

# Mental Adaptation to Capsule Work During COVID-19 Outbreak: The Case of Israeli Air Force Career Personnel

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## ABSTRACT

### Objective:

Dealing with the COVID-19 outbreak required a rapid adjustment to an unfamiliar and unique situation. The current study aimed to identify the challenges faced by Israeli Air Force (IAF) career personnel.

### Method:

A survey was conducted on 550 participants during the first wave of the COVID-19 outbreak. The participants completed a questionnaire that dealt with unique challenges (personal, family, and command).

### Results:

Of 550 respondents, 54% reported low mood and irritability, 44% reported a constant feeling of anxiety, and 29% reported having sleep problems. Most of them (66%) were mainly concerned about infecting their family. The shift from normal work conditions to an unfamiliar capsule configuration concerned 58% of respondents. Functional continuity concerned 55% of respondents. Managing subordinates concerned 50% of the participants. Of the three types of challenges analyzed (personal, family, and command), the command challenge was the only one where the personal variables (military role, rank, and marital status) made no difference. Finally, about 30% of all respondents reported they needed professional support in dealing with the new circumstances. Their preferred platform was an easily accessible hotline.

### Conclusions:

Life under the COVID-19 threat increased stress factors in the military career population. While reporting greater challenges and higher levels of stress, most of the respondents preferred a brief, focused consultation adjusted to the situation rather than conventional psychological help. The command challenge and the perceived responsibility stood above and beyond all variables examined in the present study.

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## INTRODUCTION

With the outbreak of COVID-19 in Israel, unprecedented steps were taken to prevent the spread of the disease. The first was hermetic quarantine, intended to restrict the mobility of people and keep them separated, to curb potential exposure to infection, and thus prevent a local pandemic. Isolation prevented contact between healthy people and people diagnosed with the disease, or ones who have been in contact with diagnosed patients or were suspected of having been otherwise exposed, to prevent mass infection.<sup>1</sup>

On March 17, 2020, consequent to the government's decision, the Israeli Army (Israel Defense Forces—IDF), including the Israeli Air Force (IAF), quarantined their facilities. The IAF declared a state of emergency (pandemic) to allow adjusting to the new conditions while maintaining the corps' operational readiness. By doing this, it ensured its functional

continuity, that is, it maintained the capability to carry on its necessary operational tasks effectively and without interruption. Functional continuity encompasses a set of values and guidelines for work during a stressful period, e.g., adequate allocation of resources, exact tasks in emergency, and precise objectives. Maintaining functional continuity proved advantageous to keeping up performance standards despite the disruption of routine. Although the IAF had experienced disrupted routine conditions before (e.g., during hostilities, flight training accidents), in the case of the COVID-19 outbreak, it had no previous experience to lean on, since the circumstances were completely different from any familiar past emergency scenarios. Flexibility was required and adjustments had to be made on short notice.

The IAF changed its mode of operation to maintain the proper operational performance of combat personnel. Under the quarantine restrictions, home leaves were cancelled indefinitely, well beyond the standard periods of isolation set in other medical cases. A chief difference between the IDF and civilian society was that the quarantined individuals did not stay at home with their families but remained in their units over an extended period, under full control of the quarantine agenda. The primary means to control the spread of the virus within military facilities was internal insulation, i.e., minimizing non-essential cross-contacts within and between units. To

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implement this principle in practice, work was organized in “capsules” or “bubbles”.

While quarantine has proven effective in protecting physical health, it has emerged as a risk factor for mental distress. A research study<sup>1</sup> published following the COVID-19 outbreak reported that quarantine potentially affected mental health. It showed that separation from family and friends, restriction of one’s freedom, and uncertainty about the outside situation might trigger depression and anxiety, especially over extended periods. Moreover, these often persist long after the isolation period is over.<sup>2</sup> People who had stayed in quarantine during the SARS and Ebola outbreaks were later found to show symptoms of anxiety,<sup>3,4</sup> depression,<sup>5,6</sup> and post-traumatic stress.<sup>7</sup> These symptoms commonly appeared in the months that followed the quarantine, but in some cases went on for several years.<sup>8</sup> Studies revealed that among those who had been in quarantine, the manifestations of mental distress were sleep difficulties, difficulty concentrating, confusion, and anger.<sup>9</sup> The obvious conclusion was that quarantine or isolation should be employed with caution, after advance preparation and for a limited and specified period of time.<sup>1</sup> Protecting military personnel from COVID-19 while preserving their operational functioning was therefore a complex and intricate challenge.

### **Capsule Structure**

In the IAF, the term “capsule” described a small, enclosed work unit that had a dual purpose: While physically protecting the people within from external contamination, it also ensured operational continuity by reducing the spread of the virus. The capsule structure enabled maximum operational independence, while emphasizing hygiene, logistics, and medical infrastructure, as well as work in shifts. Shifts allowed for rest time but also guaranteed an operational response to developing situations. Namely, if a specific capsule was infected with COVID-19, an alternative capsule would be readily available to meet any emerging operational needs.

### **Reverse Isolation Model**

The term Reverse Isolation Model (RIM) refers to preventive isolation, where people in critical and essential positions (essential workers, e.g., doctors, nurses, and hangar personnel) are kept in isolation to ensure their uninterrupted functioning. Regarding military personnel, alongside to safeguard their continuous functioning during the COVID-19, the aim is to ensure their continuous functioning combat preparedness. Their movements and functioning are closely monitored. In the military, this model is unique in that the isolated individuals keep an active work routine, in contrast to people in ordinary isolation. While ordinary isolation usually has a negative connotation (illness, personal security, etc.), RIM is perceived as positive. The rationale behind the idea of RIM is creating a framework where military personnel would feel confident, vital, valuable, and active, despite

the general state of uncertainty. In military terms, RIM means active rather than passive defense. Several studies that followed the SARS and Ebola outbreaks noted that sensations such as self-control have positive implications for the weakening of mental distress.<sup>10,11</sup> A recent study conducted in China following the COVID-19 breakout<sup>12</sup> found a link between self-control, perception of an event as a challenge, and mental well-being. Together with self-efficacy and a sense of meaning, these factors contribute to mental well-being in adverse circumstances.

At the same time, RIM involves unique issues of its own. It blurs the boundaries between the military and home, which stands for the real front. This means that military personnel carry out their military duties as is expected of them, while their families back home face employment problems, closed schools, and other consequences of the COVID-19. Working for weeks in the unit while home is in difficulty is quite challenging. Such situations often give rise to feelings of helplessness, anxiety, and anger, and to questions such as “When will the situation end?” and “How long will the lockdown last?” On top of these concerns are economic difficulties faced by the servicemen’s families, especially in cases of soldiers who are permitted to take jobs and earn money during their compulsory military service to support themselves and their families.

In such circumstances, the tasks of commanders are no less challenging. They are expected to remotely monitor their subordinates who are in isolation within the unit, at home, or in a dedicated military medical facility. In soldiers who are isolated for suspected exposure to an identified COVID-19 patient, fear of infection often intensifies and their commanders must do everything possible to make the isolation experience bearable, meaningful, and even a source of personal growth and development.

As mentioned, the IAF made immediate adjustments to its organizational structure to cope with the crisis. Such rapid organizational changes are liable to impact the mental well-being of individuals within the organization. For example, a meta-analysis that examined the effects of organizational change on employees’ mental health revealed that mental health problems were observed in 11 of 17 organizations that underwent an organizational change.<sup>13</sup>

### **The Present Study**

Given the above, the Air Force Medical Officer instructed the psychological section to conduct a survey of IAF career personnel and identify the challenges they face and their unique needs, to enable rapid and effective formulation of relevant, focused, and tailored solutions for those needs.

## **METHOD**

### **Procedures and Measurements**

The survey was launched 2 weeks after the Israeli government declared a state of emergency throughout the country, and

**TABLE I.** Demographic Variables (*N* = 711)

		<i>n</i>	%
Rank	Junior NCOs	263	37.0
	Senior NCOs	235	33.0
	Junior Officers (up to captain)	108	15.3
	Senior Officers (Major and up)	105	14.7
Marital status <sup>a</sup>	Married	462	65.0
	Single	220	31.0
	Divorced	21	3.0
Children	Yes	412	58.0
	No	299	42.0
Operation Assignments <sup>a</sup>	Technical	475	66.8
	Combat	55	7.8
	Administrative	98	13.8
	Flight support	44	6.2
	Medical	19	2.7

<sup>a</sup>Missing data.

**TABLE II.** Challenge Factors (*N* = 550)

Challenges <sup>a</sup>		<i>N</i>	%
Family	Concern about family infection	469	66.0
	Marital difficulty concerns	299	42.0
	Coping with children	291	41.0
	Financial difficulty	199	28.0
	Not experiencing any challenge	35	5.0
Personal	Low mood and nervousness	384	54.0
	Concern or anxiety about being infected	313	44.0
	Sleep problems	206	29.0
	Not experiencing any challenge	135	19.0
Command	Switch to capsule configuration	412	58.0
	Maintaining functional continuity	391	55.0
	Other command issues	355	50.0
	Not experiencing any challenge	64	9.0

<sup>a</sup>Challenge range 0–14.

took measures to enforce it. The survey was conducted anonymously and the sampling followed a number of demographic and personal criteria (rank, age, marital status, and military job; Table I). The participants completed a questionnaire (sent by a link to their mobile phone).

Independent variables—demographic characteristics: (1) Rank [Junior Noncommissioned Officers (NCOs); Senior NCOs; Junior officers (up to captain); Senior officers (Major and up)]; (2) Marital status (Married; Single; Divorced); (3) Children (Yes/No); (4) Operational Assignments (Technical; Combat; Administrative; Flight support; Medical).

Dependent Variable—Challenges: 10 types of challenges that are defined in the literature as major potential difficulties, divided into three categories that form statistical clusters: (1) Family challenges, comprising four options: Concern about infection of family members; Marital difficulties; Coping with children; Financial difficulty; (2) Personal Challenges, comprising three options: Low mood and nervousness; Concern or anxiety about being infected; Sleep problems; (3) Command challenges, comprising three options: Switch to capsule configuration; Maintaining functional continuity; Other command issues. Each of three challenge categories included the item “Not experiencing any challenge”, as well as an open-ended option added for other concerns or challenges. The total number of challenges was thus 14. Respondents were asked to indicate dichotomously (yes/no) which of these challenges they experienced (Table II).

An additional question checked how comfortable the respondents felt about receiving professional mental health help support (a) Comfortable about consulting a professional; (b) Uncomfortable; (c) Although mental health help support is available, I don’t feel a need for consulting). The Army Ethics Committee approved the survey.

### Participants

The survey questionnaire was sent to all IAF military personnel, 711 of them responded (mean age 31.5, SD = 11.0). Table I presents the demographic characteristic of the 711 respondents. Since only 550 participants (77.35%) answered the challenge-related questions, they were the group used for research comparison.

### Statistical Analyses

We used the Statistical Package for the Social Sciences (SPSS, version 20.0 for Windows), for all the analyses, and set the level of statistical significance at (*P* = 0.05). Descriptive analyses of the data included measures of central tendency, dispersion, and correlations. The data for the dependent variable “challenges” were processed using the *t*-test in a selection of demographic and organizational cross-sections. The reply option for the three *f* challenge clusters—family, personal, and command—was dichotomous (yes/no). To obtain the mean of the challenges, we summed up the challenges marked by each participant, and calculated the distribution of the results among each comparison group. The average ranged from 0 to 14, detailing the challenges presented in Table II (an open-ended option was added for other concern challenges, but none of the participants used it).

To compare the independent variables (operational assignments, rank, and marital status) with the dependent challenge variables (family, personal, and command), a *t*-test was performed. First, we compared combatants to the other operational staffs (medical personnel, administrative personnel, technical personnel, and aviation personnel, in that order). Since the findings indicated a significant

difference between combatants and administrative personnel and between combatants and technical personnel, the table only compares the findings regarding combatants vs. other professions. Finally, we applied the Bonferroni correction in order to address the problem of multiple comparisons. Only Significant findings are presented. We conducted the comparisons in Table IV in the same way.

## RESULTS

Two weeks into the declared state of emergency, about half of the survey participants (55%;  $n = 391$ ) felt that the COVID-19 outbreak challenged them in all the three surveyed areas (family, personal, and command challenges). Table II presents the challenge factors of 550 survey participants (no other challenges emerged).

### Group Comparison

To compare the independent personal variables (operational assignments, rank, and marital status) with the dependent challenge variables (family, personal, and command), a *t*-test was performed. Only 550 participants of 711 respondents (77.35%) answered all the three challenge categories, and could be included in the comparison (challenges ranged between 0 and 14; see Table II). Table III shows the results of the comparison between the Job, rank, and marital status and the mean amount of challenges.

Since the findings indicated a significant difference between combatants and administrative personnel and between combatants and technical personnel, Here, too, the table only compares the findings regarding combatants vs. other professions. The other comparisons were not statistically significant. Table III shows that the reported mean challenges of the medical and combatant groups were quite similar, but a clear distinction emerged between the combatants' challenges and those of the administrative ( $P = 0.013$ ) and technical ( $P = 0.013$ ) groups.

The mean challenge differences were significant only in the comparison between senior NCOs' challenges being significantly higher than that of junior officers ( $6.43 \pm 0.185$  vs.  $4.66 \pm 0.277$ ;  $P = 0.013$ ).

In the case of marital status, Table III shows a significantly lower mean in combined challenges between single and married persons ( $P = 0.013$ ). Additionally, see Tables III and IV.

Table IV shows the following further analysis comparing all of the demographic variables (operational assignments, rank, and marital status) and each challenge separately (command, family, and personal), to obtain an accurate picture of the challenges most likely to cause high levels of distress.

### Family Challenges

Regarding rank, two main differences emerged: First, the mean of family challenge was significantly lower in junior NCOs than in senior NCOs ( $1.58 \pm 0.914$  vs.  $2.35 \pm 1.06$ ;

$P = 0.014$ ). Second, a higher mean of family challenge was found in the senior officer ( $2.29 \pm 1.14$ ) than in the junior NCO group.

Regarding marital status, differences were found between single and married individuals, and between single individuals and people in a relationship ( $P = 0.014$ ; respectively).

### Personal Challenges

Significant differences were found between combatants and administrative personnel ( $0.886 \pm 0.201$  vs.  $2.103 \pm 0.151$ ) and between combatants and technical personnel ( $0.886 \pm 0.201$  vs.  $1.992 \pm 0.068$ ;  $P = 0.014$ ; respectively).

As for rank, we found a higher mean personal challenge among junior NCOs, in comparison to both, junior ( $2.19 \pm 0.092$  vs.  $1.45 \pm 0.146$ ) and senior officers ( $1.37 \pm 0.156$ ) ( $P = 0.014$ ; respectively).

### Professional Psychological Support

One-third of the survey participants ( $n = 239$ ; 33.6%) reported that they felt a need for professional support to deal with the new circumstances. A total of 55% of the participants ( $n = 391$ ) said they preferred to contact a professional therapist discretely, using a platform such as a hotline. A total of 62% said they preferred using public media (Zoom, WhatsApp). A total of 10% ( $n = 71$ ) preferred using a video app, and 20% ( $n = 142$ ) preferred receiving face-to-face military mental health support at their unit.

## DISCUSSION

The COVID-19 virus has faced the IAF, like the rest of the country and the world, with the need to adjust to a new and unanticipated situation. In the absence of previous experience, the knowledge required to cope with this situation efficiently has accumulated in an ongoing trial-and-error process. Estimates predict that it will take months or even years before the full impact of the virus on the population will become known. The purpose of the current survey was to clarify the unique challenges and needs of career military personnel that emerged in the initial period of adaptation, to allow medical and psychology professionals to come up with responses for them.

The survey results revealed that half of the 550 respondents reported low mood and irritability, a constant feeling of anxiety or fear about being infected, and one-third reported having sleep problems. These findings are consistent with recent findings of several studies performed in China on civilian populations following the COVID-19 outbreak. According to one study, of 1,210 respondents from 194 provinces in China, half rated the psychological impact of the epidemic as moderate or severe; 16.5% reported moderate-to-severe depressive symptoms; and 28.8% reported moderate-to-severe anxiety symptoms.<sup>14</sup> In another study, of 4,872 participants from 31 provinces in China (mean age 32.3, age range 18–85), half

**TABLE III.** Job, Rank, and Marital Status vs. Mean Challenge (N = 550)

Demographic variables <sup>a</sup>	Mean challenge										P	P after Bonferroni correction	
	n	Mean	SD	Minimum	Maximum	df	T	f					
Operational Assignments	Combatants	44	4.11	0.379	3.37	4.86							
	Medical	15	4.33	0.649	3.06	5.61	545	-0.292	8.36		<0.001	1.000	
	Administrative	78	5.99	0.285	5.43	6.55	545	-3.953			<0.001	0.013	
Rank	Technical	378	6.05	0.129	5.80	6.31	545	-4.843			<0.001	0.013	
	Aviation	35	4.91	0.425	4.08	5.75	545	-1.406			0.624	1.000	
	Junior NCOs	207	5.71	0.175	5.36	6.05	545	-2.845	9.82		<0.001	0.312	
Senior NCOs	Senior NCOs	186	6.43	0.185	6.07	6.79	545	3.183			0.024	0.104	
	Junior officers	83	4.66	0.277	4.12	5.21	545	0.458			0.008	1.000	
	Senior officers	73	5.55	0.295	4.97	6.13	545		9.82		0.968	1.000	
Marital status	Junior officers	186	6.43	0.185	0.185	0.185	6.79						
	Senior officers	83	4.66	0.277	0.277	0.277	5.21	6.79			0.001	0.013	
	Senior officers	73	5.55	0.295	0.295	0.295	6.13	5.21			0.056	0.728	
Single	Divorced	180	5.04	0.189	4.67	5.41	543	0.186	6.23		<0.001	1.000	
	Married	7	4.86	0.959	2.97	6.74	543	-4.866			1.000	1.000	
	In relationship	284	6.21	0.151	5.92	6.51	543	-2.521			<0.001	0.013	
Other	In relationship	72	5.93	0.299	5.34	6.52	543	-0.488			0.087	1.000	
	Other	5	5.60	1.134	3.37	7.83	543				0.988	1.000	

<sup>a</sup>Each time one of the independent variables, compared to the other variables. The table presented only each significant difference found compared to others.

**TABLE IV.** Demographic Variables vs. Each Challenge Separately (N = 550)

Single challenge	Demographic variables <sup>a</sup>	n	Mean	SD	Minimum	Maximum	df	t	f	P	P after Bonferroni correction
Rank vs. family challenge	Junior NCO	207	1.58	0.914	0	4	545	-7.729	29.8	<0.001	<0.001
	Senior NCO	186	2.35	1.06	0	5	545	1.083		<0.001	0.014
	Junior officers	83	1.45	0.845	0	4	545	-5.236		0.700	1.000
Marital status vs. family challenge	Senior officers	73	2.29	1.14	0	5	545		46.0	<0.001	0.014
	Single	180	1.20	0.068	1.065	1.065				<0.001	<0.001
	Divorce	7	1.86	0.347	1.174	1.174	543	-1.853		0.344	1.000
Operational Assignments vs. personal challenge	Married	284	2.39	0.054	2.280	2.280	543	-13.538		<0.001	0.014
	In relationship	72	1.88	0.108	1.662	1.662	543	-5.258		<0.001	0.014
	Other	5	1.60	0.411	0.791	0.791	543	-0.958	8.18	0.874	1.000
Operational Assignments vs. personal challenge	Combatants	44	0.886	0.201	0.491	1.28				<0.001	<0.001
	Medical	15	1.400	0.344	0.723	2.08	545	-1.287		0.699	1.000
	Administrative	78	2.103	0.151	1.806	2.40	545	-4.834		<0.001	0.014
Rank vs. personal challenge	Technical	378	1.992	0.068	1.857	2.13	545	-5.202		<0.001	0.014
	Aviation support	35	1.600	0.225	1.157	2.04	545	-2.361		0.128	1.000
	Junior NCOs	207	2.19	0.092	2.01	2.37			10.02	<0.001	<0.001
Rank vs. personal challenge	Senior NCOs	186	1.93	0.098	1.74	2.12	545	1.913		0.224	1.000
	Junior officers	83	1.45	0.146	1.16	1.73	545	4.277		<0.001	0.014
	Senior officers	73	1.37	0.156	1.06	1.68	545	4.500		<0.001	0.014

<sup>a</sup>Each time one of the independent variables, compared to the other variables. The table presented only each significant difference found compared to others.



reported depressive symptoms and 22.6% reported anxiety symptoms.<sup>15</sup>

Another significant finding was that 66% of the respondents were concerned about infecting their family. This finding is supported by previous studies conducted in countries that dealt with SARS outbreaks where the respondents were all essential workers, mainly medical staffs.<sup>16,17</sup> This may explain the conflict faced in the current study by the career military respondents, many of whom were themselves essential workers, and may have had similar concerns as those of the SARS respondents. On the family front, it is quite possible that previous marital tensions combined with the new stressful circumstances and were the reason for career military personnel reports about family difficulties (42%), difficulties coping with children (41%), and financial difficulties (28%). The conflict between the demands of a military job and family life is not new. A survey that followed the outbreak of SARS found that the medical staff respondents reported a conflict between their role as health care providers and their duties as parents and family members. In that study, medical staffs reported that while they experienced altruism and professional responsibility, they also suffered fear and guilt about the possibility of exposing their families to infection.<sup>16</sup>

The current study results also indicated that one-third of the career military personnel admitted that they needed professional psychological support. Yet 21% of the total survey participants said they were uncomfortable about consulting a professional. It was surprising to discover that seeking psychological help was still stigmatized, but this appears to be common. For example, a recently published study describes a rapid psychological intervention program among medical staff in China. The psychological intervention proved difficult to implement because the medical staff, most notably nurses, were reluctant to accept psychological support.<sup>18</sup> The question arises why the career personnel who participated in the current survey identified challenging factors and reported that they needed help, but ended up rejecting advice.

A comparative study of the stigma of seeking mental health treatment in the military shows this to be a well-known and widespread phenomenon among servicemen.<sup>19–23</sup>

Lastly, another explanation for not seeking professional help may be that people tend to regard their distress as momentary, caused by a brief temporary crisis, and therefore they do not believe they require help. That is, they recognize the need, but do not feel that they should seek professional advice because the crisis will soon be over. One cause for this may be a sense of self-resilience that helps them cope with distress. This finding is supported by studies that focused on terror attack victims. While approximately one-third of those victims were diagnosed with mental disorders resulting from distress, including mental impairment and even post-traumatic stress disorder, most people exposed to that kind of trauma displayed psychological resilience.<sup>24,25</sup>

An important finding that emerged from the current survey concerns organizational change. The switch to working

in an unfamiliar capsule configuration concerned 58% of respondents ( $n = 412$ ). Similarly, functional continuity, the need to maintain the capability of performing operational tasks, concerned 55% ( $n = 391$ ) of the respondents. In addition, and as expected, handling subordinates concerned half of the participants ( $n = 355$ ; 50%). However, of the three explored challenges (command, personal, and family), the command challenge was the only one where the demographic differences (job, rank, and marital status) did not impact the results. The command challenge and the perceived responsibility it entails may stand above and beyond all other variables examined in the present study.

Finally, the mean for each challenge separately was highest for the technical personnel, followed by the administration and aviation personnel. As for medical and combatant personnel, the mean for each challenge separately was similar.

One explanation for these findings emerges from a study of protective trauma factor,<sup>26</sup> which found that the ability to take part in solving the problem and experience the self as a meaningful and valued contributor to the event could be a factor in enhancing resilience to trauma symptoms and adjustment difficulties. The findings of our survey indicate that the populations who perceived themselves as valuable and meaningful over the COVID-19 crisis reported a smaller incidence and severity of difficulties.

Another possible explanation for this finding is that the selection process of combatants and medical teams involved advance screening and training that indicated their ability to cope well with stressful situations and unknown events. Additionally, these populations routinely operate in stressful circumstances, and consequently, the COVID-19 crisis had a smaller impact on their resilience.

It is also possible that understanding the logic behind the capsule configuration and accepting it as the best protective method reduced the sense of difficulty, and this was more prominent in physicians and combatants. Support for this finding was also found in a study conducted in China, which evaluated whether an association existed between quarantine and adverse psychological outcomes. The study did not find significant differences between a group that stayed in quarantine and a group that did not. The study participants were 419 graduate students (176 quarantined and 243 not isolated). Although no differences were found between the groups, multivariate logistic regression analyses indicated that dissatisfaction with compelled protectiveness was a significant predictor of distress.<sup>27</sup>

Of note is the fact that the response rate of the medical teams was very low and made statistical analysis difficult. This is significantly given that although the medical teams have been at the forefront of the struggle against COVID-19 and have experienced high levels of stress, the levels of their reported challenges were low, compared to the other groups.

Differences were also found between ranks in the total three challenges mean (personal, family, and command). Generally speaking, in senior NCOs it was highest, followed

by officers ranked major and up, junior NCOs, and finally officers ranked up to captain. Age, seniority, and command positions appear to contribute to these differences. Despite the many challenges reported by senior NCOs, personal distress was highest in junior NCOs. This might be explained by their being the youngest population, which meant that their workload was characteristically higher, they worked for long hours in unconventional times for relatively low wages.

## SUMMARY

Life under the COVID-19 threat increased stress factors in the military career population. While reporting greater challenges and higher levels of stress, most of the respondents were content with brief, focused consultations related to the situation, and did not seek further professional psychological help. Differences were found only in the family and personal challenges. The switch to a new unfamiliar command style appears to have presented the command echelons—regardless of seniority and position—with challenges that required a period of adjustment. The Air Force reacted rapidly to the move from routine to emergency and back, indicating organizational and personal resilience.

## LIMITATIONS

The survey had several limitations, the first being a possible bias in the results due to the fact that the survey participants all agreed to be included in it. Being based on self-reports, the research findings were derived from subjective answers. A future study of this kind should examine the association between reported distress as measured in the questionnaire and actual mental and medical help seeking. Another limitation is that the point in time at which the survey was conducted may have been an intervening variable, as it was carried out at a volatile and uncertain point in the crisis that may have changed the perceptions of the surveyed population. Had the survey been conducted at a different point in the crisis, the results may have been quite different. It should be recalled, however, that the study was launched to meet the need for quick intervention, and therefore offers a reasonable real-time snapshot of the situation. A follow-up study is indicated to confirm the findings and the conclusions drawn from them. Another limitation is the sample size. Although in the present study the sample is sufficiently large, it is not fully representative, as certain populations (e.g., medical teams) were under-represented in it. The IAF is highly heterogeneous in terms of manpower and missions, and this study did not examine the relationship between the type of military operation assignments and the service conditions (combat vs. support units). Finally, as mentioned, due to a technical glitch, of the 711 individuals who filled out the survey questionnaire, only 550 filled in the demographic details section. The full sample might have allowed a better understanding of the survey population.

## FUNDING

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## CONFLICT OF INTEREST STATEMENT

None declared.

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