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SOCIAL PSYCHOLOGY | RESEARCH ARTICLE

Psychosocial factors linked to the occupational psychological health of police officers: Preliminary study

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Abstract: In the literature, the police environment is considered to be in a category of jobs with a high level of stress. More and more police officers are at work for stress-related psychological health problems. It is possible that the work functions associated with this professional field make police officers vulnerable to the psychological health problems. To date, the statement is obvious. Literature on the psychological health of police officers remains inadequate. To our knowledge, no study has examined factors that may contribute to or harm the psychological health of police officers. A sample of 12 police officers was interviewed during the winter of 2016 for this qualitative study. The officers participated voluntarily in a semi-directed interview conducted using a predefined interview guide. The purpose of this study was to determine the predictive factors associated with psychological health in the police officers' workplaces. An inductive analysis of all the statements collected was conducted and the results were divided into three factors: socioeconomic (budget cuts and social pressure), organizational (police culture, managerial instability, leadership, recognition and interpersonal support) and personal (self-employed, efficiency, emotional abilities and disillusionment). This study can serve as a premise for police organizations to question their influence on the psychological health of police officers. This qualitative study aims to initiate innovative reflection in a sector where the development of knowledge is currently insufficient.



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PUBLIC INTEREST STATEMENT

The suffering of the police appears to have increased in recent years if we rely on the recurrence of publicised episodes, the sometimes dramatic turn of policing, the environments in which the police enter the scene and statistics associated with mental health problem that affects them. This study focuses on the psychological health of police officers. Considering the importance of their role in society and the beneficial effects of healthy psychological health in the workplace, it is a priority to understand theoretically the police perceptions of the factors explaining this phenomenon. The interviews conducted in this study identified three categories of prediction factors: socio-economic factors, organizational factors and personal factors.

Subjects: Policing & Police Law; Police; Social Psychology; Social Psychology of Organizations; Introductory Work/Organizational Psychology

Keywords: police officer; occupational psychological health; psychosocial factors

1. Introduction

Crompton (2011) believed that stress-induced mental health problems alone cost employers approximately 20 billion dollars a year and make up three-quarters of short-term disability benefits in Canada. Studies claim that police work could be considered to present a high level of stress (Cyr, 2010; Deschamps, Paganon-Badinier, Marchand, & Merle, 2003; Renck, Weisæth, & Skarbö, 2002). Given that in the execution of their tasks, police officers must work different shifts, play potentially confusing roles alternating between law enforcement and public service, remain vigilant at all times and constantly face danger to ensure the safety of others, it is possible that police work is more stressful than other jobs. Roberg, Kuykendall, and Novak (2002) added that police officers' perception of public support and society's negative attitudes towards police officers, as well as adverse or inaccurate media coverage, can all be stress factors for police officers. Violanti (2010) reported that studies on police mortality reveal that police officers suffer from stress-induced diseases in a higher proportion than the general population. Numerous studies have examined police stress, but few have looked at the occupational psychological health of police officers. Faced with the lack of knowledge implementation, this study proposes a hypothetical model of the psychological health of police officers.

Given the importance of the role of police officers in society and the beneficial impact of their sound occupational psychological health, understanding the relationship between the organisational context and police officers' personal resources from a theoretical standpoint is essential. According to numerous studies (Hart, Wearing, & Headey, 1995; Kop & Euwema, 2001; McCreary & Thompson, 2006; Shane, 2010), the nature of police work does not seem to be especially linked to distress. Brown (1996) claimed that the organisational structure is the greatest source of stress in the context of police work. Burke (1998) added that positive relations with the police organisation appear to reduce distress symptoms. Organisational experiences seem to be more decisive in determining occupational psychological distress and the psychological well-being of police officers. More specifically, the study conducted by Burke and Mikkelsen (2006) mentioned that social resources and coping strategies focusing on emotions are linked to reduced distress among police officers, in keeping with the results of the study conducted by Patterson (2003). Brown's (1996) study results added an important link between reducing stress for police officers and strong recognition from their employer, as well as a more participative supervisory style. This study aims to understand the factors predicting the psychological health of police officers.

1.1. Occupational psychological health

The definition of occupational psychological health is built on the more general concept of psychological health. Consequently, the negative bias to which occupational psychological health is submitted (Lhuillier & Litim, 2009) probably comes from the fact that we had to wait until 2007 for the World Health Organization (WHO) to propose an official definition of mental health covering both its positive and negative aspects. The WHO defines psychological health as follows: "A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." Using the WHO definition, Morin (2010) specified that mental health not only corresponds to the absence of mental disorders but also to a state of well-being in which individuals realise their potential, face normal life complexities, work successively and productively and can contribute to their community. According to reference studies on the matter (Achille, 2003; Gilbert, Dagenais-Desmarais, & Savoie, 2011; Kelloway & Day, 2005; Keyes, 2003; Morin, 2010; Savoie, Brunet, Boudrias, & Gilbert, 2010), it is now acknowledged that mental health has negative and positive aspects: psychological distress and psychological well-being. Distress is expressed through anger, irritability, a sense of anxiety, exhaustion, lack of self-esteem, self-isolation and refusal to get involved. Well-being is expressed through a sense of balance and vitality, value, personal control and efficiency. It

also translates into a search for relationships and a need to get involved in projects with others and share a social experience.

Initially, psychological health was apprehended overall, regardless of the sphere of life concerned. However, Gilbert et al. (2011) adapted the concept to the workplace. Their definition focused on the lived component of occupational mental health and its opposite dimensions, occupational psychological distress and occupational psychological well-being. The authors proposed that psychological distress at work is not the opposite of psychological well-being at work but rather a dimension on a continuum. In their work, the authors highlighted three factors of each dimension of occupational psychological health. These factors define workers' relationships at work, with the work itself and with their entourage at work, and are expressed differently according to the positive or negative dimensions of occupational psychological health. According to Gilbert et al. (2011), when workers feel a sense of occupational psychological well-being, they feel serene and at peace with themselves (serenity); they appreciate their job and accomplishments and have the desire and motivation to get involved (involvement); they listen to others, feel appreciated and loved and have good relationships with their entourage at work (social harmony). People who feel occupational psychological distress feel aggressive, irritable and impatient with others. They feel anxious, sad, depressed and stressed and have trouble dealing with their problems. They do not have much interest in their work, feel belittled or useless and do not feel like undertaking projects. People experiencing greater occupational psychological well-being and low occupational psychological distress are more optimistic, view their work environment as more fair and equitable and describe a healthier work environment (Gilbert et al., 2011).

1.2. Objective

In light of the previous paragraphs, we note that the literature on the occupational psychological health of police officers is interesting and even alarming, but that there is still much to be validated and understood. Previous research has focused more on the stress of the profession (Violanti, 2010), management of traumatic events (Leclercq, 2008) and the impact of the use of force (St-Denis, 2012), but has provided few indications as to the direction of future studies wishing to explain psychological health at work. As a result, this study will discuss new indicators to be considered in future studies and is of particular importance with respect to the following question: What allows police officers to maintain good occupational psychological health? Our aim is to identify the factors that are likely to contribute to or harm the occupational psychological health of police officers, according to the officers themselves.

2. Methodology

Considering that this study highlights the sense and the perception that the phenomenon studied for police officers, the choice of a qualitative method was prioritised. This study aims to take into account police officers' specific context and experience with their environment. To this end, LoBiondo-Wood and Haber (2002) argued that a person's experience can only be known through the individual's subjective description of it.

2.1. Sample

A nonprobability sample that includes known characteristics within the study population was employed. Purposive and networking sampling was used to conduct interviews with the 12 participants. The number of participants was determined by data saturation, a situation in which participants do not contribute new information (Sandelowski, 1995).

This research sample was composed of three female and nine male Quebec police officers. Among them were a former Aboriginal police officer and seven police patrollers with between 5 to 20 years of experience, including one on sick leave, one on maternity leave and one who was retired at the time of the interview. Four of the police officers performed the duties of a commanding officer at different hierarchical levels. The participants work for provincial and municipal organisations and are, on average, 35 years of age.

2.2. Interview method

The interviews lasted one to two hours and were conducted according to semi-structured interview principles, using instructions, questions (Gighlione & Blanchet, 1991) and an interview guide. This type of interview corresponds with this study’s goal to identify the variables linked to the occupational psychological health of police officers. Interviews are an ideal tool for collecting information on an organisation and the operations of a group or institution (Poupart, 1997). In-depth exploration of the perspective of social actors and the challenges they face as well as their clarification of social realities through their experience are important contributions to the completion of the study.

2.3. Data processing

Data processing for this study was based on a general inductive analysis approach according to Thomas (2006). The main purpose of inductive analysis is to develop categories from raw data and integrate them into its reference framework or a model (Blais & Martineau, 2006). This approach aims to give meaning to the data. General inductive analysis is composed of the following steps: preliminary readings of the data, identification of text segments linked to the research objectives, labelling of the text segments to create categories, reduction of the redundant categories and finally, creation of a model that integrates the major categories. To ensure the thoroughness of the analysis, random parallel coding and verification with participants was completed as per Lincoln and Guba (1985).

3. Results

The following section lists the prediction factors of occupational psychological health identified by the police officers interviewed. An initial analysis helped to identify 13 categories using the text segments; however, after adjusting the redundant categories and categories that were not unanimous among researchers, three categories were identified and won a consensus. Table 1 presents the shift from 13 categories to three. Figure 1 proposes the hypothetical model supported by these categories.

3.1. Socioeconomic factors

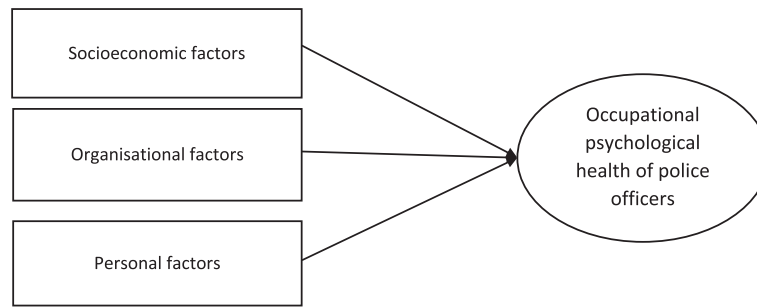
3.1.1. Budgetary context

Given the context of budget cuts and austerity measures implemented in Quebec, the police officers who participated in this study identified staff shortages as detrimental to occupational psychological health. Within this context, officers stated that it is difficult to take a day off without feeling guilty. Police officers anticipated that taking a day off would negatively affect their colleagues’

Table 1. General inductive analysis categories

First analysis	Second analysis	Third analysis
1. Schedule	1. Budgetary context	
2. Staff shortages	2. Social pressure	Socioeconomic factors
3. Social pressure		
4. Image of the police officer		
5. Police culture	3. Policy culture	
6. Commanding officer instability	4. Commanding officer instability	Organisational factors
7. Managerial style	5. Leadership	
8. Recognition	6. Interpersonal support	
9. Interpersonal support		
10. Personal differences	7. Sense of self-efficacy	
11. Feeling competent	8. Emotional skills	Personal factors
12. Emotional skills	9. Disillusionment	
13. Professional vs. personal expectations		

Figure 1. Prediction factor categories of the psychological health of police officers.



schedules and sometimes felt judged by both their supervisor and work team for taking some time for themselves. Remedying staff shortages leads to overtime, which is a reality police officers must deal with. The desire to work overtime is also motivated by the consumption society of our time. Some of the officers explained that the attractive overtime pay is the cause of their interest in working overtime at the expense of their health.

- Police officer 1: “We’re here despite the exhaustion.”
- Police officer 2: “We know when our work day starts but we never know when it ends depending on our interventions, it’s exhausting for us and irritating for our family. I’d like to take some time off last minute but if I do that, I’ll penalise my work team. I become more easily exhausted and more irritable.”
- Police officer 3: “Staff shortages undermine complex interventions... It’s more pressure for those in action.”

The current economic context has a negative impact on the occupational psychological health of police officers through budget restrictions and the desire to “want to do more with less.”

3.1.2. *Social pressure*

Social pressure related to the police officer’s image was identified by all respondents as being harmful to long-term psychological health.

- Police officer 4: “We feel judged by the public. We can’t make mistakes because otherwise we’ll be faced with a media scandal. We don’t get much support from our employer. We get the impression that organisations are protecting their image at the expense of their employees, of the role of the police officer itself. Sometimes I get angry, it’s demotivating and I don’t feel like giving any effort to my organisation.”
- Police officer 3: “Police work is 24/7, even when you’re not on duty. I always feel pressure to look good socially.”

This observation indicates that even in their private lives, police officers feel that they must present themselves as police officers when they are in the community. In this context, the transition between personal and professional life is difficult and sometimes impossible to make. This fact can certainly compromise psychological health.

3.2. *Organisational factors*

3.2.1. *Police culture*

The organisational culture of the police force is a major issue in terms of the occupational psychological health of police officers.

- Police officer 2: “Our work consists of helping others, citizens, and not ourselves. We take care of the distress of others but not our own.”
- Police officer 5: “Experiencing work-related emotions when you’re a police officer can stand in the way of your ambitions.”
- Police officer 3: “The culture of my organisation lacks feeling. After a tragic intervention, I get a pat on the back and have to continue my shift. We do not inquire about our feelings. When you’re a police officer, you have to show that you are tough.”
- Police officer 1: “In the police force, we suffer from ‘Superman syndrome.’ When we experience a gripping event, our reflexes are automatic on site. We don’t have time to experience our emotions then and there and after the intervention, well, we can’t show them too much. That’s the police culture.”

Superman syndrome refers to individuals who feel that they are invulnerable. At the beginning of their careers, study participants explained that they felt as though nothing could affect them emotionally given their role of police officers in society; however, after some time on the force, they linked this culture of suppressing their emotions to symptoms of psychological distress.

3.2.2. *Commanding officer and leadership instability*

All respondents indicated that commanding officer instability (frequent changes in senior staff) and the autocratic and depersonalised managerial styles of those commanding officers (sometimes linked to police organisational culture) have a negative impact on the occupational psychological health of police officers. In addition to the autocratic leadership that all participants identified as harmful to psychological health, the police officers also criticised their organisations for the way in which commanding officers are selected and promoted.

- Police officer 6: “Having many years of experience doesn’t automatically make you a good boss. They think about our physical health for jobs but not our psychological health.”
- Police officer 7: “The selection process for managers isn’t fair. [...] Bosses are trained to be policemen and not to be managers.”
- Police officer 5: “Getting a letter for bravery from the organisation doesn’t lead my director to recognise my accomplishments.”

According to the participants, the leadership style adopted by their commanding officers has a major impact on the psychological health of police officers on the team. It was observed that police officers working in an environment in which the commanding officers displayed more openness and consideration seemed to have better psychological health.

3.2.3. *Interpersonal relations*

The study’s respondents identified the quality of interpersonal relations amongst work colleagues as instrumental to the occupational psychological health of police officers.

- Police officer 8: “Given that the sense of belonging is very strong in my work, it’s important for me to feel that my colleagues hold me in high regard and enjoy having me around.”
- Police officer 11: “The true friendship of my colleagues is necessary for me. We work in teams so much that we have to be confident about each other. If my relationships at work are not doing well, I’m not doing well.”

Although more experienced police officers noticed less team spirit among younger officers—a certain individualism they believe is generational—all respondents identified interpersonal relations

and peer support as key issues in maintaining good psychological health. This support seems to be mostly emotional.

3.3. Personal factors

3.3.1. Sense of self-efficacy

Three factors or aspects linked to an officer's personal characteristics emerged from the interviews with the participants. Being required to make high-risk decisions with little or no experience, usually at the beginning of an officer's career, challenges the occupational psychological health of police officers.

- Police officer 7: "Some officers will never have to deal with a deadly accident while others will see many of them during their career. When it's your tenth accident, you know how it works, but on your first, you're not sure."
- Police officer 4: "It's never easy to know whether or not you've made the right decision when you feel that your life or the life of a colleague or citizen is at risk."
- Police officer 11: "Each risky intervention is different. Even though we practise with simulations, it's hard to feel entirely competent when it happens for real."

In light of these observations, it is possible that a weak sense of self-efficacy as defined by Bandura (1997) can negatively impact the psychological health of police officers.

3.3.2. Disillusionment

Another personal factor identified by participants lies in the disillusionment police officers experience regarding the nature of their work. Police work tends to be put on a pedestal sometimes. There is fiction and reality. Some officers refer to police drama in which officers make various tactical interventions that paint an attractive, diversified and intriguing picture of the job. In the field, the respondents reported another reality. They were disillusioned, and their loss of meaning at work had a negative impact on their occupational psychological health. As an example, four participants perceived that at the beginning of their careers, their aspirations did not necessarily match reality. To make the job attractive, police forces often market the profession as having great internal career possibilities, but once officers are recruited, they discover that these careers are not accessible to all officers.

- Police officer 9: "You start your career wanting to become a dog handler, but you'll have to complete several years of patrol, work on shifts and hand out tickets before maybe even being able to apply for this sort of position. I show less commitment now than in my first years."
- Police officer 1: "We're young when we start our careers. We see so much violence, evil and casualties that we ask ourselves if we really want to continue doing this."

3.3.3. Emotional skills

The participants recognised some disadvantages in terms of police officers' personal characteristics. Commanding officers mentioned that some personal traits can lead to the development of psychological distress in their job and that certain factors related to the temperament required to do the job should be emphasised during recruitment. The participants reported that it is a great deal easier for police officers to maintain good mental health if they can manage their emotions and stress.

- Police officer 7: "This job isn't for everyone. You have to be able to manage the unpredictable. To be a cop and not suffer, you have to have character."

Nine participants claimed that having to face dramatic events (violence, excessive drug or alcohol use/abuse, accidents, death, etc.) repeatedly can lead to the development of psychological distress if police officers are not yet able to manage their emotions.

- Police officer 1: “A lot of what you see as part of your work is dark and gloomy, and so you start to feel the same way if you don’t take a step back emotionally.”

4. Discussion

The purpose of this study was to reflect on the factors that influence the psychological health of police officers. The innovative aspect of this article is the collection of data directly from police officers who have worked, are working or used to work in the field. The goal was to determine which factors have an influence on the psychological health of police officers, based on the officers’ answers to various open-ended questions. Reflection work was performed by the research team to determine the elements to consider and integrate into a future study on the psychological health of police officers. The information collected paints a concrete portrait of the daily hazards of police work. After conducting a general inductive analysis to examine the results of the interviews, three main factors were identified that influence the psychological health of police officers.

Socioeconomic factors such as budget cuts leading to overtime and operations running short-staffed, as well as the negative social image (social pressure) that police officers must deal with, were identified as harmful to the occupational psychological health of police officers. The organisational factors identified as negatively impacting psychological health lie in the overall police culture, autocratic management styles (autocratic leadership), commanding officer instability and lack of recognition from management and the police force organisation. In this category, interpersonal relations with colleagues and support from peers and supervisors seem to be associated with the positive component of police officers’ occupational psychological health. The last factor identified relates to the personal characteristics of police officers, namely trust in their skills during interventions (sense of self-efficacy), mastery of their emotions (management of their emotions) and disillusionment with the job.

Although police work appears to have a higher level of risk in terms of occupational psychological health given the critical situations in which police officers are involved, the study’s participants deemed that the organisational context is actually more significant than the operational context. The results of the study conducted by Brown (1996) and Burke (1998) supported conclusions similar to this study’s findings regarding personal and organisational factors. Our results support proposals made by Burke and Mikkelsen (2006) and Patterson (2003) by placing great importance on occupational social relations and police officers’ management of their emotions in terms of the effect these factors have on officers’ psychological health. Finally, Berg, Hem, Lau, and Ekeberg (2006) also claimed, as does this study, that a lack of emotional support at work is more likely to be harmful to psychological health than the operational tasks police officers carry out within the performance of their duties.

This study proposes an underestimated research interest in the police community, questioning police officers’ psychological health and prediction factors from a theoretical perspective. On a practical level, this study could allow police organisations to question their role in the psychological health of their police staff, given the importance of the organisations’ role in its employees’ psychological well-being. Initiating such organisational reflection may make it possible to reduce absenteeism and presenteeism linked to psychological health problems and, in turn, reduce the costs related to this phenomenon.

This study had some limitations that suggest many future research possibilities. The qualitative nature of the study means care must be taken not to generalise results and draw definitive conclusions. Based on the results of this study, future research could validate the role of each dimension

identified in this study quantitatively in order to expose a theoretical model of the occupational psychological health of Quebec police officers. Future studies could also validate the impact of different support programs offered to police officers related to their psychological health, such as specific debriefings or even external consultations. Given the sensitive nature of the research subject of occupational psychological health, the participants sometimes had to take a moment before responding to avoid drawing hasty conclusions and providing answers with social desirability bias. In conclusion, although this study was exploratory in nature, it offers innovative avenues for future research and interventions.

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Competing Interests

The authors declare no competing interest.

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