

Role Stress and Health of Police Officers

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Abstract:-

Onset of 21st century has brought in extraordinary transformation in our live. Life has become so fast and complicated that no single aspect remains untouched be it family, occupation or any thing else. On one hand advances in technology, means of communication, transport, working cyber technology has no doubt enhanced and enriched the working capacity but on the other hand it has resulted into multiplicity of role for one person at one time, it demands too much to keep pace with the job, with family, and above all with one self. All this has made us victim of stress, depression, anxiety and in extreme cases, suicide. This study was undertaken with this view in background. Police personnel are most affected due their round the clock working hours, lack of technology, equipment, shortage of staff and tecno-oriented personnel. A sample of 100 IPS (50 Direct and 50 Promoted) 100 RPS (50 Direct and 50 Promoted) were taken as sample. Results of the study revealed that Direct and promoted IPS differ significantly in level of stress experienced, similar are the results with RPS officers.

Twenty first century is an era of speed, rapid changes, anxiety and unending uncertainties. Work is no longer root of satisfaction and fulfilment, but a source of stress, discontentment and humiliation. Life today is becoming increasingly complex, tension ridden and a great source of stress. High stress over a period of time has dysfunctional consequences on general health of individual and may result in reduced effectiveness and many serious ailments as heart disease, cancer, alcoholism, backaches and ulcers.

Though there is plethora of research on stress and its consequences on health, police as an important sub system of government merits serious attention with a view to understanding their role and place in society and government, their impact and contribution to social and political development. It is vital to study the unthankful but important job of police officer, who more than of ten is confronted with stressful situations. Performance of police is under close review and

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demanding public with all their vehemence at command decry the police as barbarous and inhuman. The load of work and pressures on police are varied and have increased manifold. Increasing crime, rising population, political activities including cult of extremists, agrarian and youth unrest and most recently the communal fires, in which the whole country is engulfed all these have added new dimensions of police task and tend to bring police in confrontation with public much more frequently than ever before. The constant onslaught of pressures brought about by role ambiguity, unpredictable public, constant distrust of law, unsympathetic press, constantly interfering politicians, multiplicity of command, unattractive working conditions, inadequate cooperation and recognition of their difficult role, conflicting value judgements to which it is subjected, paucity of staff, lack of modern basic facilities, shock of reality and strict set of image requirements strains the individual ability and frustration is writ large on their faces and they tend to be cynical in their public dealings.

Schonfeld, I.S., & Chang, C.-H. (2017). found significant positive correlations between work overload and anxiety, frustration and job dissatisfaction. Similarly, Griffin, M.A, & Clarke, S. (2010)., Colligan, Thomas W.; Higgins, Eileen M. (25 July 2006) present evidences documenting a relationship between job stress and selected health outcomes.

OBJECTIVES

- The main purpose of the study was to find various dimensions of stress experienced by police officers and its relationship to health.
- To find the difference in role stress of RPS and IPS; direct and promoted police officers.
- To find difference in health of RPS and IPS; direct and promoted police officers.
- To examine interrelationship of role stress to different dimensions of health.

HYPOTHESIS

- IPS and RPS officers will differ on stress experienced. RPS officers will experience more stress.
- Direct and promoted officers will also differ on stress. Promoted officers are likely to experience more stress as compared to direct ones.
- There will be difference in health of IPS/RPS; direct/promoted police Officers.

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SAMPLE

The data was collected from 100 IPS and 100 RPS officers both direct and promoted from district headquarters all over Rajasthan. Rajasthan police academy and other officers in Jaipur.

IPS (100) REDirect (50)

 Promoted (50)

RPS (100) Direct (50)

 Promoted (50)

TOOLS

- To measure stress 'Organizational role stress' scale developed by Udai Pareek (1982) was used. It is a five-point scale consisting of 50 items on ten dimensions of role stress.
- General Health Questionnaire (GHQ) developed by Goldberg (1972) was used to assess the health status of police officers. It is a four-point scale consisting of 28 items on four dimensions of health - somatic symptoms, anxiety and insomnia, social dysfunction and severe depression.

PROCEDURE

The questionnaires were given to the police officers individually. They were asked to read the instructions carefully and answer frankly. The filled in questionnaires were collected and scoring was done according to the manual.

STATISTICAL ANALYSIS

Mean, SD, t-test and correlation were computed.

RESULTS AND DISCUSSION**Role stress in different groups of police officers.****TABLE NO. 1***Mean & SD of Role Stress dimensions, age and years of service for Police Personnel (N=160)*

S.No.	Variables	Mean	SD
1	IRD	8.70	4.05
2	RS	5.59	3.23
3	REC	6.14	2.56
4	RE	8.25	4.18
5	RO	5.09	3.45
6	RI	6.24	2.71
7	PIn	4.37	2.72
8	SRD	6.25	.344
9	RA	3.93	2.66
10	RIn	6.51	3.40
11	Total RS	61.51	23.64
12	Age	43.54	6.95
13	Yrs. in service	18.34	7.64

Table 1 depicts the mean and standard deviation of different role stress dimensions, age and years in service of respondent police personnel. The major stressors experienced by police officers are inter role distance (M=8.70; SD-4.05) and role erosion (M=8.25, SD-4.18) whereas role ambiguity (M=3.93; SD-2.66) causes minimum stress. Thus, it is the conflict between the police role and other roles for eg. Family demands which cause maximum stress for police personnel.

Mittal (1993) also found inter role distance and role erosion to be dominant stressors among doctors. This indicates that jobs like that of doctor and police officer which involve maximum public dealing and are highly demanding cause maximum stress due to conflict between the organizational role and other roles. The table also indicates the total stress mean 61.51 and SD 28.64. The total mean of age is 43.54 and SD is 6.95; whereas mean of years in service is 18.34 and SD is 7.69.

TABLE NO. 2

Mean, SD, t ratio and significance level of different role stress dimensions for direct (N=80) and promoted (N=80) police officers.

S.No.	Variable	Direct		Promoted		t
		Mean	SD	Mean	SD	
1	IRD	9.22	3.84	8.17	4.21	--1.50
2	RS	5.36	3.33	5.82	3.12	.92
3	REC	5.52	2.03	6.76	2.87	3.66**
4	RE	7.99	4.66	8.51	3.65	.78
5	RO	4.52	3.43	5.65	3.40	1.92*
6	RI	5.87	2.45	6.60	2.92	1.69**
7	PIn	3.81	2.45	4.94	2.86	2.63
8	SRD	6.20	3.38	6.30	3.52	.18
9	RA	3.59	2.23	4.27	3.01	1.64
10	RIn	6.07	3.51	6.95	3.24	1.55
11	Total RS	57.15	19.50	65.87	26.57	2.32*

*p<.05

**p<.01

Table No. 2 depicts mean and SD of different role stress dimensions for direct and promoted police officers. It also shows the t ratio and the significance level of the difference in role stress between the two groups. The direct police officers experience maximum stress because of inter role distance (M=9.22; SD=3.84) whereas in promoted officers role erosion causes maximum stress (M=8.51; SD=3.65). The two groups differ significantly on role expectation conflict (t=3.66, p<.01), Role overload (t=1.92, <.05) and personal inadequacy (t=2.65, p < .01). The two groups also differ significantly (t=2.32, p<.05) on total role stress experienced. The promoted officers experience more stress (M=65.87; SD=26.57) as compared to direct ones (M=57.15; SD=19.50). Higher stress in promoted officers can be attributed to higher are group which puts more constraints and responsibilities on the individual in contrast to direct officers who are young, few enthusiastic and have responsibilities. This is in accordance with results of *Burns, Richard A.; Butterworth,*

Peter; Anstey, Kaarin J. (2016), Schonfeld, I.S., & Chang, C.-H. (2017). who found that age with its behavioural limitations decreases control over environment which in turn contributes to lower well-being and higher stress in older group.

This proves the hypothesis that there will be difference in experienced stress of direct and promoted officers. Whereas promoted officers will experience more stress than direct ones.

TABLE NO. 3

Mean, SD, t ratio and significance level of different role stress dimensions for IPS and RPS officers

S.No.	Variable	IPS		RPS		t
		Mean	SD	Mean	SD	
1	IRD	8.07	4.18	9.32	3.85	2.02*
2	RS	4.45	2.97	6.74	3.09	4.71**
3	REC	5.85	2.63	6.44	2.46	1.43
4	RE	7.11	4.11	9.39	3.96	3.64**
5	RO	4.60	3.18	5.57	3.66	1.76
6	RI	5.17	2.50	7.30	2.50	5.88**
7	PIn	4.00	2.66	4.75	2.73	4.61
8	SRD	5.71	3.58	6.79	3.23	2.12*
9	RA	3.39	2.88	4.47	2.31	2.58**
10	RIn	6.59	3.52	6.44	3.28	--.27
11	Total RS	53.80	20.79	69.22	23.91	4.57**

* p<.05, ** p<.01

Table No. 3 shows the mean and SD of role stress dimensions for Indian police services (IPS) and Rajasthan Police Service (RPS) officers. It also indicates the t ratio and significance level of difference in role stress between IPS and RPS officers. The two groups differ significantly on inter role distance (t=2.02, p<.05), role stagnation (t=4.71, p<.01), role erosion (t=3.64, p<.01), role inadequacy (t=5.88, p<.01), self role distance (t=2.58, p<.05) and role ambiguity (t=2.58, p<.01). Both the groups experience maximum stress due to inter role distance and role erosion whereas role ambiguity causes minimum stress. IPS and RPS officers differ significantly (t=4.57, p<.01) on total

stress experienced. RPS officers experienced more stress (M=69.22, SD=23.91) than IPS officers (M=53.80; SD=20.79). High stress in RPS officers maybe attributed to low status in society, less power and control as compared to IPS officers. This validates the hypothesis that Rajasthan police service officers will experience more stress as compared to Indian Police Service officers.

General Health of Police Officers

Table No. 4

Mean and SD of health dimensions for police personnel (N=160)

S.No.	Variable	Mean	SD
1	Somaticsymptoms	24.34	2.69
2	Anxiety and insomnia	23.76	2.88
3	Social dysfunction	22.20	2.32
4	Severe depression	26.09	1.69
5	Total health	95.39	9.14

Table No. 4 shows the mean and SD of health dimensions for police officers. Police officers enjoy overall good health (Mean 95.93,=SD=9.14), somatic symptoms (Mean 24.34, SD-2.69) and severe depression (Mean= 26.09, SD=1.69) are almost absent and hence it does not cause any health hurdles for police officers. Whereas comparatively low score on anxiety and insomnia (M=23.76, SD-2.88) and social dysfunction (M=22.20 and SD-2.32) indicate that these health dimensions cause major health problems in police personnel.

TABLE No. 5

Mean, SD, t ratio and significance level of different health dimension for direct (N=80) and promoted (N=80) officers

S.No.	Variable	Direct		Promoted		t
		Mean	SD	Mean	SD	
1	Somaticsymptoms	24.61	2.79	24.07	2.58	--1.36
2	Anxiety and insomnia	23.92	2.56	23.59	3.18	-.76
3	Social dysfunction	22.16	2.37	22.24	2.28	.21
4	Severe depression	26.30	1.80	25.87	1.57	--1.67
5	Total health	96.22	6.98	94.94	10.83	--1.38

Table No. 5 records the mean, SD, t ratio and its significance between direct and promoted police officers on different health dimensions. Direct and promoted police officers do not differ significantly on total health ($t=-1.38$ NS) and its dimensions, but direct officers ($m=96.22$) enjoy slightly better health than promoted ones ($m=94.94$) which could be attributed to younger age and few responsibilities of direct police officers.

TABLE No. 6

*Mean, SD, t ratio and significance level of different health dimension for
IPS (N=80) and RPS (N=80) officers*

S.No.	Variable	Direct		Promoted		t
		Mean	SD	Mean	SD	
1	Somaticsymptoms	24.42	2.07	24.26	3.21	--.38
2	Anxiety and insomnia	23.59	2.96	23.92	2.81	-.74
3	Social dysfunction	22.54	2.01	21.86	2.56	--1.95*
4	Severe depression	26.29	1.73	25.89	1.65	--1.51
5	Total health	96.96	5.44	94.90	11.68	--1.49

* $p<.05$

** $p<.01$

Table No. 6 predicts the mean, SD, between IPS and RPS officers on different health dimension. The two groups do not differ significantly on total health ($t=-1.49$ NS) and most of its dimensions but RPS officers ($M=21.86$, $SD=2.56$) face more health problems due to social dysfunction as compared to IPS officers ($M=22.54$, $SD=2.01$). Thus IPS and RPS officers differ significantly ($t=-1.95$, $P<.05$) on social dysfunction which could be due to the higher status enjoyed by IPS in society.

Thus, the hypothesis that IPS and RPS officers will differ on health has been partly disproved.

Relationship between Stress and Health

TABLE No. 7

Intercorrelation between role stress and health dimensions of police personnel

S.No.	Variable	somatic Symptoms	Anxiety & Insomnia	Social Dysfunction	Severe Depression	Total Health
1	IRD	0.147	--.1457*	11.1543	--.1802*	--.2030**
2	RS	--.2784**	--.2174**	--.0740	--.3071**	--.2407**
3	REC	--.210*7**	--	--.1121	.2003**	--.2848**
4	RE	--.1071	--.1479*	.1065	--2615**	--.1254
5	RO	.0163	--.0781	--.1264	--1356	--1469
6	RI	--.0431	--.0038	--.0317	.0146	--.0565
7	PI	--.0066	--.1208	--.0829	--.2517**	--.1968**
8	SRD	--.2087**	--.1447*	.0347	--.1762	---.1
9	RA	--.1590*	--.0243	.0328	--2454**	--.1652*
10	RIn	--.0799	--.1606*	--.0219	--.0898	--.1448*
11	Total RS	--.1426**	--.1547*	--.0471	--.2867	--.2286**

*p<.05

** p<.01

Table records the relationship between various dimensions of health and role stress for the sample of police officers. Total health correlates significantly negatively ($r=-.22$, $p<.01$) with total stress and most of its dimensions, namely inter role distance ($r=-.20$, $p<.01$), role stagnation ($r=-.24$, $p<.01$), role expectation conflict ($r=-.28$, $p<.01$), personal inadequacy ($r=-.19$, $p<.05$), self role distance ($r=-.17$, $p<.05$), role ambiguity ($r=-.16$, $p<.05$) and role inadequacy ($r=-.14$, $p<.05$). This indicates that higher the stress, lower will be the health of the police officers. Somatic symptoms correlate significantly negatively with total stress ($r=-.14$, $p<.01$), role stagnation ($r=-.27$, $p<.01$), role expectation conflict ($r=-.1$, $p<.01$), self role distance ($r=-.21$, $p<.01$) and role ambiguity ($r=-.10$, $p<.05$).

Anxiety and insomnia correlates significantly negatively with total stress ($r=-.15, p<.05$) and its dimensions namely inter role distance ($r=-.14, p<.05$) role stagnation ($r=-.21, p<.01$), role expectation conflict ($r=-.14, p<.05$), role erosion ($r=-.14, p<.05$), self role distance ($r=-.14, p<.05$) and role inadequacy ($r=-.16, p<.05$) whereas social dysfunction does not correlate significantly with any dimension of role stress.

Severe depression also correlates significantly negatively with total stress ($r=-.28, p<.01$) and most of its dimensions inter role distance ($r=.18, p<.01$), role stagnation ($r=-.3071, p<.01$), role expectation conflict ($r=-.20, p<.01$), role erosion ($r=-.26, p<.01$), personal inadequacy ($r=-.25, p<.01$), self role distance ($r=-.17, p<.05$) and role ambiguity ($r=-.24, p<.01$).

Thus, various dimensions of stress correlate significantly negatively with all the dimensions of health except social dysfunction. This indicates that higher stress would lead to poor health due to somatic symptoms, anxiety and insomnia and severe depression in police officers. Table clearly indicates that role stagnation, role expectation which correlate conflict, self-role distance are major stressors significantly with all dimensions of health and lead to poor health in police officers.

Burns, Richard A.; Butterworth, Peter; Anstey, Kaarin J. (2016). found that subjects with higher anxiety reported significantly more job stress and health problems whereas subjects with low socialization also scored higher on job stress.

Schouteten, R. (2017). predicted that high levels of police stress is significantly related to illness and absenteeism.

TABLE No. 8

Inter correlation between stress and health dimensions for different groups of police officers

S.No.	Variable	IPS		RPS	
		Direct	Promoted	Direct	Promoted
1	IRD	.0866	--.4294**	.0448	--.4104**
2	RS	.0681	--.4531**	--.0091	--.3549*
3	REC	--.3458*	--.2016	.1573	--.4304**
4	RE	--.0550	--.5315**	.2258	--.1785

5	RO	--.0976	--.2221	.0182	--.2137
6	RI	.0477	.3234*	.4052**	--.0936
7	PIn	--.2748*	--.3463*	.1405	--.2442
8	SRD	--.1553	--.3013	.2060	--.3394*
9	RA	--.1018	--.2722*	.1387	--.2306
10	RIn	-.100	--.0456	.1781	--.4191**

*p < .05

** < .01

Table No. 8 depicts the relationship between stress and health dimensions for various groups of police personnel under study. It clearly shows that stress dimensions do not correlate significantly with health of direct officers whether IPS or RPS whereas, stress correlates significantly negatively with health of promoted officers. Health of promoted IPS officers correlates significantly with inter role distance (r=--.42 p<.01), role stagnation (r=--.45, p<.01), role erosion (r=--.5315, p<.01), role isolation (r=--.32, p<.05) and role ambiguity (r=--.27, p<.05), whereas health of RPS promoted officers correlate significantly negatively with inter role distance (r=--.41, p<.01), role stagnation (r=--.35, p<.05), role expectation conflict (r=--.43, <.01), self role distance (r=--.33, p<.05) and role inadequacy (r=--.41, p<.01).

Stress does not correlate significantly with health of direct police officers because direct officers are of younger age group and hence have more resistance to sickness and can face more stress with much ease as compared to promoted officers.

CONCLUSIONS

From the results of the study certain conclusions may be derived. Police officers are constantly under stress largely because of inter role distance and role erosion. Hence, it is must to bring an integration between work life and family life, and develop social support networks where police officers can relax during times of excessive stress.

Moreover, RPS officers experience more stress as compared to IPS which may be largely because of low status, less power and control granted to RPS officers in society. Therefore, there is an urgent need to decentralize power and control, grant autonomy and encourage their more and meaningful participation in decision making process.

The study further depicts that promoted officers experience more stress which may be attributed to higher age group which puts more constraints and responsibilities on the individual in contrast to direct ones who are young, enthusiastic and have few responsibilities. Direct officers also have more opportunities to reach higher levels of hierarchy and attain more status and power as compared to promoted officers.

However, police officers do not differ on health, largely because they have been trained equally to face stressful situations and hence police officers of different groups enjoy equally good health.

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