African Journal of Social and Behavioural Sciences (AJSBS)
Volume 16, Number 7 (2026) ISSN: 2141-209X

PERCEIVED SOCIAL SUPPORT NETWORKS, PSYCHOLOGICAL RESILIENCE AND PERSONALITY TRAITS AS BUFFERS TO MENTAL HEALTH AMONG LEGAL PRACTITIONERS IN OWERRI

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ABSTRACT: This study examined the roles of social support networks, psychological resilience, and personality traits as buffers to mental health among legal practitioners in Owerri, Imo State, Nigeria. A cross-sectional survey design was adopted and data were collected through purposive and convenience sampling technique from 300 legal practitioners practising in Owerri. The sample comprised 137 males (45.7%) and 163 females (54.3%), with ages ranging from 26 to 65 years (M = 38.88, SD = 8.57), ensuring a diverse and representative cohort. Data collection employed four measures: the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), the Brief Resilience Scale (BRS; Smith et al., 2008), the Big Five Inventory-10 (BFI-10; Rammstedt & John, 2007), and the 12-item General Health Questionnaire (GHQ-12; Goldberg, 1972). Results of the hierarchical regression analysis indicated that perceived social support significantly predicted lower psychological distress (β = −.31, p < .001), while psychological resilience emerged as a strong protective factor (β = −.41, p < .001). Neuroticism significantly predicted higher levels of psychological distress (β = .29, p < .001). In contrast, other personality traits, namely conscientiousness, extraversion, agreeableness, and openness to experience, did not contribute uniquely after psychosocial variables were controlled. The study highlighted the need to conceptualise mental health in the legal profession as both an individual and institutional concern. The findings implied that strengthening social support structures within professional settings and fostering resilience through targeted training may substantially reduce psychological distress. It is therefore recommended that legal institutions and professional bodies integrate structured peer support initiatives, resilience-focused programmes, and accessible psychological services into continuing professional development frameworks. At a broader level, embedding mental health promotion within professional standards and policies may enhance wellbeing, sustain professional effectiveness, and support a more humane and resilient legal workforce.

Keywords: Perceived Social Support, Psychological Resilience, Personality Traits, Mental Health, Legal Practitioners

INTRODUCTION

Mental health has moved to the centre of public concern, and the pressures behind that shift are familiar ones: crowded cities, constant digital contact, thinning social ties and economic strain (Magomedova & Fatima, 2025). Psychological distress, whether it presents as anxiety, low mood

or burnout, matters both for the person who carries it and for the organisations that depend on that person's work (Jiang et al., 2025).

Mental health is understood here as a state of well-being in which a person copes with the ordinary stresses of life, works productively, and contributes to community life (Kumar, 2024; Lateef et al., 2024). Following the World Health Organization's formulation, the definition treats mental health as more than the absence of disorder: it sits on a continuum, is shaped by personal, social and environmental circumstances, and is now widely treated as a right rather than a privilege (Thirumal & Harinivetha, 2024).

Occupations differ in how far they expose workers to that strain. Stress and burnout remain the most persistent difficulties among teachers (Ghasemi, 2025). Among emergency telecommunicators, 15.5% screen positive for depression, 12.4% report suicidal ideation and 16.3% show high secondary traumatic stress (Saldanha et al., 2025). Workers in hazardous settings show low to moderate psychological strain (Koval & Pidluzhna, 2025), and across Europe 45.1% of human services workers fall into a mental health risk category, with work overload and difficult clients the leading stressors (Győri et al., 2025).

The legal profession belongs in that company, although it has attracted less attention. The difficulty begins in training, since law students already show raised levels of mental ill health that carry forward into practice (Powell & Siller, 2024). Lawyers working in asylum law report burnout, depression, anxiety and secondary trauma, which they trace to emotional labour, to systems that frustrate them, and to sustained contact with traumatised clients (Holt et al., 2024). Long hours, complex files, emotionally demanding clients and high expectations are the stressors named most often in studies of the profession elsewhere (Zhang et al., 2023; Oye, 2024). In Nigeria, the difficulty is compounded by a mental health sector that has been left to weaken, with unregulated practitioners drawn into care delivery (Mustapha et al., 2024).

Nigerian research on occupational mental health has concentrated on health workers, students and the general workforce, leaving the legal profession largely unexamined (Khan, 2025). Stigma adds a further layer, since a practitioner who admits to distress risks being thought unfit for demanding work (Ferreira et al., 2025).

Three sets of protective factors recur in the literature on high-stress work. The first is social support: the emotional, instrumental and informational resources that flow through personal relationships, which on the stress-buffering account soften the psychological impact of stressors rather than removing the stressors themselves (Cohen & Wills, 1985). Family, friends, colleagues, mentors and professional associations each supply a different mixture of the three (House, 1981), and in law, where isolation and exhaustion are common complaints, such networks offer practical strategies as well as emotional recognition (Zhang et al., 2023; Oye, 2024).

The second is psychological resilience, the capacity to adapt to adversity and to recover from it. Resilience is better described as a process than as a fixed trait, since it draws on personal, relational and environmental resources that change over time (Masten, 2001; Werner & Smith, 1992). Resilient workers manage stress, hold their emotional footing, and adjust their coping to

the demand in front of them, which matters most where pressure is cumulative rather than episodic (Luthar et al., 2000; Ajayi & Udeh, 2024).

The third is personality, the settled pattern of thought, feeling and behaviour that distinguishes one person from another, usually described through the five-factor model (Goldberg, 1990; Roberts et al., 2007). Neuroticism, the tendency towards negative emotion and emotional instability, is tied most consistently to distress, because ordinary demands are more readily taken as threats (Turiano et al., 2012). Extraversion goes with seeking company and active coping (Lucas & Diener, 2001), agreeableness with cooperative working relationships, openness with flexibility and curiosity (McCrae & Costa, 1997), and conscientiousness, through organisation and self-discipline, with lower stress at work (Luchman & Gosnell, 2014). How far any of this holds for Nigerian lawyers is not known.

This study therefore examines how perceived social support networks, psychological resilience and personality traits relate to the mental health of legal practitioners in Owerri.

Statement of the Problem

Legal practitioners in Nigeria work under conditions known to damage mental health, yet almost nothing is known about how they fare. Evidence gathered over forty years elsewhere describes lawyers and judges carrying depression, anxiety, suicidal thinking and substance misuse, with consequences that reach the quality of justice itself (Kiser, 2024). Nigerian studies of occupational mental health have not covered the profession (Khan, 2025), even as concern about mental health across the national workforce has grown.

Work in healthcare and education suggests that social support, resilience and personality shape who withstands such pressure (Ajayi & Udeh, 2024; Luthar et al., 2000). Whether the same holds for lawyers in Owerri is untested. Stigma discourages help-seeking (Ferreira et al., 2025), institutional support is thin, and practitioners are largely left to manage alone in high-pressure areas such as litigation and corporate practice (Zhang et al., 2023).

The cost of leaving this unexamined falls on more than the individual. Untreated distress shows itself as burnout, weaker performance and absence from work, and in a profession that represents other people's interests, those failures reach clients and courts (Kiser, 2024). This study addresses that gap.

Purpose of the Study

The general purpose of this study is to investigate the relationship between perceived social support networks, psychological resilience, and personality traits as potential buffers to mental health among legal practitioners in Owerri, Nigeria. Specifically, the study aims to:

1. Examine the predictive role of perceived social support networks on the mental health status of legal practitioners in Owerri, Nigeria.

2. Examine the predictive influence of psychological resilience on the mental health status of legal practitioners in Owerri, Nigeria.
3. Examine the predictive influence of personality traits on the mental health status of legal practitioners in Owerri, Nigeria.

Theoretical Framework

Stress-Buffering Model (Cohen & Wills, 1985)

The Stress-Buffering Model holds that social support protects health mainly when people are under stress, either by reducing the severity a stressor is judged to carry or by strengthening the capacity to cope with it (Cohen & Wills, 1985). Support is described in three forms: emotional support such as empathy and care, instrumental support such as money or practical help, and informational support such as advice. The model does not claim that support removes stress. It claims that support changes what stress does to the person, so that those with dependable relationships fare better than those without them under the same load.

Applied here, the model predicts that legal practitioners with dependable support from family, colleagues and professional networks will report less distress than those without it, even where the caseload is the same. Emotional support may ease the strain of a difficult brief, while informational support supplies practical routes through professional problems. The model therefore sits directly behind the first hypothesis of this study.

Its limits matter as much as its strengths. The account of support is detailed and has survived repeated testing, which is why it travels well into high-stress occupations such as law. But it assumes that support helps, when intrusive or controlling support can add to strain instead (Ferreira et al., 2025), and it rests on perceived rather than received support, which self-report cannot easily separate. The model also gives little weight to internal resources such as resilience and personality, and that omission is one reason the present study models all three together rather than support alone.

Empirical Review

Perceived Social Support Networks and Mental Health

Alemu et al. (2025) surveyed 636 outpatients with mental illness in Gondar, Ethiopia, using the Multidimensional Scale of Perceived Social Support. Low perceived support was reported by 12.1% of the sample, and it clustered among those living alone, those with a history of relapse, those whose families took no part in their care, and those with low self-esteem or poor medication adherence. Closer to the present setting, Olabisi et al. (2023) studied 538 older adults attending outpatient clinics in Oyo State and found that lower support from family and friends went with higher depression and anxiety scores, with family support carrying most of the effect.

Oye (2024) surveyed 400 young adults across 13 local government areas of Nasarawa State and reported that those with stronger support were more willing to seek help, and in turn reported less

stress, anxiety, depression and suicidal ideation. Income, employment status and stigmatisation stood between respondents and the support they needed. Working with four waves of the China Health and Retirement Longitudinal Study, Long et al. (2024) followed 9,050 adults aged 60 and above and found that support measured at neighbourhood level, not only at individual level, predicted better cognition and mood in later life, particularly among the socio-economically disadvantaged.

Three further studies point the same way in different populations. Khan (2025), working with nurses in Malaysia, distinguished emotional, instrumental, informational and appraisal support and noted that giving support mattered as much as receiving it. Elmarjany et al. (2023) found perceived support correlated with less depression and greater life satisfaction among 100 men treated for prostate cancer in Morocco, and Zhang and Dong (2023) reported positive correlations between support and resilience among older adults in Chinese communities. What these studies share is cross-sectional self-report; what they leave out is any professional working group in Nigeria.

Psychological Resilience and Mental Health

Azoulay et al. (2024) surveyed 950 intensive care staff across 21 French hospitals during successive waves of COVID-19, measuring resilience with the Connor-Davidson Resilience Scale. Higher resilience went with lower anxiety, depression and post-traumatic stress symptoms. Ajayi and Udeh (2024), reviewing the maritime industry, concluded that resilience among seafarers depended heavily on support from family and close colleagues, which is the interdependence the present study tests directly.

Two Nigerian studies bear on the same question. Elegbede and Abidogun (2025) surveyed 400 adolescents in Lagos with the Family Support Scale, the Resilience Scale for Adolescents and the GHQ-12, and found emotional family support the strongest predictor of resilience, with financial support mattering far less than expected. La'ah and Tanshi (2023) surveyed 300 pre-service teachers in North-West Nigeria and found that support from family and from the college, together with self-efficacy and resilience, went with lower stress. Neither sample was occupational in the sense intended here, and neither examined personality.

Personality Traits and Mental Health

Neuroticism is the one finding that holds across settings. Ike et al. (2024) studied 250 family caregivers in government hospitals in South-East Nigeria and found neuroticism negatively related to mental health while the other four traits were positively related, with support and resilience adding further protection; Ike et al. (2025) reported a similar pattern in the same population. Iorfa et al. (2023) surveyed 360 Nigerian undergraduates and found neuroticism linked to poorer mental health and agreeableness to better.

The pattern repeats outside Nigeria. Wei et al. (2025) analysed data from 8,315 Chinese undergraduates and found higher neuroticism and lower conscientiousness associated with obsessive-compulsive symptoms, depression and interpersonal sensitivity. Raihan and Surat

(2023) surveyed 248 Malaysian students and found conscientiousness and agreeableness associated with better mental health, neuroticism with worse, and higher anxiety and depression among the women. Richa et al. (2025) interviewed 300 mothers in Aurangabad, India, and found neuroticism correlated with postpartum depression at $r = .51$, $p < .01$, with social support moderating only marginally.

Two Iranian studies extend the finding to adults in work. Ghamkhar et al. (2025) surveyed 500 students in Tehran and found neuroticism related to anxiety and depression, extraversion inversely related to both, and conscientiousness related to lower stress; Vahdat et al. (2025) found neuroticism the strongest predictor of poor mental health among 350 working adults in Isfahan. What no study in this group has done is test the five traits alongside social support and resilience in a Nigerian professional sample, which is the gap addressed here.

Hypotheses

1. Social support networks available to legal practitioners in Owerri will significantly predict their mental health status.
2. The level of psychological resilience of legal practitioners in Owerri will significantly predict their mental health status.
3. Conscientiousness personality traits of legal practitioners in Owerri will significantly predict their mental health status.
4. Extraversion personality traits of legal practitioners in Owerri will significantly predict their mental health status.
5. Agreeableness personality traits of legal practitioners in Owerri will significantly predict their mental health status.
6. Openness personality traits of legal practitioners in Owerri will significantly predict their mental health status.
7. Neuroticism personality traits of legal practitioners in Owerri will significantly predict their mental health status.

METHOD

Participants

The study engaged three hundred (300) legal practitioners practising in Owerri Metropolis, Imo State, Nigeria. The sample comprised 137 males (45.7%) and 163 females (54.3%), aged 26 to 65 years, with a mean age of 38.88 and a standard deviation of 8.57 years. On years of practice, 149 practitioners (49.7%) reported less than 5 years, 116 (38.7%) had 5 to 9 years, 26 (8.7%) had 10 to 14 years, and 9 (3.0%) had 15 or more. On work setting, most were employed in law firms (164, 54.7%), followed by government ministries or agencies (95, 31.7%) and independent practice (41, 13.7%). Only practising lawyers participated; those retired, on leave, or not currently in practice were excluded.

A combination of purposive and convenience sampling was used to recruit participants. Purposive sampling ensured that only qualified and practising lawyers were selected, while convenience

sampling enabled the researcher to reach practitioners who were available and willing to take part during the study period.

Instruments

Four instruments made up the questionnaire: the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet & Farley, 1988), the Brief Resilience Scale (BRS; Smith, Dalen, Wiggins, Tooley, Christopher & Bernard, 2008), the Big Five Inventory-10 (BFI-10; Rammstedt & John, 2007), and the General Health Questionnaire (GHQ-12; Goldberg, 1972). The questionnaire also collected data on age, gender, length of service and religion.

The MSPSS measures perceived support from three sources: family, friends and a significant other. Its 12 items divide equally between the three subscales and are rated from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree), with the total score the mean of all twelve and higher scores indicating greater support. Zimet et al. (1988) set the bands at 1.0 to 2.9 for low support, 3.0 to 5.0 for moderate and 5.1 to 7.0 for high, reported an alpha of .85 for the total scale and between .85 and .91 for subscales, and established construct validity through negative correlations with depression and anxiety.

The scale has been used widely in Nigeria, with alphas of .80 among adolescents (Eze et al., 2021), .67 in a study of psychological wellbeing (Ifeagwazi et al., 2015) and .97 among adults during the first wave of COVID-19 (Folayan et al., 2021); Okoye et al. (2022) reported associations with self-efficacy and physical activity that support its construct validity. A pilot study for the present research, involving 50 practising lawyers from law firms in Orlu, returned an alpha of 0.74, above the 0.70 criterion set by Nunnally (1978), with corrected item-total correlations between 0.67 and 0.71, above the 0.31 benchmark suggested by Pullian (2005). A correlation of .35 with the Lubben Social Network Scale, significant at the 0.05 level, supports its concurrent validity in this population.

The BRS measures resilience narrowly, as the ability to bounce back after difficulty, rather than as a collection of protective factors or coping skills (Smith et al., 2008). Its six items are rated from 1 (Strongly Disagree) to 5 (Strongly Agree), with items 1, 3 and 5 worded positively and items 2, 4 and 6 reverse scored, and the score is the mean of the six. A sample item is *"I tend to bounce back quickly after hard times"*. Smith et al. (2010) treat a mean near 3.70 as typical resilience, below 3.00 as low and above 4.30 as high.

Internal consistency in the original work ranged from .80 to .91 across several samples, with test-retest coefficients of .69 over one month and .62 over three months, and a single-factor structure explaining 55% to 67% of variance (Smith et al., 2008). The scale correlated −.71 with stress, −.66 with depression and .69 with optimism. Fung (2020) confirmed the one-factor structure in a Chinese sample (alpha = .76) and Harville et al. (2011) reported an alpha of .83 among women exposed to Hurricane Katrina. In Nigeria, alphas of .78 and .70 have been reported among university students (Imhonde & Imonigie, 2024; Muomah et al., 2024). Its brevity, its focus on recovery and its record across cultures were the grounds for using it.

The BFI-10 captures the five personality dimensions with two items each, one worded positively and one reverse scored: items 1R and 6 for extraversion, 2 and 7R for agreeableness, 3R and 8 for conscientiousness, 4R and 9 for neuroticism, and 5R and 10 for openness to experience (Rammstedt & John, 2007). Responses run from 1 (strongly disagree) to 5 (strongly agree), higher scores indicating stronger endorsement. Rammstedt and John (2007) reported alphas of 0.80 and test-retest coefficients up to 0.85, and Shaapera et al. (2024) test-retest correlations averaging 0.75. Nigerian evidence is mixed but adequate: alphas between .58 and .61 across domains (Ogunsemi et al., 2022), 0.71 overall (Fagbenro et al., 2024) and 0.79 (Ibini et al., 2025), with test-retest values between 0.75 and 0.90 (Oluwole & Obadeji, 2025). Li (2013) reported .79 for extraversion and .76 for neuroticism.

The short form was chosen deliberately. Practitioners in Owerri work under heavy caseloads and tight timetables, and a long inventory administered alongside three other measures would have invited fatigue and careless responding (Ibini et al., 2025; Oluwole & Obadeji, 2025).

The GHQ-12 measures general psychological distress through changes in normal functioning and the appearance of distressing symptoms, covering anxiety, depression and social dysfunction. Its 12 items are rated from 0 to 3, higher scores indicating greater distress, with 12 or above commonly taken to indicate probable distress. Reported alphas typically exceed 0.80 (Muomah et al., 2021), Makowska et al. (2002) reported sensitivity and specificity values supporting its use among working people, and Liang et al. (2016) showed that it captures several dimensions of distress rather than one. It has been used in Nigeria with adolescents and older adults (Elegbede & Abidogun, 2025; Omotosho et al., 2025). A pilot study with 50 practising lawyers in Orlu returned an alpha of 0.73, item-total correlations between 0.66 and 0.72, and a correlation of .36 with the Perceived Stress Scale, significant at the 0.05 level.

Procedure

An official letter introducing the study and its objectives was submitted to the Nigerian Bar Association, Owerri Branch, and to the heads of selected law firms, seeking permission to approach legal practitioners. Once access was granted, participants were recruited at law offices, at the courts and at the NBA Secretariat, Owerri Centre. The aims of the study, the voluntary nature of participation and the steps taken to protect privacy were explained at recruitment, and each participant received an informed consent form setting out the objectives, what taking part involved, the possible benefits and their rights.

Participation was voluntary and could be withdrawn at any point without consequence. Responses were collected anonymously and stored securely, accessible only to the researcher and academic supervisors. Questionnaires were administered individually or in small groups in quiet surroundings, depending on practitioners' availability, and any sign of distress was attended to at once. A short debriefing followed, and practitioners who wanted the results could leave an email address for a summary.

Design and Statistics

The study used a cross-sectional survey design covering practitioners of different ages, work settings and lengths of service. Hierarchical multiple regression was used for the analysis, since it shows how much variance in psychological distress is explained by perceived social support, by psychological resilience once support is held constant, and by the five personality traits once both psychosocial variables are held constant.

RESULTS

Table 1: Descriptive Statistics for Key Study Variables

Variable	M	SD	N
Psychological Distress	13.05	6.54	300
Perceived Social Support	3.14	1.26	300
Resilience	16.97	5.87	300
Extraversion	4.33	2.16	300
Agreeableness	4.86	2.25	300
Conscientiousness	5.04	2.32	300
Neuroticism	4.74	2.26	300
Openness to Experience	4.69	2.10	300

Note. M = Mean; SD = Standard Deviation.

Psychological distress averaged 13.05 (SD = 6.54), a moderate level. Perceived social support had a mean of 3.14 (SD = 1.26), which falls in the moderate band, and resilience a mean of 16.97 (SD = 5.87). Among the Big Five traits, conscientiousness recorded the highest mean (M = 5.04) and extraversion the lowest (M = 4.33).

Table 2: Pearson Product-Moment Correlation Matrix for Key Variables

Variables	1	2	3	4	5	6	7	8
1. Psychological Distress	—							
2. Perceived Social Support	−.76**	—						
3. Resilience	−.76**	.76**	—					
4. Extraversion	−.02	−.01	−.00	—				
5. Agreeableness	.02	−.06	−.08	.11	—			
6. Conscientiousness	−.58**	.66**	.61**	.05	−.03	—		
7. Neuroticism	.06	.01	.02	−.08	−.05	.01	—	
8. Openness to Experience	.05	−.08	−.11	−.02	.13*	.04	−.09	—

*Note. $p < .01$**, $p < .05$.*

Perceived social support correlated strongly and negatively with psychological distress, $r(298) = -.76$, $p < .001$, so that practitioners who perceived greater emotional, instrumental and social resources reported fewer symptoms of anxiety, burnout and low mood. Resilience showed a correlation of the same size and direction, $r(298) = -.76$, $p < .001$, and was itself strongly associated with perceived support, $r(298) = .76$, $p < .001$. That last figure suggests that support and resilience are not independent resources but reinforce one another.

Conscientiousness correlated moderately and negatively with distress, $r(298) = -.58$, $p < .001$, and positively with both perceived support ($r = .66$, $p < .001$) and resilience ($r = .61$, $p < .001$). The remaining traits were unrelated to distress at the bivariate level: extraversion ($r = -.02$, $p = .68$), agreeableness ($r = .02$, $p = .75$), openness ($r = .05$, $p = .37$) and neuroticism ($r = .06$, $p = .30$). Openness showed a small positive correlation with agreeableness, $r(298) = .13$, $p = .02$.

Table 3: Hierarchical Multiple Regression Predicting Psychological Distress

Model	Predictor	B	SE B	β	t	p
Step 1	(Constant)	25.41	0.66	—	38.50	< .001
	Perceived Social Support	−3.94	0.20	−.76	−20.19	< .001
Step 2	(Constant)	28.20	0.69	—	40.80	< .001
	Perceived Social Support	−2.29	0.27	−.44	−8.42	< .001
	Resilience	−0.47	0.06	−.42	−8.07	< .001
Step 3	(Constant)	28.36	1.23	—	23.16	< .001
	Perceived Social Support	−2.12	0.29	−.41	−7.20	< .001
	Resilience	−0.46	0.06	−.41	−7.71	< .001
	Conscientiousness	−0.18	0.13	−.07	−1.38	.17
	Extraversion	−0.05	0.10	−.02	−0.43	.67
	Agreeableness	−0.10	0.10	−.03	−0.99	.33
	Openness	−0.04	0.11	−.01	−0.40	.69
	Neuroticism	0.20	0.10	.07	2.01	.045

Model Summary: Step 1: $R^2 = .578$, $F(1,298) = 407.47$, $p < .001$; Step 2: $\Delta R^2 = .076$, $F(2,297) = 280.08$, $p < .001$; Step 3: $\Delta R^2 = .010$, $F(7,292) = 82.13$, $p = .14$; Durbin–Watson = 2.01.

A three-step hierarchical multiple regression examined the predictive influence of perceived social support, psychological resilience and personality traits on psychological distress, with each block entered after the preceding one.

In Step 1, perceived social support was entered alone. The model was significant, $F(1, 298) = 407.47$, $p < .001$, and explained 57.8% of the variance in psychological distress ($R^2 = .578$), with a strong negative coefficient ($\beta = -.76$, $p < .001$). Hypothesis 1 is therefore accepted.

In Step 2, psychological resilience was added. Model fit improved significantly, $\Delta R^2 = .076$, F change (1, 297) = 65.07, $p < .001$, raising the explained variance to 65.4% ($R^2 = .654$). Perceived social support ($\beta = -.44$, $p < .001$) and resilience ($\beta = -.42$, $p < .001$) both remained significant. Hypothesis 2 is accepted.

In Step 3, the five personality traits were added. Explained variance rose only to $R^2 = .663$ and the change was not significant, $\Delta R^2 = .010$, F change (5, 292) = 1.68, $p = .14$, so the traits as a block added nothing beyond support and resilience. Within the block, only neuroticism contributed significantly ($\beta = .07$, $p = .045$), and Hypothesis 7 is accepted. Conscientiousness ($\beta = -.07$, $p = .17$), extraversion ($\beta = -.02$, $p = .67$), agreeableness ($\beta = -.03$, $p = .33$) and openness ($\beta = -.01$, $p = .69$) did not, so Hypotheses 3, 4, 5 and 6 were rejected.

Summary of Results

1. Perceived social support networks significantly predicted lower psychological distress among legal practitioners.
2. Psychological resilience significantly predicted lower psychological distress among legal practitioners.
3. Conscientiousness did not significantly predict psychological distress.
4. Extraversion did not significantly predict psychological distress.
5. Agreeableness did not significantly predict psychological distress.
6. Openness to experience did not significantly predict psychological distress.
7. Neuroticism significantly predicted higher psychological distress among legal practitioners.

DISCUSSION

This study examined how far perceived social support networks, psychological resilience and personality traits buffer mental health among legal practitioners in Owerri. The discussion follows the order of the hypotheses and sets the findings against the theory and the evidence reviewed earlier.

Perceived social support was the strongest single predictor of mental health. Correlational and regression analyses agreed: practitioners who perceived more emotional, informational and instrumental support reported fewer symptoms of anxiety, stress and emotional exhaustion, and support alone accounted for a large share of the variance in distress. Support is therefore not a supplementary factor in this sample but a central one, which supports Hypothesis 1.

The result sits squarely within the Stress-Buffering Model (Cohen & Wills, 1985). Legal practice brings long hours, emotionally charged cases, adversarial exchanges and high expectations, and supportive relationships appear to supply the reassurance and practical help that make those demands manageable. The finding is equally consistent with the direct effects account, under which supportive relationships aid well-being whether or not stress is acute, a reading that carries weight in a setting where family and community ties run through daily working life.

The direction of the finding matches earlier work: Oye (2024) found less anxiety, depression and suicidal ideation among young adults with stronger support, Khan (2025) the same protective pattern among nurses, and Olabisi et al. (2023) family support the most protective source among older Nigerians. What distinguishes the present result is its size. Where formal mental health provision is scarce, as it is for practitioners in Owerri, informal support from family, friends and colleagues may be carrying more of the load than it would elsewhere.

Psychological resilience predicted distress independently of support, and added explanatory power beyond it, which supports Hypothesis 2. Resilience is therefore not simply a by-product of being supported. It behaves as a separate resource, consistent with the view of resilience as a process of positive adaptation rather than a fixed trait (Masten, 2001). In legal practice, that process shows itself in managing courtroom pressure, absorbing an unfavourable judgment and keeping going through prolonged litigation. The profession's stressors are cumulative rather than episodic, and resilient practitioners appear better able to absorb them without reaching a disabling level of distress (Ajayi & Udeh, 2024).

The strong positive association between support and resilience deserves attention in its own right. It suggests a two-way process: supportive environments help resilience develop, and resilient people are better at seeking out and using the support available to them. That matches Luthar et al. (2000), who argued that resilience rests on internal capacities and external resources together, and it argues against treating the two as separate intervention targets. Some of that capacity may be dispositional, but emotional regulation, cognitive reframing and stress management are teachable, which places them within reach of professional training.

Most personality traits did not predict mental health once support and resilience were in the model, so Hypotheses 3, 4, 5 and 6 were rejected. Conscientiousness is the interesting case. It correlated moderately with lower distress at the bivariate level, but the relationship disappeared under control, which points to an indirect route: conscientious practitioners organise their work, build supportive relationships and cope adaptively, and once those pathways are accounted for, the trait itself adds nothing. This diverges from Western findings linking conscientiousness to better occupational adjustment (Roberts et al., 2007; Luchman & Gosnell, 2014), and the divergence is worth taking seriously. Where workload intensity and institutional constraint are severe, an individual disposition can only do so much.

Extraversion and agreeableness also failed to predict distress. Legal practice rewards analytical rigour and assertiveness more than sociability or accommodation, which may limit what those traits can buy here. Openness fared no better, perhaps because legal work runs on precedent and procedure and leaves little room for creative reframing as a coping strategy.

Neuroticism was the exception, predicting higher distress and supporting Hypothesis 7. Practitioners high in neuroticism are more prone to worry, rumination and pessimistic readings of professional setbacks, and those tendencies amplify the effect of occupational stressors (Turiano et al., 2012; Roberts et al., 2007). The effect was modest but independent, surviving the inclusion of both psychosocial variables. Its modesty matters as much as its significance: neuroticism raises

vulnerability without determining the outcome, and supportive environments and adaptive coping appear to hold that vulnerability in check.

Taken together, the findings locate mental health among legal practitioners in Owerri mainly in psychosocial resources rather than in disposition.

Implications of the Study

Theoretically, the study carries the Stress-Buffering Model and resilience theory into a non-Western professional group and finds them serviceable there. It also bears on the argument about disposition and context, since most traits lost their predictive value once psychosocial resources were modelled: personality shapes vulnerability, but what becomes of that vulnerability depends on the support and coping capacity available. The association between support and resilience further suggests that resilience is partly built through relationships rather than carried into them.

In practical terms, the findings sit awkwardly with a professional culture that treats emotional endurance and self-reliance as marks of competence. Firms, chambers and professional associations that make room for collaboration, peer support and open discussion of difficult work may reduce isolation and make help-seeking ordinary rather than risky. Since resilience worked alongside support rather than in place of it, individual coping training alone is unlikely to be enough.

At policy level, the Nigerian Bar Association is well placed to set expectations for the profession. Building mental health into continuing professional development, ethical guidance and institutional policy would signal that practitioner well-being is part of competent practice, and access to counselling and early intervention would serve not only practitioners but the clients they represent.

Limitations of the Study

Several limitations should be borne in mind when interpreting these findings.

1. The study was restricted to practitioners in Owerri. Working conditions, organisational cultures and access to support vary across regions and jurisdictions, so the relationships observed here may not hold elsewhere in Nigeria or in other legal systems.
2. Only a limited set of psychosocial and personality variables was examined. Organisational climate, workload intensity and the types of case handled were not measured, and their absence constrains the explanatory scope of the findings.
3. The design was cross-sectional and relied on self-report, so the direction of the relationships between support, resilience and distress cannot be established from these data.

Suggestions for Further Studies

1. Further work could test the mechanisms behind these relationships, in particular whether resilience mediates the link between perceived support and distress.
2. Replication with broader samples, covering different regions, levels of experience and areas of specialisation, would show how far these findings travel within the profession.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. Legal associations and law firms should set up structured peer support and mentoring arrangements beyond formal work demands, giving practitioners somewhere to discuss difficult cases and learn coping strategies from colleagues.
2. Professional training should include resilience-building components. Treated as teachable skills rather than inborn qualities, emotional regulation, stress appraisal and problem-focused coping can be built into continuing legal education.
3. Periodic workshops and discussion forums on stress, burnout and well-being would help make conversation about mental health ordinary within the profession, reducing stigma and encouraging earlier help-seeking.
4. Institutions should improve access to confidential counselling and psychological support. Given the reputational concerns attached to legal work, such services must be discreet and easy to reach.
5. The Nigerian Bar Association and comparable bodies should bring mental health into professional standards, through mandatory continuing professional development or through guidance that treats psychological well-being as part of ethical practice.

Conclusion

Mental health among legal practitioners in Owerri rests mainly on psychosocial resources. Perceived social support and psychological resilience each predicted lower distress and together accounted for most of the explained variance, neuroticism marked a modest vulnerability, and the remaining traits added nothing once the two were taken into account.

The practical consequence is that responsibility for practitioner well-being cannot rest with individual character alone. If support and resilience carry this much weight, the firms, chambers and professional bodies that shape working relationships hold a large part of the remedy. Strengthening those relationships, and teaching resilience as a skill rather than assuming it as a trait, are the steps most clearly indicated by these data.

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