarmes. Military personnel who report high levels of perceived self-efficacy demonstrate greater adaptability, a stronger sense of control in difficult situations, and the use of more effective coping strategies–factors that contribute to a more favorable assessment of their own well-being (Bandura, 1997). Consequently, perceived self-efficacy has a significant impact on well-being and quality of life (Matos *et al*., 2022). The findings of this research align with those of studies conducted on other professional groups. For instance, teachers with high levels of perceived self-efficacy also report a better quality of life (Matos *et al*., 2022).

A second conclusion regarding the mediating role of perceived self-efficacy indicates that military gendarmes who benefit from high levels of social support hold stronger beliefs about their ability to perform specific tasks and cope with the demands of military duties. Similar results have been reported in the medical field. For instance, Farhan *et al.* (2025) demonstrated in a cross-sectional study that social support is positively associated with both self-efficacy and quality of life, with self-efficacy serving as the mechanism through which social support exerts its effects on the quality of life of cancer patients. In a military context, access to social support is a crucial factor for maintaining a high level of self-efficacy and plays a protective role regarding mental well-being (Rippon *et al*., 2024). Constant interaction with family members, friends, and colleagues, as well as performing professional duties within a team, provides military personnel with opportunities for observational learning and positive feedback, thereby facilitating the reinforcement of perceived self-efficacy (Olsen *et al*., 2015).

Social support and perceived self-efficacy: serial mediators

In the presented analysis, the association between resilience on quality of life is mediated not only separately by perceived social support and perceived self-efficacy, but also serially through both mediators. Highter perceived social support is associated with higher levels of perceived self-efficacy, and the interplay between these resources is associated with higher quality of life. Thus, the influence of resilience on quality of life is not manifested solely in a direct manner but depends on the progressive activation of social and personal resources. Within the proposed serial mediation model, perceived social support, conceptualized as

an external resource, is positively associated with perceived self-efficacy, which, in turn, is positively associated with quality of life. The findings are consistent with the existing literature. For instance, Tuersun *et al*. (2025) highlighted the mediating role of perceived social support and perceived self-efficacy in explaining the relationship between protective factors and mental health, underscoring the importance of the indirect mechanisms through which psychosocial resources influence adaptation and well-being.

5. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

The interpretation of the results must take into account a number of methodological limitations. First, the use of a cross-sectional design restricts the ability to draw causal conclusions and precludes the analysis of changes over time in the variables under investigation. Therefore, the observed effects should be interpreted as statistical associations consistent with the hypothesized serial mediation model rather than evidence of causal mediation. In this regard, longitudinal studies could provide deeper insight into the dynamics of the relationships between resilience, social support, self-efficacy, and quality of life, as well as their evolution throughout a military career. Second, the research was conducted within a single military unit, which may limit the generalizability of the findings to the entire military population or to other professional groups. Extending future research to include multiple military units and structures could help enhance the external validity of the results. Furthermore, the use of a convenience sampling method may introduce selection bias, affecting the sample's representativeness. In this context, employing probability sampling methods could be useful. Another limitation of this study is its exclusive reliance on self-report measures, which are often susceptible to social desirability bias. Additionally, because all variables were assessed using self-report instruments from the same participants at a single time point, common-method variance may have influenced the observed associations. To mitigate these potential biases and establish a more comprehensive understanding of the relationships examined, future research should utilize multiple data sources and complementary assessment strategies, such as objective metrics, behavioral observations, or qualitative interviews. Finally, the model analyzed focused on the mediating role of social support and perceived self-efficacy, without including other variables that might influence the relationships. Future research could expand the theoretical model by incorporating additional variables, thereby contributing to a more nuanced understanding of the mechanisms supporting the mental health and quality of life of military personnel.

6. CONCLUSIONS

The study's results have significant implications both for the practice of mental health professionals working in the military and for the advancement of knowledge

within the specialized literature. The findings highlight the importance of fostering resilience as a protective psychological resource capable of reducing stress vulnerability and facilitating effective adaptation to the specific demands of the military profession, thereby contributing to the maintenance of a high quality of life. Furthermore, the results underscore the need to implement strategies aimed at developing military personnel's social and personal resources. Potential applications may include resilience- focused programmes, peer- support systems and self-efficacy focused training. From a research perspective, the findings provide a useful conceptual framework for future investigation of the relationships between the psychological variables and for validating theoretical models centered on protective factors regarding quality of life in the military environment.

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