SUBJECTIVE WELLBEING AMONG POLICE PERSONNEL

P.R. GEETHA, D.K. SUBBA KRISHNA & S.M. CHANNABASAVANNA

ABSTRACT

To study whether high job stress has 'spill over effect' on other dimensions of life, subjective well being inventory (SWBI) and GHQ were administered to 201 policeman selected randomly from Bangalore city, India. Policemen scored significantly high in all dimensions expect in social support when compared to urban middle class men working in factories. The police who scored low in GHQ had significantly higher scores in all dimensions of SWBI except in social contact. The results indicate that various dimensions of SWB of police are not affected. Psychosocial and job related factors buffering job stress have to be studied and further strengthened.

Key Words: Subjective wellbeing, police personnel, job stress

The police work has been identified as very stressful in comparison with many other occupations (Goodman 1990). Negative aspects of the job are too many. To name a few, long hours of work, unpredictable working hours, dealing with violators of law and antisocial elements of the society, threats of being injured or killed, the militaristic nature of the bureaucratic structure with decreased communication, rigidly allocated work pattern, high disciplinary procedures and regimentation, lack of respect from public, shift work. (Bhaskar, 1986; Bureau of Police Research & Development 1993; Jermier, et al., 1989; Mathur, 1995; Scotland & Pendleton 1989) Although the police officers perceived less stress intrinsic to job, they expressed greater job related pressure from organizational structure and climate (Kirkaldy et al., 1995).

These problems lead on to decreased work performance. They cause negative psychological states like emotional burnout, frustration, depression, anger and psychosomatic condition (Vulcano et al., 1984; Kaufman & Beehr, 1989). Post traumatic stress disorder has been identified as a major problem among police personnel (Spragg, 1992). Adjustment disorders, substance abuse and personality disorders were the common diagnosis who were referred by the department (Saathoff and Buckman, 1990).

Police officers reporting higher psychological burn out often have unsatisfactory marriages (Burke et al., 1984; Burke, 1994). Burke (1994) states that police officers with more education report fewer psychosomatic symptoms and negative feeling states. Police officers who are older and who have worked for number of years report more psychosomatic symptoms and take sick leave often. There are only a very few studies which say that police officers may not be experiencing any more stresses than other employed individuals (Malloy and May 1984). Majority of the studies prove that police job is very stressful.

Considering the severe job stress and 'spill over' effect of job stress onto the other spheres of life, we thought of studying the subjective well being among police personnel. Study of subjective wellbeing covers various spheres of life.

Various factors like hardiness (a composite experience of control, challenge and com-
mitment), neuroticism, social support, coping, act as potential moderators of stress outcome (Hils and Norvell, 1991; McColl et al., 1995; Stansfeld et al., 1997).

Primary prevention which stresses organisational changes to be brought about to fit the individual, secondary prevention with stress management, tertiary prevention with remedial support are cost effective in terms of gains made in productivity and reduced sickness absence. (Copper & Cart, 1997). Secondary and tertiary level interventions are not the complete answer unless the sources of stress are addressed directly.

Guided by a few Indian studies which reflect high job stress (Bhagat & Allie, 1989; Bhaskar, 1986; Bureau of Police Research & Development 1993; Mathur, 1995; Satpathy, 1994), Bureau of Police research and Development supported the National Institute of Mental Health and Neuro Sciences, to conduct a study on "occupational stress and mental health of police personnel in India in 1995-1996". The aim was to identify the magnitude and nature of minor mental health problems and to delineate various factors contributing to mental health problems among police personnel (Channabasavanna et al., 1996). Current study is an offshoot of the main study.

The present study was conducted with the following aims:
1. To study the subjective wellbeing (SWB) of police.
2. To compare the various dimensions of SWB between the group of police who are psychiatrically ill with those who are not psychiatrically ill as measured by GHQ-12.
3. To find out various demographic and socio-occupational correlates of SWB.

MATERIAL AND METHOD

201 police men working in Bangalore city, India, formed the sample of the study. It consisted of constables, head constables, assistant sub inspectors and inspectors of police (Junior and Middle cadre). Stratified random technique was used to get a proportionate sub sample from each group after obtaining the list of police of different ranks from commissioner's office. The group was further stratified according to the nature of the work (Traffic, Crime, Law and Order) with proportionate representation from all the three groups. The cases were neither self referred, nor were referred by their department for psychiatric evaluation.

Sociodemographic details like; age, cadre, education, marital status, duration of marriage, duration of service were collected. Goldberg and Williams (1988) 12 item General Health Questionnaire (GHQ-12) was administered to detect minor mental illnesses or non psychotic mental illnesses in this group.

All the personnel were interviewed by a psychiatrist. The clinical diagnosis was made according to ICD-10. Areas of stress (Job, Family, Health, Personal, more than one area) were also elicited by clinical interview.

Subjective wellbeing was measured by the 40 item subjective wellbeing inventory (Sell and Nagpal, 1985). This inventory has been used as a measure of quality of life in a healthy population and Indian norms for the measure are available (Sharma, 1990). The Kannada translated version of this subjective wellbeing inventory (SWBI) is also available, the validity and reliability of which have been established (Sharma, 1990). The 40 item inventory is rated on a 3 point scale.

SWB inventory measures eleven factors like subjective well-being-positive affect, expectation achievement congruence, confidence in coping, transcendence, family group support, primary group concern, inadequate mental mastery, perceived ill health, deficiency in social contacts, general well being-negative affect and also total overall score. The responses were self rated by the participants. Average scores of police personnel were compared with average scores of urban middle class men
Analysis: Students' t test was used: (i) To compare various dimensions of SWBI between the police and urban middle class men working in factories. (ii) To compare between the police who are psychiatrically ill and are normal according to GHQ (taking score 2 as cut off point).

Stepwise multiple regression analysis was used to correlate some socio demographic and clinical factors with a few dimensions of SWBI.

RESULTS

40% of the personnel scored less than 2 in GHQ (Gp-I) and 60% scored more than 2 (Gp-II). 48.5% reported no stress. 29.7% had stressing job, 10.9% in family, 10.9% in both job and family, 0.6% in the area of physical illness.

11.5% reported physical illness. Out of this, majority (28.3%) had acid peptic disease. 18.9% had allergic bronchitis. 10.4% had allergic rhinitis. All 11.5% of the personnel had

TABLE 1

| Factor | Title                                      | Gp.P. (n=201) | Gp.F. (n=272) | t value |
|--------|--------------------------------------------|---------------|---------------|---------|
| F1     | Subjective wellbeing positive affect       | 6.408         | 1.406         | 11.75*  |
|        |                                            | 4.985         | 1.206         |         |
| F2     | Expectation-achievement congruence         | 5.905         | 1.461         | 3.95*   |
|        |                                            | 5.467         | 1.282         |         |
| F3     | Confidence in coping                       | 6.831         | 1.336         | 15.43*  |
|        |                                            | 4.776         | 1.485         |         |
| F4     | Transcendence                              | 6.827         | 1.317         | 4.20*   |
|        |                                            | 6.147         | 1.162         |         |
| F5     | Family group support                       | 6.637         | 1.484         | 28.80*  |
|        |                                            | 3.867         | 0.909         |         |
| F6     | Social support                             | 6.284         | 1.506         | 0.38    |
|        |                                            | 6.224         | 1.830         |         |
| F7     | Primary group concern                      | 7.358         | 1.709         | 34.97*  |
|        |                                            | 2.838         | 1.068         |         |
| F8     | Inadequate mental mastery                  | 16.229        | 3.040         | 32.06*  |
|        |                                            | 8.830         | 1.971         |         |
| F9     | Perceived ill-health                       | 15.040        | 2.874         | 37.55*  |
|        |                                            | 7.821         | 1.896         |         |
| F10    | Deficiency in social contacts              | 6.661         | 1.569         | 27.77*  |
|        |                                            | 3.821         | 0.957         |         |
| F11    | General well being negative affect         | 6.905         | 1.468         | 37.52*  |
|        |                                            | 3.675         | 6.810         |         |
| Total  | overall score                              | 90.711        | 10.724        | 40.99*  |
|        |                                            | 57.985        | 6.810         |         |

*p < .001
### Subjective Wellbeing Among Police Personnel

#### Table 2
SWB Scores Among Two Groups of Police Personnel

| Factor                  | Title                                      | GP-I (n=80) | GP-II (n=121) | t value |
|-------------------------|--------------------------------------------|-------------|---------------|---------|
|                         | Means ± S.D.                               | GP-I (n=80) | GP-II (n=121) |         |
| F1                      | Subjective wellbeing positive effect       | 6.9375 ± 1.325 | 6.055 ± 1.356 | 4.56*   |
| F2                      | Expectation-achievement congruence        | 6.475 ± 1.180 | 6.626 ± 1.534 | 4.41*   |
| F3                      | Confidence in coping                       | 7.187 ± 1.361 | 6.596 ± 1.282 | 3.11*   |
| F4                      | Tranascendence                             | 7.050 ± 1.146 | 6.347 ± 1.362 | 3.96*   |
| F5                      | Family group support                       | 7.060 ± *1.542 | 6.054 ± 1.402 | 3.20*   |
| F6                      | Social support                             | 8.813 ± 1.514 | 6.088 ± 1.470 | 2.53*   |
| F7                      | Primary group concern                      | 8.185 ± 1.342 | 6.810 ± 1.709 | 6.38*   |
| F8                      | Inadequate mental mastery                  | 17.586 ± 2.337 | 15.331 ± 3.126 | 5.85*   |
| F9                      | Perceived ill-health                       | 15.886 ± 2.521 | 14.479 ± 2.633 | 3.61*   |
| F10                     | Deficiency in social contacts              | 6.950 ± 1.292 | 6.802 ± 1.730 | 0.69    |
| F11                     | General well being negative affect         | 7.350 ± 1.397 | 6.812 ± 1.446 | 3.62*   |
|                         | Total positive score                       | 43.925 ± 5.645 | 39.248 ± 5.381 | 5.87*   |
|                         | Total negative score                       | 52.863 ± 5.747 | 47.372 ± 7.045 | 6.05*   |
|                         | Overall score                             | 96.825 ± 7.728 | 86.669 ± 9.390 | 7.36*   |

Gp-I GHQ < 2, GP-II GHQ > 2, *p < .001

Table 1 shows the scores of various dimensions of SWBI. Scores of police personnel were compared with scores of middle class urban men working in factories. Police personnel had scored significantly higher in all dimensions except in social support when compared to factory workers. Overall score was without psychotic features.

65.8% did not have any illness according to ICD-10. All 35.2% had neurotic illness.

31.2% had dysthymia, depression without psychotic features.
TABLE 3
SWB AMONG POLICE PERSONNEL
MULTIPLE STEP-WISE REGRESSION ANALYSIS

|   | Expectation achievement congruence (SW2) |   |   |   |   |   |
|---|----------------------------------------|---|---|---|---|---|
| I |                                        | B | F | Sig. | % of total variable |   |
|   | GHQ score                               | 0.05 | 6.65 | 0.00 | 32% |   |
|   | Years of education                      | 0.09 | 8.62 | 0.00 |   |   |
|   | 05 yrs. of service                      | 2.90 | 4.31 | 0.3  |   |   |
|   | Constant (C)                            | 5.25 | 222.06 | 0.00 |   |   |

| II | Confidence in coping (SW3)              |   |   |   |   |   |
|    | GHQ score                               | 0.05 | 5.67 | 0.01 | 27% |   |
|    | Job stress                              | 0.40 | 3.65 | 0.05 |   |   |
|    | Constant (C)                            | 7.16 | 3150.08 | 0.00 |   |   |

| III | Family group concern (SW5)              |   |   |   |   |   |
|     | Job stress                              | 0.57 | 6.96 | 0.00 | 18% |   |
|     | Constant (C)                            | 6.84 | 2765.52 | 0.00 |   |   |

| IV  | Perceived ill-health (SW9)              |   |   |   |   |   |
|     | Job stress                              | 1.55 | 17.27 | 0.00 | 32% |   |
|     | Type of service (Traffic)               | 0.08 | 5.55 | 0.02 |   |   |
|     | Constant (C)                            | 15.40 | 4054.14 | 0.00 |   |   |

| V   | Total SWB score                         |   |   |   |   |   |
|     | Job stress                              | 6.49 | 18.94 | 0.00 | 49% |   |
|     | GHQ score                               | 0.56 | 15.74 | 0.00 |   |   |
|     | Type of service (Traffic)               | 4.70 | 5.76 | 0.01 |   |   |
|     | Constant (C)                            | 94.75 | 9232.97 | 0.00 |   |   |

B-Regression co-efficient; F-F ratio

90.71±10.72, falling within the normal range (90.8±9.2) GHQ-12 was used to find out minor mental illnesses. Police personnel were divided into two groups according to GHQ scoring. Gp-I consisted of 80 people who scored less than 2 in GHQ. Gp-II consisted of 121 people who scored more than 2 in GHQ. Gp-I scored significantly higher in all dimensions except in deficiency in social contact (table-2). Total positive score, total negative score and overall score of both the groups were also falling within the normal range.

9 variables considered for multiple stepwise regression analysis were age, education, duration of marriage, duration of services, type of service, cadre, GHQ score, job stress and physical illness. The dependent variables considered were expectation-achievement congruence, confidence in coping, family group concern, perceived ill health and overall (total) SWB score. Age, Cadre, duration of marriage, physical illness showed no significant correlation. However, education, duration of service, type of service, job stress, GHQ, score showed significant negative correlations with various dimensions of SWB. (Table 3). As there are many variables, only significant correlates are shown in table 3.

Expectation-achievement congruence correlated negatively with GHQ score, higher
education and 0-5 years of service. Confidence in coping correlated with GHQ score, and job stress. Family group concern correlated with job stress. Perceived illness with job stress, and type of service being traffic. Total SWB score correlated with job stress, GHQ score.

Job stress as measured by interview did influence confidence in coping and family group support, perceived ill health and overall SWB score.

GHQ score had significant correlations with expectation-achievement congruence, confidence in coping and overall scoring.

DISCUSSION

The study has aimed mainly at the quality of life as measured by various dimensions of subjective wellbeing among the police personnel who are in highly stressful job.

Even though 29.7% have expressed stress in interview in the area of job as a whole the police have shown good adjustment in all dimensions except in social contact and social support.

Normal range of total positive and total negative scoring indicate that they are enjoying positive health.

Infact, police personnel have shown much better adjustment and quality of life than middle class urban factory workers except in social support.

Contrary to our expectation police job stress did not have negative spill over or negative effects over other spheres of life.

Inspite of being in a stressful job, police personnel have maintained a good level subjective wellbeing. Our study support (Malloy & May, 1984) indicating that police officers might not be experiencing stresses more than any other employed individual. This might be related to various stress buffering factors like hardy personality, positive coping skills, good family support and adequate social and organizational reward.

Even though the police personnel have perceived family being supportive, the same feeling has not extended beyond family to social support. The personnel who had high GHQ score also had deficiency in social contacts. Deficiency in social contact may be explained by factors like long working hours, non availability of leave and holidays. It could also be due to the negative feelings which public have towards police and public avoid social contact with police. Deficiency in social contact and lack of social support could be mutually dependant. A person who does not have social contact receives less social support.

There is significant difference between GHQ high scores and low scores in all dimensions except in deficiency in social contact. This further adds to the validity of GHQ as a screening instrument.

Total (overall) SWB is influenced by GHQ score, job stress and type of service. The people who are posted in traffic might have more stress compared to the people posted in law and order, crime. This might be because traffic police have to stand for nearly 12 hours a day, working in sun and rain, have to be alert through out the working hours. They are exposed to a lot of smoke and dust emitted by vehicles and often have to deal with non cooperative public. Incidence of allergic rhinitis and bronchitis are higher in this group. People posted in traffic have more of perceived ill health.

Job stress has interfered with confidence in coping, family group life, perceived health and total overall score. There might be a vicious circle, job stress influencing negatively over major spheres of life which might be further exacerbating the job stress.

This indicates the need for intervention either by the administrators or by mental health professionals.

High GHQ score has shown correlation with expectation-achievement congruence, confidence in coping and overall scores. This might indicate psychological distress without spill over effect on other spheres like family, health, which needs further probing.

Higher education has shown decrease
expectation-achievement congruence. Expectation increases with education and may cause dissatisfaction in achievement if it is not proportionate to expectation. Younger, newly joined are more unhappy, may be because of increased expectation and with longer period of exposure, people become more reality oriented and unrealistic expectations come down.

All 35.2% of personnel who were diagnosed as cases according to ICD-10, by clinical interview had neurotic illness. Majority had dysthymia, or depression without psychotic features. Alcoholism, substance abuse and personality disorder might be under represented in the sample as family members or officers were not interviewed.

The results of the study cannot be generalised to the police working in other states of the country. During interviews it was learnt that police working in Karnataka state were happier than the people working in other states as they were paid better salary, majority of them stayed with their families and public were more cooperative and law abiding.

As a whole, the study indicates that various dimensions of SWB of police are not affected. Psychosocial and job related factors buffering job stress have to be studied and further strengthened.

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