


2019

# Symptoms of Depression and Stressors in Law Enforcement

Parisa Tiana Mash  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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Parisa Mash

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2019

Abstract

Symptoms of Depression and Stressors in Law Enforcement

by

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MA, Niagara University, 2012

BS, Ryerson University, 2008

OCD, Centennial College, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August

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## Abstract

Policing has long been recognized by experts in the field as a stressful, unpredictable, emotionally exhausting, and dangerous occupation. Stress and contributing risk factors have lasting and sometimes fatal results among police officers. The purpose of this quantitative study was to determine if there is a relationship between symptoms of depression and 3 constructs of the Personal Observation Wellness and Evaluation Report-Power Portfolio (PP) survey, specifically administrative and organizational pressures, emotional, physical, psychological threats, and lack of administrative support. Archival data from the National Police Suicide Foundation were used. The independent variable was symptoms of depression as measured by the PP. The dependent variables were administrative and organizational pressures, physical and psychological threats, and lack of support as measured by the work-related problems domain of the PP. The participants ( $N = 150$ ) consisted of officers employed by local, state, and federal law enforcement agencies throughout the United States. The results of the regression analysis and ANOVA were significant for the 3 research questions. The independent variable depression was related to work-related problems, work-related punishments, and the overall score reflecting participants' feelings about their work as police officers. The results illustrate that police officers encounter organizational/administration demands with added stressors that accumulatively can develop into maladaptive coping mechanism and skills. Implications for positive social change include the development of mandatory interventions tailored to meet the need of individual police officers. These and other regulations, training, and protocols may reduce officers' work-related stress and improve the relationship between line and administrative personnel.

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## Dedication

I think the most significant disease the world suffers from in this day and age is the disease of people feeling unloved.

The Princess Diana, Princess of Wales

I dedicate this study to my husband, the most exceptional human being who was placed on Earth to guide me to my destination. You fell into my path and stayed. You always reminded me that it is not the destination but the journey that gives meaning to the end game. The struggles, tears, heartbreaks, and determination were real--losing my mother to domestic violence and a life filled with physical, emotional, and psychological abuse; homelessness; and let downs. You gave me hope in my darkest days and moments. You became the fuel that ignited the fire I so feared. You understood my need for my books, laptop, and weekly discussions with Dr. Price-Sharp rather than a date night. I thank you for your unconditional support and love; I thank you for your strength, money, encouragement, and long drives to my residencies. I love you, William Andrew Lee.

Dear Marcia and Mackie McFarlane, without your support, kindness, and assistance in the early onstage of my life I would not be here present day. You both took a chance on a homeless teen trying to make a life for herself. I will always cherish our relationship. Thank you and I love you.

My beautiful sister Parastou, I have known for a long time that we were going to be influencing the next Mash generation. A new generation that believes in laws of attraction and the power of academics. I love you and your pandas.

Additionally, I want to dedicate this study to the women and men who work the front lines to serve and protect communities and their citizens: the first responders who do not care about race, culture, religion, and/or class. No one deserves to be heard as much as you when it comes to workplace bullying, harassment, sexual assault, and hostility. May this study encourage you to speak up against workplace bullying and harassment.

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## Chapter 1: Introduction to the Study

Police officers, in most emergency calls, are the first responders in crime scenes that can be horrific and traumatic. Posttraumatic stress disorder (PTSD) typically develops after the police officer witnesses or participates in a situation that is, or is interpreted to be, threatening to one's health and safety (Bishopp & Boots, 2014; Stanley et al., 2016). Police officers witness their comrades encountering gunfire, burning buildings, attacks with various weapons (e.g., rocks and glass bottles filled with bodily fluids), and verbal and physical threats to their safety and those of their families. In certain situations, contributing to more trauma officers engage in lethal use of force to maintain control (Galovski et al., 2016).

The preponderance of existing literature on PTSD and policing concerns police officers' reactions and coping mechanisms in relation to exposure and PTSD and depressive symptoms (Bowler et al., 2016). Past studies have also shown a relationship between PTSD and anxiety sensitivity due to unfavorable police work and organizational culture (Asmondson & Stapleton, 2007; Singh, 2017). If these risk factors are not addressed or managed, there is a greater likelihood that a police officer will exert a sense of control or stability that is detrimental to his or her safety and that of others (Jenkins, Allison, Innes, Violanti, & Andrews, 2018). Jenkins et al. (2018) further suggested that certain police personality traits and characteristics (such as passive personality) can be correlated to an increased likelihood of onset-depression among police officers. When this occurs, police officers who fail to recognize their psychological trauma (PTSD) and/or depression can succumb to self-destructive behaviors or negative coping strategies

(Menard & Arter, 2013; O'Hara, Violanti, Levenson, & Clark, 2013). Correspondingly, PTSD, depression, and suicidal behaviors are typical among police officers suffering from mental health issues (Menard & Arter, 2013; O'Hara et al., 2013).

### **Background**

Police and police leadership encounter workplace stressors. Past studies on occupational stress have suggested that police officers face and are exposed to trauma, depression, and chronic stressful incidents, calls, and other factors while on duty, which can result in the impairment of the police officers' emotional, psychological, and physical well-being (Craun, Bourke, Bierie, & Williams, 2014; Jenkins et al., 2018; O'Hara et al., 2013). Exposure to stressful events can result in symptoms of depression, and exposure to horrific incidents can result in PTSD, researchers have found (Craun, Bourke, Bierie, & Williams, 2014; Jenkins et al., 2018; O'Hara et al., 2013). Bishopp and Boots (2014) noted that the hazards and increased level of stress among police officers may be a result of having day-to-day encounters with volatile persons/offenders; witnessing disturbing events on a consistent basis; and investigating crime scenes such as homicides, child abuse, suicides, and vehicular accidents.

How a police officer learns to cope with this magnitude of trauma and stress continues to intrigue scholars. Youssef-Morgan and Ahrens (2017) interpreted points from Folkman (1984) as to how a person makes a conscious effort to resolve internal and external conflicts and minimize or tolerate trauma or unwanted stress situations. Other researchers have examined the impact of media portrayals, many of which depict police officers and police culture as corrupt and violent, on police officers. Focusing on recent

media depictions of police brutality and excessive use of force, Andersen, Papazoglou, Nyman, Koskelainen, and Gustafsberg (2015) noted that the retaliation received from the public exacerbates the officer's hyperarousal that tends to come with this occupation. Police officers must endure ongoing problems with public perceptions, police culture, shift work, police organizations/bureaucracy, occupational instability/insecurity, lack of administrative support, and administrative abuse, which can contribute to the development of depression, suicidal ideations, PTSD, and other occupational-related mental health risks (Huddleston, Stephens, & Paton, 2007; Skogstad et al., 2013).

Past scientific studies have indicated the inherent dangers that police officers encounter on the job. Farr-Wharton et al. (2017) observed that there is more than one risk factor that contributes to trauma amongst police culture. For instance, workgroup, individual, and organizational stressors or risk factors can lead to the development of PTSD in law enforcement (Craun et al., 2014; Farr-Wharton et al., 2017; Snippe et al., 2017; Violanti et al., 2017). In addition, Willis and Mastrofski (2016) noted that the way a police officer perceives and interprets stress associated within the culture of their profession is reflected in how they choose to conduct their police duties (Willis & Mastrofski, 2016). Other researchers suggested emotional and psychological reactive responses to traumatic experiences can lead to the development of depressive symptoms and other physiological issues, including the development of a series of destructive behaviors and habits that will result in even more perilous outcomes (Snippe et al., 2017; Violanti et al., 2017).

A police officer's multipurpose role places officers in situations and/or positions requiring them to become intimately involved with the case, the victims, or the subjects (Bishop & Boots, 2014). Violanti (2004) stated that some police officers may encounter this type of scenario consistently and, as a result, continue to suffer and relive the trauma. Furthermore, Bishop and Boots (2014) noted that police officers who are exposed to life-threatening violence or severe trauma in communities that are rampant with crime face an even more significant risk of suicide than officers in lower crime-rate communities. Suicidal ideation and PTSD amongst police officers have been correlated with family problems, depression, and anxiety from their occupational stressors (Kapusta et al., 2010). Researchers have identified important characteristics of police officer suicide, including the availability and knowledge of a firearm (Kapusta et al., 2010).

Police officers are considered the gatekeepers and in most cases are the first responders to emergency calls, including suicide attempts. Yet, many officers have not received training in these areas (Marzano, Smith, Long, Kisby, & Hawton, 2016). Therefore, police officers may not recognize that they are in crisis because they are focused and responding to crises in their own communities. Cultural influences, beliefs, and perceptions also may impact how officers view mental health. Other factors that may influence the officer's willingness to seek mental health services may include religious beliefs and the severity of the officer's suicidal ideation (Armitage, 2017). All these factors may influence a police officer's willingness to seek mental health services and speak about their crisis and suicidal thoughts during a conversation with supervisors and peers (Armitage, 2017).



According to Chae and Boyle (2013), there are five essential components of policing associated with risk for suicidal ideation. They are shift rotations; job posting; critical incident trauma; substance/alcohol use and abuse; and relationship problems, both personal and professional (Chae & Boyle, 2013). As the authors noted, there is a substantial body of scientific research and theory focused on further understanding the psychological trauma and process that underlines suicidal thoughts or attempts (Chae & Boyle, 2013).

Although mental health issues among police officers are becoming salient, confronting or admitting to psychological issues such as depression and PTSD symptoms as a result of cumulative work-related stress is very rare (Spence & Millott, 2017). Police culture is exceptionally conservative and reluctant to change historical and traditional practices (Crothers & Lipinski, 2014; see also Seigfried-Spellar, 2017). Police officers who may experience some form of depression, suicidal ideation, or PTSD can face further ridicule from peers, management, and/or administration when they acknowledge their own symptoms or issues (Anshel & Brinthaupt, 2014).

Therefore, it is important to understand how police officers' daily duties place a strain on officers; this strain can result in negative outcomes such as mental health conditions (Violanti, 2014). Demerouti and Bakker (2011) have found that policing workplace stress and occupational demands involve undesirable constraints that interfere with a person's ability to achieve positive goals. This inability to achieve positive goals can result in an increased psychological trauma, especially if the person is already

depressed and continually exposed to negative factors in the workplace (Lambert et al., 2018).

### **Problem Statement**

There is a significant amount of research literature on police officer stress and contributing factors. Many researchers (e.g., Alves, Koch, & Unkelbach, 2015; Andersen et al., 2015; Biggs, Brough, & Barbour, 2014; Sharps, 2017; Violanti, 1983) agree that the role of police officers is one of the most stressful occupations. Police officers suffering from mental health disorders may resort to unacceptable conduct such as use of excessive force, workplace violence, and substance abuse (Armitage, 2017, Daderman & De Colli, 2014; Tucker, 2015). The relationship between the police officer's stress, contributing factors, and administrative and organizational pressures can influence the officer's mental health and response to situations that are potentially lethal in ways that can be detrimental (Sundaram & Kumaran, 2012; Tsai, Nolasco, & Vaughan, 2017).

Violanti (2014) noted that much of the literature focuses on the strong influence that police culture plays in shaping how police officers choose to respond to mental health problems such as PTSD or depressive disorders and whether they seek support. Biggs et al. (2014), Moon and Jonson (2012), and Violanti et al. (2017) all concurred that police officers' ability to be fit for duty is shaped by the organizational and police culture. Farr-Wharton et al. (2017) stated that employees in any professional culture or organization learn, operate, conform, and adapt to behaviors beliefs, generational past practices, and historical organizational norms. According to researchers, police culture functions and operates based on historical traditions. These traditions include customs

and beliefs that have been passed on from one generation to the next, which serve to maintain the culture (Farr-Wharton et al., 2017; Galang & Jones, 2016, McKay, 2014; Miller & Rayner, 2012). Understanding the relationship between organizational pressures in police culture and police officer stress and how stress experienced on the job can result in symptoms of depression, PTSD, and suicidal ideations may help administrators, clinicians, and policy makers to formulate strategies and programming for police officers in distress.

### **Purpose of the Study**

The purpose of this quantitative study was to determine if there is a relationship between symptoms of depression and three constructs of the Personal Observation Wellness and Evaluation Report--Power Portfolio (PP; Price-Sharps, 2013) survey, specifically administrative and organizational pressures, physical and psychological threats, and lack of support. Police officers suffering from mental health disorders may resort to unacceptable conduct such as use of excessive force, workplace violence, and substance abuse (Armitage, 2017, Daderman & De Colli, 2014; Tucker, 2015). The independent variable was symptoms of depression as measured by the PP. The dependent variables were administrative and organizational pressures, physical and psychological threats, and lack of support as measured by the PP work-related problems domain. According to Lazarus and Folkman's (1984) cognitive appraisal theory, stress is a two-way process; it involves stressors in the environment and the response of each individual to the exposure. I used archival data to develop an understanding of the effects of

administrative and organizational pressures, physical and psychological threats, and lack of support and their relationship to symptoms of depression in law enforcement.

### **Research Questions and Hypotheses**

The research questions (RQs) and hypotheses follow.

RQ1: Is a police officer's score on the overall scale score of Depression on the PP related to his/her overall score on Work-Related Problems on the PP?

*H<sub>01</sub>*: There is no relationship between the police officer's score on the PP and their overall score on Work-Related Problems on the PP.

*H<sub>11</sub>*: A relationship exists between a police officer's score on the PP and their overall score on Work-Related Problems on the PP.

RQ2: Is a police officer's score on the Depression scale on the PP related to their overall score on the questions regarding Work-Related Punishments?

*H<sub>02</sub>*: There is no relationship between a police officer's score on the PP related to their overall score on the questions of Work-Related Punishments.

*H<sub>12</sub>*: A relationship exists between a police officer's score on the PP and their overall score on questions of Work-Related Punishments.

RQ3: Is a police officer's score on the Depression scale on the PP related to the response to the question about how they feel about going to work on the PP?

*H<sub>03</sub>*: There is no relationship between a police officer's score on the Depression scale on the PP and their overall score on how they feel about going to work on the PP.

*H<sub>13</sub>*: A relationship exists between a police officer's score on Depression scale on the PP and their overall score on how they feel about going to work on the PP.

### **Theoretical Framework**

For the theoretical framework for this study, I used Lazarus and Folkman's (1984) cognitive appraisal theory, which proposes that how individuals interpret and/or react to traumatic incidents in high-stimulant situations influences the perceived coping skill level. Therefore, it is crucial to comprehend how people conceptualize the traumatic event and how they choose to imagine the episode in order to respond and adapt or cope with the outcome (Smith, Tong, & Ellsworth, 2014). Additionally, this theoretical framework highlights that individuals differ in their processing of threat and their chosen response. Cognitive appraisal theory analyzes their response individually, and base on their interpretation and chosen reaction (Smith et al., 2014). It is essential to note that stress originates as a result of response to psychosocial events or environmental situations. More importantly, the initial stages of stress occurs because of cognitive, behavioral, and past determinants (Schneiderman, Ironson, & Siegel, 2005). Subsequently, how we chose to cope is a cognitive response as a result of past learned experience or appraisal (Baqtayan, 2015). Lazarus (1991) noted that stress is a two-way procedure where it involves the production of stressors and the response of the person that is introduced to the stressor. Therefore, coping skills are noted to be a conscious reaction controlled by one's environment, personality traits, or the incident and its stressful nature (Lazarus, 1991). The use of this theoretical framework provides guidance that can be used to help guide risk and environmental factors, appraisal, and cognitive

processing that determines the level of self-efficacy exercised in adaptive coping methods among police officers.

### **Nature of the Study**

The research method design selected for this study will be quantitative in nature and will seek to clarify the relationship between depression and organizational stressors as measured by the PP. Quantitative research is determined to be the most appropriate for this study since this study will be based on survey data gathered by a professor and first responder psychologist and housed in a non-profit in Central California. The data used in this study is archival in nature. Permission has been granted by the nonprofit for data use and a formal data agreement will be signed by the organization. A total of 150 participants' data will be used for this study. The participants consisted of officers employed by local, state, and federal law enforcement agencies. The initial study was run through the National Police Suicide Foundation in conjunction with a professor who developed the research. The data is the property of a professor and first responder psychologist and is housed in a non-profit in Central California. All identifying information will be removed prior to the data being made available for this study.

### **Definitions**

*Civilians:* A term that, for the purpose of this study, identifies persons working within law enforcement in an administrative capacity (Armitage, 2017).

*Depression:* A term that generally refers to a mood disorder that can cause feelings of persistent despondency, sadness, dejection, and loss of desire for everyday living (Armitage, 2017).

*Distress:* A term that generally refers to suffering or experiencing extreme anxiety, sorrow, or pain (Fujinami et al., 2015).

*Eustress:* Moderate or normal psychological stress that is interpreted as being beneficial for the experiencer (Hargrove, Becker, & Hargrove, 2015).

*Organizational stressor:* Any natural or human-initiated occurrence that happens outside of organizational boundaries and affects organizational functioning (Biggs et al., 2014).

*Posttraumatic stress disorder:* A disorder that is developed as a result of either witnessing (vicarious exposure) or experiencing a traumatic incident, such as homicide, traffic collision, physical violence, or threats to one's safety (Miller & Burchfield, 2017).

*Psychosocial factors:* A term that refers to police social culture and environmental influences that directly or indirectly affects officers' behavior, emotions, and overall psychological well-being (Jenkins et al., 2018).

*Police culture:* A term that identifies or refers to the organizational culture in policing that is structured by past practices, beliefs, and traditions and unwritten rules and code of conduct among members (Biggs et al., 2014; Miller & Burchfield, 2017).

*Stress:* A term that generally refers to a state of mental, physical, and emotional duress, strain, and tension experienced as a result of psychosocial factors (Jenkins et al., 2018; Patterson, 2016).

*Suicidal ideation:* A term that generally refers to a series of thoughts about ending or terminating one's life (Armitage, 2017).

### **Assumptions**

Assumptions for this study were as follows. Participants of the study were employed in law enforcement work at local, state, or federal agencies. The participants answered the questions honestly. This study assumes that most if not all participants will be very forthcoming with their responses.

### **Scope and Delimitations**

The delimitations include the following. The participants for this study electively chose to attend the training on police officer suicide. This data may not be a true representation of the overall police culture, but a subsection of the police culture that is interested in gaining additional information regarding police officer suicide. Therefore, this data may not be generalizable to the entire law enforcement population.

### **Limitations**

The data was collected during a training hosted by the National Police Suicide Foundation, the researcher did not participate or oversee the data collection. The data was collected during training breaks, in large classrooms which may have impacted data collection. This data was collected during a training on police suicide thereby limiting the participant pool. Participants may have felt uncomfortable admitting to certain problems and therefore did not answer the questionnaire in a forthright manner.

### **Significance**

The culture of policing is secretive and very guarded. Police culture keeps civilians and non-police personal out of their inner circle. Police organizations have high expectations from their men and women behind the badge. It is their duty to serve and



protect us while guiding principles will help provide their communities, regions, and/or municipalities with a sense of justice, integrity, and respect with support victims of crime. Frontline police officers are responsible for the lives of those who they have sworn to protect including the lives of the suspects. The policing culture attracts dedicated persons (Pastwa-Wojciechowska & Piotrowski, 2016). It's that perseverance, passion, and hero-like personalities that drive police cadets to seek the excellence that we observe among this unique culture. Worldwide, the public displays either fear or admiration for law enforcement officers; officers are seen with either a positive outlook or a negative perspective (Biggs et al., 2014). With access to social media and the growth of technology over the last several years, frontline police officers have encountered extra organizational stressors that affect their jobs, discretion, decisions, and training. Added to police stressors and organizational pressures is the growing popularity of social media platforms and live recordings, which have negatively influenced the relationship between the community and the police, resulting in personal and societal damage (Biggs et al., 2014). A career in policing is not an occupation for everyone or every type of personality. Life of a police officer is more risky, stressful, volatile, and dangerous than most professions (Biggs et al., 2014). However, the world outside of the police community is unaware of the actual stress that frontline police officers encounter daily. Therefore, it is easy to criticize, ridicule, and attack every action, decision, or discretion exercised by a police officer regardless if the outcome may save a human life or preserve public safety. The stress from the job and outside risk factors associated with such negativity from the public can result in police officers spiraling emotionally,

psychologically, and physically (Willis & Mastrofski, 2016). Access to assigned lethal police weapons ultimately affects the way an officer reacts, performs his or her duties, and may also have a negative impact on his or her personal life (i.e., marriage, family, alcohol or drug abuse). Therefore, from a positive social change perspective, this study can contribute to officers' understanding of organizational stress and symptoms of depression. The results of this study may also be used to guide the development of mental health services for law enforcement agencies. It may also be used by treating mental health clinicians to better understand some of the unique dynamics that influence the mental health of police officers.

### **Summary**

The demands of policing and the trauma they are exposed to range from a routine shift to a shift that has a deleterious effect on their psychological and emotional health and job performance. Organizational stress is often discussed as an additional stressor in law enforcement. The police culture includes organizations that have secrets and unwritten roles, practices, beliefs, and social codes that control and dictate the way a police officer is expected to behave, and function (Huddleston et al., 2007; Skogstad et al., 2013). Moreover, police officers are expected to illustrate a strong sense of solidarity to the group and must be willing to conform regardless of the consequences of their actions (Huddleston et al., 2007; Skogstad et al., 2013). To survive within the police culture, police officers encounter the pressure of changing beliefs, values, and morals that can create personal conflicts, which may cause increased stress. Police officers are often resilient, able to withstand organizational stress, traumatic experiences, and function day

to day with mental health issues (Patterson et al., 2014; & Stanley et al., 2016). For the public at large, the role and life of officers may appear risky and exciting; however, most people are not aware of the mental pressures' officers encounter during their shifts.

Witnessing or participating in violence where someone loses their life can be a lifelong scar. This scar that can contribute to a lifelong commitment in seeking help for PTSD, symptoms of depression, and suicidal ideation. This study will likely highlight the importance of administrative and organizational pressures and its direct contribution to officer's mental health and attitude towards seeking help.

As previously noted in this chapter, the purpose and rational for this study was discussed, the use of selected theoretical framework (cognitive appraisal theory), and background of this study. Additionally, an overview of the study questions and hypotheses, nature of the study, definitions, assumptions, limitations, and delimitations were described. In Chapter 2, a discussion and examination of the literature relevant for this research study will be presented. A discussion and overview of the detailed plan and strategies used to allocate relevant research for this study will be included. Identified variables of interest for this study will be provided and discussed.

## Chapter 2: Literature Review

### **Introduction**

A police officer's job is unique. Persons who want to be a part of the law enforcement family are excited to become police officers, and they welcome the challenges inherent in their new line of work (Burt Hill, Burt, personal communication, 2018). Stress is an inevitable consequence when police officers are responsible for arresting and detaining persons who fail to comply with the law, according to researchers (see De Terte, Stephens, & Huddleston, 2014; Steinkopf et al., 2015; Violanti et al., 2013). The fear of random violence, threats, and even assault by the very people they took an oath to protect is disconcerting to many officers.

The source of stress for police officers is one of the most discussed and researched topics in the field of psychology. Scholars and practitioners have debated what stress is, how it affects individual police officers, and how it affects their organizations (see De Terte, Stephens, & Huddleston, 2014; Steinkopf et al., 2015; Violanti et al., 2013). Scholars aim to find solutions and identify potential resources to address this phenomenon (Frydenberg & Reevy, 2011). The police profession requires officers to perform tasks that are highly sophisticated and involve personal contact with the public. These tasks can produce personal, operational, and organizational stressors. Researchers have found that the police occupation, organization, and culture stressors can be linked to severe psychological, emotional, physical, and mental health difficulties (De Terte, Stephens, & Huddleston, 2014; Steinkopf et al., 2015; Violanti et al., 2013). Moreover, how individual police officers perceive stressors and develop skills to manage

these stressors can be complicated. The officers tend to want to exert control and use some form of coping mechanism, but these same coping strategies may often be detrimental, and the officer might not seek appropriate psychological help (Kaur et al., 2013).

Violanti (1983) identified stress as a “perceived imbalance between social demands and perceived response capability; under conditions where failure to meet demands have important consequences” (p. 211). Conversely, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM 5) articulates stress exposure as recurring exposure to “actual threats of violence, and, serious injury, or sexual violation” (American Psychiatric Association, 2013, p. 274). It only identifying it only from a symptom perspective (DSM 5, 2013). Subsequently, police officers may lack satisfaction from their work, and they may feel hopeless, belittled, and abused by their peers and by top leadership (Aaron, 2000; McCoy & Aamodt, 2010; Violanti et al., 2017).

How officers choose to respond or behave towards stressors may result in long-lasting effects. Police officers’ responses may include impulsive and aggressive behavior on or off duty, excessive use of force, abuse of alcohol and drugs, absenteeism, workplace violence, and family breakdown (Ménard & Arter, 2013). Ultimately, the officer may suffer from depression, PTSD, and anxiety. Over time, the stress may become so profound that the officer begins to contemplate or ultimately commit suicide. However, the intensity and seriousness of the stressors may influence the response of the officer in crisis and may be influenced by the severity of the situation, as well as their

skills and ability to manage and cope with the situation at hand (Anderson, Litzenberger, & Plecas, 2002). As a result, the stress not only hinders the well-being of the officers but also may become an organizational concern.

Chapter 2 begins with a description of the research methods and strategies used to complete a review of the literature. A delineation and discussion of the theoretical framework selected for this research follows. I then provide a comprehensive review of relevant literature and variables to assist in understanding administrative and organizational pressures and their relationship to PTSD, depression, and suicidal ideations among police officers.

### **Literature Search Strategy**

In conducting a comprehensive literature review for this study, I used several approaches to select scholarly and peer-reviewed journals and books. To locate literature, I used various databases offered at Walden University Library (e.g., PsychBooks, PsycArticles, ProQuest Central, PsychInfo, PsychTests & Health & Psychosocial Instruments, and PTSDpubs). Key terms in the search included police stress, police culture, law enforcement, PTSD and police, police workplace, job stress, police suicide, depression, organizational stress, stress management, job satisfaction, and organizational support. The peer-reviewed journals and books referenced in the literature review study provide precise data, findings, reviews, and statistical findings that substantiated and strengthened this research. Following Walden University guidelines, the scientific articles selected for the literature review had a date range of 2014-2019. However, some of the materials chosen for this research were not within this parameter.

I included these research materials to offer a theoretical perspective regarding the correlation of study variables.

### **Theoretical Framework**

I used cognitive appraisal theory as the foundational theory for this research. According to cognitive appraisal theory, cognition and appraisal are mental processes that largely determine how a person feels after experiencing a traumatic incident or stressor (Lazarus, 1991; Lazarus & Folkman, 1984). In the absence of psychological arousal associated with stress, the individual focuses on interpreting whether what just occurred was positive or negative (Lazarus, 1991; Lazarus & Folkman, 1984). Finally, the individual will initiate the process of developing a theory and explanation as to what caused the incident (Lazarus, 1991; Lazarus & Folkman, 1984). Lazarus (1991) stated that external demands of stress impact psychosocial responses to stress, including coping mechanisms. Responses to stress are influenced by the individual's personality traits, the environment, and the nature of the stressful situation (Lazarus, 1991). Therefore, it must be understood that cognition and emotional reactions that may be exhibited by an individual are not two separate spheres. Indeed, the constructs of these two areas should be considered as interdependent; as a result, it is difficult to distinguish where one begins, and the other ends (Lazarus, 1982). There is some literature that challenges the theory that emotions are determined by one's appraisal of a situation and that appraisal is just one piece of the mechanics of emotions (e.g., Ellsworth, 2013; Moors, 2013). According to Anshel (2016), for a police officer to exhibit an emotional reaction, officers must personally identify with the stressful event or situation and see it as being meaningful.

Conversely, if the police officer does not interpret the event as being meaningful, then the act of coping with the stressor is unnecessary (Anshel, 2016).

Lazarus (1982) explained the cognitive process by breaking the process into its most relevant components. He stated that the process first starts with an external event and situation; this can be identified as the foundation of the perceived stress experienced by the officer, such as intense feelings that are recognized by the officer. As a result, it can trigger an automatic thought response by the officer. The officer's thought at the time of the incident does not have to be logical or rational to generate an emotional response and reaction (Lazarus, 1982). Some scholars suggest that emotional responses are primal experiences which originate in the midsection of the brain (Ellsworth, 2013). These primal responses may cause the subject to feel overwhelmed and unable to think and behave rationally. In turn, the person may learn to develop and depend on this primitive logic (Lazarus, 1982). The emotional response will govern the person's responding behavior. This responding behavior is influenced by what the individual has learned throughout his/her lifetime and the messages officers have received from their respective cultures, family of origin, and support group (Ellsworth, 2013). This response behavior as discussed by Ellis (1962) is consistent with Lazarus' (1982) theory of appraisal.

Moore (2013) discussed three levels of analysis as it pertains to appraisal; they are identified as functional, algorithmic, and implementational. The first level, the functional process, articulates the relationship between stressor (input) and response (output); the second level, the algorithmic, describes the process as to how an individual translates the



reaction both emotionally and behaviorally. Finally, the third level is the implementation level, which narrates the specific brain activity of the individual (Moors, 2013).

Additionally, Moors (2013) rejected the concept of the appraisal theory being a singular cause of one person's emotional responses to perceived stressors. The author suggested that the appraisal process should be looked upon in larger scale, identified as the circular causality; this is where the action of one impacts the other and is therefore impacted by other effects (Moors, 2013). Moors (2019) noted that other researchers suggested many theories, which attempt to expand on the concept of emotions as componential, causal, and mechanistic. Most appraisal theorists concur that the componential rubric, which suggests that emotions are a by-product of several contributing factors such as, 1) subjective, 2) cognitive, 3) somatic, and 4) motor, can be argued to correlate with Lazarus' theory of appraisal (Moors, in press).

Alves et al. (2017) noted that there is evidence to suggest that how one person cognitively processes stressful incidents might be completely different from how another person may react given the same scenario. Their research indicated that implications that influence individual responses and reactions to a stressor may consequently have severe outcomes as a result of a stressor. Additionally, the negative effects experienced may be profound, and methods of coping with this stressor will be more elaborate while they are trying to process the stressor (Alves et al., 2017). The most basic reaction to stress by an individual will either be interpreted and articulated as good (eustress) or bad (distress). In most instances, human nature will view any negative stressor more often, and therefore, require coping strategies to reduce or eradicate the perceived stressor (Alves et

al., 2017). The response that is employed by the individuals in terms of facial reactions, attitudes, verbal and body language are determined by a person's cognitive functioning. Speed of processing also influences a person's cognitive processing of either positive or negative information. Conversely, Alves et al. (2017) suggested that good (positive) reactions are processed at an increased speed because the positive outcome may be considered favorable. On the contrary, other individuals' positive processing may result in a different outcome with a completely different reaction that may be interpreted as detrimental as a result of the stressor (Alves et al. 2017).

The external demands of police work demand that officers learn very quickly to appraise their external environment and internal surroundings to look for the potential exposure to a threat that may impact their wellbeing. Also, officers must learn to evaluate, assess, develop, and implement coping strategies to address stressful situations. Officers cope with stressful situations, such as accident scenes, homicides, and sexual assault investigations, which may occur daily. These stressful situations may impact the officer's level of psychological resilience and overall mental health. Officers need to learn coping strategies to effectively respond to the traumatic events they encounter on the job. These coping strategies enable officers to negate reckless and self-harming behaviors and instead focus their energy on using positive and healthy coping strategies that lead to positive resolution and promote psychological resilience (Dai et al., 2011). Other officers during an appraisal process could conclude that the challenge is too difficult to deal with, causing the officer to overact due to the unpredictability of the occupation and consistent fear and threat of physical violence.

The theoretical framework of the Cognitive Appraisal Theory provides focus and support for examining how internal and external demands within the organization impact the development of mental resiliency. Mental resiliency may also be impacted by the physical and psychological threats that officers confront in the line of duty. Cognitive Appraisal Theory will be used as the foundational theory to examine how the level of stress associated with organizational standards and stressors is often related to the officer's ability to meet operational needs and demands of the department. This ability to deal with the cognitive stressors may be even more taxing when there is a lack of support or perceived lack of support from upper executive administration. A police officers' position is dynamic and complex, and the use of appraisal is of significance to ensure the methods and strategies used by the officer protects the officer's mental health (De Terte et al., 2014).

Admittedly, this cognitive appraisal is no easy task. Dai et al. (2011) informed us that within police culture and organization, the appraisal process has its challenges and difficulties. Individual police officers with multicultural backgrounds may interpret and process stress by operating in an elevated sense of self-preservation and reactionary mode, thereby influencing their response to coping mechanisms (Dai et al., 2011). Accordingly, police officers learn and develop coping strategies that directly reflect their upbringing and life experiences. These strategies may produce positive or negative results (Dai et al. (2011). One important factor the appraisal theory centers on is the individual's ability to assess available resources that are required to cope with stressors on and off the job. Police officers' perceptions were directly related to how much control

they exerted during a stressful incident. Vander Elst et al. (2013) informed us that a lack of perceived control contributed significantly to an individual's inability to use proper resources. This lack of perceived control also impacted whether the officer learns how to cope effectively in a stressful situation. This sense of helplessness and increase in the level of stress encountered may result in the officer developing maladaptive coping mechanisms that minimize the stress and the level of their perception of the importance of the stress (Vander Elst et al., 2013).

### **Literature Review Related to Key Variables and/or Concepts**

#### **The Organization and Culture of Police Agencies**

Police officers will often be required to respond to emergency situations including addressing violent and confrontational gang members, de-escalating domestic violence, or any number of calls where someone intends to harm someone physically. Equally, responding to suicide, homicide, and child sexual assault calls can be just as stressful. Throughout America, researchers have suggested that the cost associated with employee-endured workplace stress is estimated to be between thirty and forty-four billion dollars a year (Gachter et al., 2011). The noted figures also include the health consequences of psychological and physical mental health disorders, substance abuse, destructive and forceful behavior, high absenteeism, decreased work performance, and suicide.

According to Baqtayan (2015), the work-stress associated within an organization can originate from many contributing factors and can be experienced by all employees without discrimination of age, gender, or ethnicity (Baqtayan, 2015). Ursin and Eriksen (2010) defined stress as one's reaction to a given stimuli, both internal or external factors

that activate neurophysiological arousal that initiates responses, which are both behavioral and emotional, that enable a sense of internalized thoughts to deal with the perceived stressful event (Ursin & Eriksen, 2010). Ginty, Kraynak, Fisher, and Gianaros (2017) informed us that psychologically perceived stressors could also have physiological effects. Persons who are consistently stressed may be more likely to experience a number of different health problems, including cardiovascular disease (Ginty et al., 2017). Police officers are subjected to a dynamic workplace and environment where the events that they encounter are unpredictable and can cause a variety of psychosocial and psychological stressors (Sundaram & Kumaran, 2012). Due to the unpredictability of their job, and the stressful calls officers respond to, police officers are more likely to be vulnerable to the effects of workplace related stressors.

Territo and Sewell (2013) informed us that police officers and members of police agencies, consider this occupation to be very stressful, with correspondingly reported high rates of divorce, alcoholism, suicide, and other emotional and health issues. It is important to note that all stress reactions are harmful. Some police officers use stress as fuel to empower their need for success and progress in their chosen endeavors.

Alternatively, Baqtayan (2015) stated that for other individuals, stress can be debilitating by causing adverse effects such as feelings associated with anxiety, fear and agitation. These feelings may result in excessive worry which can limit officers' quality of life by affecting their mental and physical functioning (Baqtayan, 2015).

One noticeable strategy deployed in police literature is to categorize and divide types of occupational stress endured by police officers into four different areas of study:

(1), organizational, (2) external, (3) work-related, and (4) personal life and relationships (Lazarus, 1991; Lazarus & Folkman, 1984). However, to understand police officer stress and its direct link to mental health, we must first understand the power of police culture. According to Gorodnic and Roland (2016), culture is a “set of values and beliefs people have about how the world works as well as the norms of behavior derived from that set of values” (p.1). Additionally, Cordner (2016) elaborated on culture by informing us that it is “neither tightly defined nor readily measured” (p. 14) but has the power to control and influence the behaviors of its members both positively and negatively. It is important to note that professional cultures exist in many occupations. The police culture includes a set of expectations and beliefs that govern the interactions of police officers with each other, the public, and the administration (K. Junor, personal communication, February 2, 2019).

Police administrators and the law articulate the parameters within which police officers and members operate. However, it is the police culture that dictates how to go about their tasks, what types of relationships to have and maintain with fellow officers, and other people with whom officers interact. Culture controls how officers should feel about other organizations within the police agency, the judicial system, and the requirements and restrictions that are imposed (Aamodt, 2018). Police culture demands conformity and exerts pressures that can inadvertently influence individual police officers, which articulates a divide between its members and the public (Miller, 2006).

These ambiguous representations and beliefs are also shared by police officers, whether a recruit or seasoned officer, who are not “aware or conscious” (p. 14) of all the

political and adequate knowledge of the inner workings of their culture. Police organizations are fiercely loyal to the code of silence and reluctant to discuss police business to outsiders (Cordner, 2016). Police officers tend to have personalities that long for approval and acceptance. He further stated the need for a more dynamic and sophisticated method of research that is tailored specifically to police culture (Cordner, 2016). Cordner (2016) asserted that police culture has strict rules and practices about discussing the inner workings of the departmental, which may be why researchers encounter obstacles when conducting research with this population. Law enforcement may perceive scientific studies as a threat to their professional image and police community (Dupont et al., 2019).

Organizational stress refers to the emotional events and stressful situations encountered as a result of policies, practices of the police agency, and lack of corporate support from sergeants, supervisors, managers, and even administrators (Dupont et al., 2019). Other notable organizational stressors that are identified as per previous studies are shift work, reduced salary, excessive paperwork, and rigid enforcement are areas that continue to require academic attention (Brondolo, Eftekharzadeh, Clifton, Schwartz, & Delahanty, 2018). In addition, inadequate training, poor supervision and administrative support, and poor relationship with supervisors or colleagues (Brondolo et al., 2018).

Neely and Cleveland (2012) examined the link between police brutality and stress. The method was to use and explore the impact of accumulative occupational stress on misconduct and job performance. The results of their study yielded that mandatory stress management and coping skill education were correlated with the

reduction of the use of maladaptive coping strategies (Neely & Cleveland, 2012). Task-related stress originates from the nature of police duties and roles. For example, homicide calls, domestic abuse or child neglect scenes, suicide by cop, or situations that require police officers to use force all contribute to police stress. Therefore, being responsible for the safety and protection of others is not an easy task. Present day, police officers' decisions and frequent exposure to negative commentary require police officers to consistently keep their emotions in check and under control (Cordner, 2016; Crank, 2014; Terpstra & Schaap, 2013; Workman-Stark, 2017). Furthermore, police organizations past and present have been viewed by the public and social media platforms as being racist, angry, cynical, and using unnecessary and even excessive lethal force (Cordner, 2016; Crank, 2014; Terpstra & Schaap, 2013; Workman-Stark, 2017). Police officers are expected to keep their emotions under control with a process described as emotional labor (Workman-Stark, 2017). Police officers may use escape-avoidance coping techniques and methods to mediate the direct effect of stressors (Ménard & Arter, 2013).

Ménard and Arter (2013) examined the relationship between coping methods, alcohol consumption posttraumatic stress, and societal stressors. The authors found that the lack of ineffective coping abilities and skills were associated with substance use such as alcohol, critical incident management, and an indirect association with symptoms related to posttraumatic stress symptoms (PTSS). Menard and Arter (2013) explained that social stressors did not have a direct or indirect association with substance use but did have an association with PTSS. Additionally, Ménard and Arter (2013)



recommended the development and use of cognitive-behavioral interventions by police officers, which can aid the officers in developing coping strategies and reducing the adverse effects of occupational stressors. Police officers are first responders to many face-to-face encounters that can summon unknown and unpredictable human responses. Therefore, to be prepared with the uncertainty of the strange situations or persons, police officers are required to proceed to the next emergency call without processing their last call (Ellrich & Baier, 2016).

Sing (2017) informed us police duties and tasks also requires daily exposure to political pressure while being exposed to a high degree of mental strain and physical exertion. Vonk (2008) further added that because of various nonlife-threatening calls to fatal encounters, police officers' heightened levels of stressful stimuli can be detrimental to their health and may inadvertently affect their coping mechanisms. As a result, police officers that are more susceptible to vulnerability are more prone to developing secondary traumatic stress (Craun et al., 2014). Craun et al. (2014) suggested that police officers are at high risk of secondary traumatic stress, with its direct link to increased irritability, protectiveness, feelings of emotional numbness, interrupted sleep patterns, and a sense of resentment towards community members (Craun et al., 2014). Craun et al. (2014) examined police officers and secondary traumatic stress symptoms and its effects in their three-year longitudinal study. The study's findings determined police officers who partake in avoidance-coping mechanisms do show a direct association to increase levels of anxiety and somatic symptomology.

Researchers discussed the value and the importance of organizational support and leadership; however, the scarcity and quality of leaders and little evidence of their commitment to providing leadership and management practices are concerning. Terrill et al. (2016) noted while police departments present an image of authority, brutal tact, and an uncaring image, it is noteworthy to remember that culture of the police agencies centers around specific attitudes, beliefs, and values that are instilled in each member throughout their years of service. The role that police officers play can be profoundly beneficial but disturbing and highly emotionally charged. The police officer's relationship with other first responders, unethical conduct of other officers, and the uncertainty related to the conduct of their peers may have a negative impact on the officer's stress response. Hassell, Archbold, and Stichman (2011) informed us that the police infrastructure can set the tone for the working environment. For example, an authoritarian, discouraging chain of command may impact the overall wellbeing of the officer (Hassell et al., 2011). These authors noted that the negative workplace environment directly contributes to stress and the decline in physical and mental health of the employee. Chopko et al. (2013) stated that studies focusing on police officers' studies and/or police agencies report behavioral control due to the sensitive, controversial, volatile, and hazardous environmental conditions that ultimately contribute to an increased level of unrealistic expectations, pressures, and stressors. Therefore, considering such volatile, stressful, and unstable police officer environments, one can argue that police officers are subject to burnout caused by excessive psychological, emotional, and physical stress. Chopko et al. (2013) suggested organizational support

and peer assistance can significantly reduce the emotional repression for extreme stress and isolation.

Singh (2017) defined work stress as “disruption in individual's psychological or/and physiological homeostasis that force them to deviate them from normal functioning in interactions with their jobs and work environment" (p. 2). One can conclude that due to the absence of leadership and support, many police officers will not seek mental health treatment. This is especially true due to the leadership’s perception on mental health treatment. It can be inferred that each of the variables discussed contribute to an increase in unhealthy coping mechanisms, such as substance abuse and self-harm. This stress may also result in excessive use of force on duty. Perceived high-risk organizational and personal factors vary significantly among police officers and departments. As noted previously, perceived stress among police officers is positively correlated with contributing high-risk factors. Some of these factors may include, low rank and or social status amongst peers. Toxic work environments where there is a lack of support or where there is negative peer pressure may further contribute to the use of maladaptive coping strategies (Habersaat, Geiger, Abdellaoui, & Wolf, 2015). Singh (2017) discussed how organizational culture, the structure of the department, and cultural practices employed by police departments create an increase in stressors. Patterson (2016) conducted a longitudinal study which explored the perceived stress amongst police recruit participants both in their personal and professional lives. His finding identified police recruit’s attitude and motivation during their academy training where high levels of commitment decreased to almost a non-existent level of commitment.

According to Patterson (2016), this is as a result of the socialization process.

Specifically, this is the expectation from officers and their significant roles that they are expected to fulfill in the field (Patterson, 2016). The quantitative study of Habersaat et al. (2015) explored specific combinations of accumulating risk factors. He found there was an association between police officer duty assignment such that it contributed to poor health, duress, and distress. Habersaat et al. (2015) study suggested stress reduction interventions should take into consideration post assignments as one of many sources of stress (Habersaat et al., 2015). Thereby, indicating the vital role stress management training and administrative/ organizational support can help reduce risk factors prevalent to officer's mental health.

### **Psychological and Physical Pressures**

As previously discussed, historically police officers are trained to not exhibit any sign of weakness or vulnerability. Although a new generation of policing is evolving, the concept of the police officer being able to take control of a situation as a crimefighter continues in police culture and the public eye. This image of the crimefighter contains no emotions, a posture that demands respect, includes an intimidating authoritative tone without fear, and above all, integrity (Rufo, 2016). Therefore, it is believed that police officers possess a high level of psychological resilience due to their roles within our societies and their essential role in serving and protecting their assigned communities. Although police agencies have short term interventions in place for specific occasions such as critical incidents, especially traumatic and stressful events, they lack programs for long-term mental health support (Violanti, 2006).

Conversely, long-term effects of psychological, emotional, and mental health are rarely acknowledged by police leaders, causing the likelihood of promoting resiliency to decrease. Violanti (2006) noted police officers are at a higher risk of succumbing to the effects of negative stress, depression, PTSD, and suicidal ideation. These negative symptoms may be traced back to departments not providing appropriate interventions and fully recovering from the critical or traumatic incidents. Police work is not only dangerous and stressful; the threat level is unknown from one emergency encounter to the next. Therefore, officers may work erratic shifts that vacillate between extended periods of tediousness to terrible traumatic events in a split second, all while trying to solve and negotiate a minefield of conflict-related departmental administration (Violanti, O'Hara, & Tate, 2011). Police officers may be able to contain their thoughts and emotions without an outward display of their fear and sadness while encountering a traumatic scene. However, although the officer may not visibly react, the scene may have a profound psychological impact on his/her mental health. This does not alter the fact that officers are required to respond to emergencies and in most cases, are expected to address the depravity with detachment and objectivity while working within legal limitations by department policy and societal expectations (Dantzker, 2011).

Violanti (2006) further clarified that past scientific studies on resiliency have established the long-term effects associated with traumatic and stressful incidents are minimized with treatment. The appropriate resources and proper use of preventive strategies can help to yield positive outcomes, which can reduce stress factors within the police community. Avoiding or not acknowledging the detrimental effects of stressful

and traumatic incidents can significantly reduce job satisfaction and police productivity. Additional negative effects can include aggression and excessive force, self-harm, biased cultural climate, and result in maladaptive coping strategies. Moreover, Violanti (2009) endorsed and encouraged the use of a risk management intervention, training, procedures, and framework to conceptualize psychological sufferings in a manner that will boost and promote the practice of resiliency. Based on this premise, it supports the aim of this study by empowering the examination of the potential benefits and effects of interventions that encourage organizational acknowledgment, support, and responses with mandatory stress management training and guidelines for senior administration and frontline police officers.

Hogh, Hansen, Mikkelsen, and Perrson (2012) hypothesized that exposure to severe trauma and stressors could have a long-term effect which can evoke a lack of control and positive responses, thereby jeopardizing the mental health and the wellbeing of the vulnerable officer. According to De Terte et al. (2014), psychological resilience is the ability for an individual to mentally and psychologically recover from a traumatic, disturbing, and distressing incident. This resiliency allows the officer the ability to stay mentally competent during other stressful or adverse situations (De Terte et al., 2014). The authors conducted a study that evaluated the outcomes of posttraumatic stress, health, and distress at three specific time milestones throughout the career as police officers. De Terte et al. (2014) examined a multidimensional model of psychological resilience (MMPR) that included the following subheadings: environment, behavior, feelings, thoughts, and healthy routines which include sleep patterns, outside hobbies,

and outside interests. Also, the MMPR was used to examine social influence, coping skills and techniques, and level of confidence when the participant encountered stressful or negative situations. Their findings indicated that support from colleagues, proper adaptive coping techniques, and balanced emotions have a direct link to a decrease in symptoms of posttraumatic stress symptoms (PTSS). Moreover, support and admiration from the community were discovered to be positive contributing factors that lowered or decreased psychological distress (De Terte et al., 2014). De Terte et al. (2014) also suggested that the use of active coping mechanisms and behaviors increase the longevity and quality of life and health. These coping mechanisms can also reduce adverse outcomes that are associated with exposure to traumatic and disturbing events.

Continued research on this topic is necessary, and it is recommended by researchers that multidimensional frameworks be incorporated in future studies regarding this topic. This multidimensional approach can further expand knowledge and understand the influence of optimism, positive coping techniques, wellness education, and ongoing peer support (De Terte et al., 2014). Thus, the findings can contribute to encouraging and promoting psychological resilience and overall wellbeing of an individual.

Andersen et al. (2015) posited that police employment is a biological rollercoaster; police officer's emotional and physiological arousal can elevate during the many different processes when a traumatic and critical incident is encountered (Andersen et al., 2015). These biological rollercoasters can be as a result of many contributing factors that have been articulated earlier, such as pressures of shift work, multiple emergency calls, working long hours, the unpredictability of life and death threats, and

fears of showing emotional weakness (Andersen et al., 2015). The authors asserted that much of this pressure is a direct result of organizational pressures (Andersen et al., 2015). Notably, police cadets, just like soldiers, go through intense physical and psychological training with the intent to preserve life and apprehend criminals. Thus, very little information about mental health resiliency is provided at the police academy. Information at the academies should include or incorporate mental resiliency to prepare them for critical incidents, traumatic encounters or scenes, or the pressures of organization and political demands. Unfortunately, officers do not learn effective and adaptive coping methods and/or receive stress management training (Andersen et al., 2015).

Traumatic events threaten the one thing police officers are assured to have control over their environment and situation; which affects their perception that they are in control of their own mind (Hope, 2016, Patton, 2006). As a result, some psychological, neurological, and physical symptoms surface because of prolonged and daily encounters with critical and traumatic incidents, including disorientation, confusion, rapid heart rate, sweating, and short-term memory loss. Police officers begin feeling symptoms of chronic fatigue, sleep disturbances, irritability, nightmares, depression, lack of concentration and focus on details, and substance and alcohol abuse. Sleep disturbance problems can ultimately affect normal behavioral and cognitive patterns including response times and reactions during critical incidents. This impairment may interfere with the officer's ability to engage adaptive coping. This inability to engage in adaptive coping may result in an increase in the potential for adverse behaviors in response to



stress and trauma (Hope, 2016). Hartley et al. (2014), conducted a study that examined the correlation between sleep disturbance problems and stress. The researchers used the Pittsburgh Sleep Quality Index (PSQI), which is a nineteen -item inventory. The researchers found that police officers with poor quality sleep experienced higher levels of stress. Furthermore, poor quality sleep was also associated with lack of support from an organizational and personal network (Hartley et al., 2014). With an increase in suicide among police officers, organizational support is now viewed as an essential component of police organizational culture but still a controversial topic (Armitage, 2017). There appears to be a gap in recognizing the relationship between the police officer's symptoms of depression and organizational causes.

**Fatigue.** Grant, Lavery, and DeCarlo (2019) asserted that stress is a catalyst for fatigue and burnout, both of which may impair cognitive functioning. This impairment has a direct influence on the operation, organization, and community of law enforcement. The authors defined fatigue as an “impairment of mental and physical function, including sleepiness, affected physical and mental performance, depressed mood, and loss of motivation” (p. 530). This fatigue affects the health status of police officers (Grant et al., 2019). Although there is a dearth of scientific findings directly attributing long-term health problems and poor professional performance to fatigue, police agencies continue to ignore the long-term implications of fatigue. Police departments continue to ignore these warning signs and endorse the tradition of working more to achieve high-rank promotions. Chronic fatigue and stress contribute to more than mental health, psychological, and physiological problems. Grant et al. (2019), suggested that officers

who suffer from fatigue encounter challenges in their family and personal relationships, chronic sick time use, procedural mistakes, and problems employing adaptive coping methods. Their results indicate that chronic fatigue affects the use of judgements, where procedural errors can be costly and lethal. Excessive absenteeism and sick time combined with maladaptive coping can hinder job progress and satisfaction.

**Burnout.** Burnout is a state of loss of emotional and physical interest and mental exhaustion that is caused by prolonged stress (Gould et al., 2013; Maslach, 2003; McCarty & Skogan, 2012). The authors asserted that burnout is a work-related syndrome that involves a state of emotional exhaustion, enthusiasm, mental exhaustion, depersonalization, and a sense of reduced personal accomplishment. Burnout is prevalent internationally and is often associated with police work (Gould et al., 2013; Maslach, 2003; McCarty & Skogan, 2012). As per Gould et al. (2013), burnout takes place as a result of excessive occupational and organizational demands on individuals, overwhelmed with needs and political ambiguity and psychologically duress. Furthermore, this increased level of stress can result in ongoing fatigue, burnout, and poor physical and psychological mental health. Burnout is common in law enforcement. It can result in excessive absenteeism and long-term health and mental health problems (Gould et al., 2013).

McCarty and Skogan (2012) conducted a study to analyze the effects of burnout and physical stress. The result of the research confirmed that twenty-seven percent of police officers reported physical exhaustion after completing two to three shifts (McCarty & Skogan, 2012). Similarly, failure to acknowledge the adverse consequences of stress

and excessive burnout among this population can place not only the employees at risk for experiencing a decrease in quality of life, but also result in diminished job performance. Gould et al. (2013) developed a study which enabled the authors to examine burnout to determine if there is a correlation with officer stress and their coping mechanisms. Study findings indicated that the participants yielded a relationship between high level stress and burnout among the participants. To police culture, burnout can have a direct link to loss of motivation, depression symptoms, and disengagement. Officers 'depersonalization can reduce the quality of accomplishment associated with one's duties and responsibilities.

**Depression.** Depression (or major depressive disorder) is a severe general malaise that negatively affects an individual's mental health. Depression affects the way an individual think and behaves, and it can be debilitating. Melancholy, gloominess, despair, downheartedness, doldrums, and other terms have been used to describe persistent and pervasive symptoms of depression (APA, 2013). Fox et al. (2012) conducted a study to examine maladaptive coping methods (alcohol abuse) in conjunction with post-traumatic stress disorder (PTSD), depression, and its relationship to productivity loss among police officers. Their findings indicated that PTSD, depression, and alcohol abuse were common among police officers, despite department-subsidized psychological services and mental health resources. A significant number of police officers refused mental-health treatment out of fear of vulnerability amongst peers, susceptible to confidentiality concerns, and negative impact on officers' career (Fox et al., 2012).

Violanti et al. (2006) noted that PTSD symptoms were present in most police officers, and many met the criteria for a diagnosis of depression. Most suffer an episode of depression for two weeks or longer, while many experience co-occurring problems, such as sleep disorders, eating disorders, inability to concentrate, work-related difficulties, relational/familial troubles, or complications in social settings. Causes have been noted to be medical illness, grief, substance use disorders, and work/employment issues. Forty-one percent of adults with mental health illnesses fail to seek or receive help (NIMH, 2014).

Reavely et al. (2017) discussed workplace mental health interventions and resources that can serve as a primary prevention, meaning occupational stress preventive strategies. They also discussed tertiary interventions, such as return-to-work plans which include access to positive workplace support and professional resources. The authors believed that knowledge of symptoms and conditions of mental health is crucial to promote self-help-seeking (Reaveley et al., 2017). Reaveley et al. (2017) noted that a high prevalence of psychiatric disorders such as Major Depressive Disorder (MDD) causes disabilities globally. The authors further stated that in Australia, one in five persons (aged 16-85 years) suffer from mental disorders and a concurrent disorder such as alcohol and substance abuse (Reaveley et al., 2017). The authors conducted a study by assessing depression related literacy knowledge and its direct link to police officers seeking help or reporting a peer that may require mental health help. The findings of this study indicated that participants, among both leaders and lower rank officials, appeared to be aware of general mental health disorders and symptoms. Moreover, both groups are

willing to speak to persons that may be suffering from the noted conditions. In Australia, leaders had a higher rate of contacting a professional (i.e., psychologist, general practitioner, etc.) to provide help for an officer in need. However, both groups were reluctant to seek professional help as they viewed it as a "career killer" (Reaveley et al., 2017). What is evident is that although resources may be available to some police leaders and lower rank officers, obstacles, cultural past police practices and traditions, and organization beliefs continue to promote barriers to seeking help for psychological disorders.

Burke (2017) discussed how police officers experienced both operational exposure to traumatic events and organizational stressors. He noted that additional stressors in police work include high expectations during assigned duties, increased job demands, little control over their work environment, and lack of administrative and peer support (Burke, 2017). Additionally, police organizations are well known for its male-dominated culture that emphasizes being a "man's man" which includes ignoring symptoms of distress and mental health issues (Harris et al., 2015). Officers who choose to seek help will be ridiculed, labeled as weak, and stigmatized for their action-seeking behavior (Karaffa and Koch, 2016; and The Fifth Estate, 2019). An encouraging police culture and organizational environment for officers to seek help can reduce maladaptive coping mechanisms and help recognize symptoms of depression, and PTSD.

**Posttraumatic stress disorder.** The demands of shift work, random job assignment, organizational need, and professional internal and external incidents expose police officers to organizational stressors that may have deleterious effects on a police

officer's psychological health and job performance. Baughman et al. (2017) conducted a study to determine if job strain construct has a direct association with psychological symptoms of anxiety, depression, or posttraumatic stress disorder (PTSD). In addition, they examined individually perceived stressors and sleep deprivation in police officers. The researchers found that the job strain construct could not accurately capture the unique and culturally specific information regarding police community, occupation, and organizational stressors that are experienced by police officers. Prior scientific studies have demonstrated that police officers are subjected to a range of stressors that may not be present or experienced in other occupations due to the high-stress and demanding nature of police work (Regehr et al., 2013). They found that PTSD is one of the most severe conditions that is a direct result of this stress (Bowler et al., 2012; Ménard & Arter, 2014).

According to Regehr et al. (2013), it is importance that future studies focus on the police community including the impact of psychological distress, physiological stress, and the overall wellbeing of police officers. Regehr et al. (2013), conducted a study to assess police personnel's levels of stress, coping mechanisms, ability to control and deal with distress, and their social support network. Based on their analysis, the authors concluded that the participants exhibited an increased level of posttraumatic stress, which was associated with years of service. Not only were years of service on the job directly correlated to PTSD but also to more severe physical and psychological complications (Regehr et al., 2013). Additionally, Regehr et al. (2013) suggested emotion-focused coping methods amongst participants should be considered as an indicator for mental

health concerns such as depression, anxiety, and PTSD among police community members (Regehr et al., 2013). Conversely, Regehr et al. (2013) recommended that organizational support provide interventions that can aid in reducing employment related duress and stress.

**Adaptive and maladaptive coping.** The police occupation presents roles, demands, specific duties, and requirements that directly and indirectly alter and influence their level of emotional, psychological, mental, and physical health (Anshel & Brinthaup, 2014). Consequently, the police officers' decisions, discretions, and choices are followed by consequences. Teaching officer's emotional wellbeing is essential. Baqutayan (2015) explained the condition and the process of encountering stress and learning to address the event by using a subconscious mediator. The authors described a conscious effort applied by a police officer that exerts an effort to understand and acknowledge their stressors as related to oneself, colleagues and peers, and their external environment (Baqutayan, 2015). Also, Anshel and Brinthaup (2014) described the coping process as a means of comprehending, managing, and acknowledging stressors experienced. Most importantly, the authors emphasized the importance of effective coping methods that are dependent on the individual's level of skills and adaptive approaches to specific calls or incidents (Anshel & Brinthaup, 2014). In this perspective, it is imperative to keep in mind that the stressors experienced or encountered by police officers while on the job does not end at the end of their shifts. Past longitudinal studies indicated that officers in the police academy may already be developing methods of interpreting and processing stressors that will have a long-term

impact on the effect of acute stress. As a result, the most common maladaptive coping strategy to cope with perceived stress was alcohol consumption (Regehr et al., 2008; Pastwa-Wojciechowska, & Piotrowski, 2016). In fact, this manner of coping appears to be more common than reaching out to colleagues, peers, superiors, or family members. In part, alcohol may be a preferred coping strategy for officers because police organizations and police culture do not promote or encourage reaching out to others for help (Frank et al., 2017; Lone et al., 2018; Pastwa-Wojciechowska, & Piotrowski, 2016).

According to Pastwa-Wojciechowska and Piotrowski (2016), multiple contributing factors must be taken into consideration when discussing police officer's response, reaction, and coping methods (adaptive and maladaptive skills) used to process stress. Contributing risk factors to stressors experienced by police officers should be assessed on an individual basis (Pastwa-Wojciechowska, & Piotrowski, 2016).

According to Violanti et al., (2016), these stressful encounters and incidents that take place while on the job tend to follow the police officer home. These incidents can trigger an increased level of emotional, psychological, and physiological stimuli that can cloud the judgments and responses when deciding what form of coping mechanism to use.

Additionally, lack of experience to address the emotional, psychological, and physiological needs can affect the relationships of those surrounding the officers who are in need of assistance (Pastwa-Wojciechowska, & Piotrowski, 2016). As discussed earlier, one of those responses may be violence or excessive use of force. However, the demands of the organization and police culture will supersede the need for mental health, coping strategies, or professional help despite the perceived stressors, trauma, and



maladaptive coping methods such as alcohol abuse. Also, the organizational requirements and cultural expectations will take its toll, resulting in further destructive and adverse outcomes (Pastwa-Wojciechowska, & Piotrowski, 2016). Inevitably, the decision to consume alcoholic beverages is one of the primary coping methods used when dealing with stressful events. Alcohol consumption is an aid used to cope but it is a short-term fix and further contributes to a feeling of isolation, helplessness, and hopelessness (Merrill & Thomas, 2014). Violanti et al. (2016) described feelings of despair as one of the predicting factors in the development of suicidal ideation and the act of suicide (Violanti et al., 2016). Baqutayan (2015) suggested that past researchers formulated and developed four separate categories that are used to identify how individuals choose to cope with stress. First, is when individuals contest the realities of what they have experienced and its importance to their health. Second, is the ability to leave stress and escape the facts of what is occurring during the incident. Third, the ability to seek social connection with colleagues, peers, and families to help reduce distress. Finally, the fourth is the category is to learn to adapt and accept the stress as a normal part of the environment (Baqutayan, 2015). Consequently, if choosing and adjusting to stressors encountered with a maladaptive approach, the method becomes a norm. Therefore, the individual will position themselves in a constant state of emotional strain that will place them in direct risk of the psychological and physical outcome.

Conversely, Baqutayan (2015) also placed emphasis on the notion that a lot of people that experience stress may not be aware of its daily adverse influence. Therefore, the author recommended that persons in high-stress situations should consider and

employ an adequate combination of some form of problem-focused or emotional-focused coping approach to establish a sense of stability and wellbeing. Moreover, departments should incorporate the use of professional therapy and mental health programs that can help guide the individual in duress to use coping methods that are tailored to their individual psychological and emotional needs (Baqtayan, 2015). Chronic stress is at a high level among police officers. Maladaptive coping mechanisms may result in the officer using questionable actions, excessive force, and destructive and aggressive behaviors. Maladaptive coping may include alcohol or drug use as ways of coping that may lead to even more adverse consequences such as mental health problems and long-term health issues (Anshel, 2016). According to Anshel (2016), three assumptions provide the foundation of stress. First, acute stress, contributes to the officer's frame of mind at the time of a stressful incident, in which they behave and think differently. Second, chronic stress syndrome, which is an ongoing condition that affects the officer's psychological and physical state by fundamentally compromising their body's immune system. Finally, there is burnout, which has contributed to a series of events such as lack of motivation, poor job performance, increased absenteeism, increased isolation, lack of sleep, reduced enjoyment of daily activities, and an overall reduction of an officer's loyalty and commitment to the organization (Anshel, 2016). More importantly, Anshel (2016) discussed police officers' self-esteem and its direct association with their ability to manage and cope with intense traumatic incidents. Anshel (2016) explained that officers with self-confidence were able to utilize effective and adaptive coping methods and demonstrated an ability to assess and process perceived stress (Anshel, 2016).

The goal for mental health training is to positively increase an individual's ability to control stressors without using maladaptive coping methods such as self-harm, risky behaviors which may include addictions, use of violence on the job, and aggression towards loved ones. Pagon et al. (2011) noted that obtaining control over accumulative occupational stressors will enable individuals to determine a sense of success in their place of employment (Pagon et al., 2011). Pagon et al. (2011) conducted a comparative study to examine sources of stress among police department managers and managers in other professions that have a professional affiliation to police agencies. Pagon et al. (2011) posited that the findings indicated an increase in the level of self-control when coping with a stressful situation or incident aided in reducing related job stressors.

Police officer's mental health complications are in most instances a result of violent encounters, traumatic incidents, and daily pressures of the organization. Police culture might explain destructive behavior such as excessive consumption of alcoholic beverages. Organizational stressors such as lack of support from colleagues, peers, and supervisors, and low morale from ineffective administrators may contribute to officer stress. In addition, twelve-hour shifts, internal affairs investigations, and a perceived sense of loss of control are areas that require further research for a more comprehensive understanding of police organization and cultural pressures and stressors (Pastwa-Wojciechowska, & Piotrowski, 2016; Violanti et al., 2016).

**Organizational pressure and stigma.** Police officers are trained during the infancy of their careers to maintain their emotions. Police officers understand throughout their career that losing control of their ability to remain stoic and emotionless can

jeopardize their development and growth. Losing emotional control may appear as a weakness of disposition and cause them to lose their ability to maintain order, compliance, and authority (Kirschman, 2007; Levenson, 2007). Corrigan, Druss, and Perlick (2014) articulated the stigma as being recognized as vulnerable and the fear of being labeled as a result of seeking mental health.

Karaffa and Koch (2016) noted that self-stigma is the catalyst as a result of peer influence. However, public stigma stems from perceived social norms, outlooks, and perceptions that are believed to be true, therefore applying it to individuals that fit that mold (Karaffa & Koch, 2016). Karaffa and Koch (2016) conducted a study to assess the attitudes of police officers towards other police members that sought mental health assistance. As expected, the study findings indicated that the public and self-stigma had a direct negative correlation to attitudes that were associated with help-seeking attitudes. In this context, as individuals, we tend to resonate and share common positions related to social norms both in the public or self-stigma. However, Karaffa and Koch (2016) suggested that police officers may be more likely to engage in mental health programs, resources, and intervention if negative perceptions about self-stigmatizing attitudes were encouraging and promoting beliefs (Karaffa & Koch, 2016). Pasciak and Kelly (2013) and Page and Jacobs (2011) acknowledged that seeking peer support as a primary coping method among police officers provides a direct correlation with police organization and operation sources of stressors. Laverson (2007) recommended that for an organization such as police departments should consider employing guidelines to educate police officers about the effects of psychological effects of work-related stressors. Also, police

departments should consider educating police officers about the steps and instructions to maintain and upkeep with available resources and interventions that encourages and a supporting culture amongst members of a police agency. Consequently, this ideology is a work in progress; Chan (2007) and Creamer et al. (2012) both acknowledged that prior research discussed the police officers' fears of employer repercussions, such as denial of promotions and assignments to specialized units like the SWAT department based on perceived mental health conditions. This is a clear indication that administration can directly influence police culture and organization to help reduce the stigma attached to mental health.

**Alcohol use.** Per Biggs et al. (2014), police officers appear to avoid showing any signs of weakness and/or mental health problems. Thereby, police officers instead hide from their police family and organizations, instead of seeking help. Thereby, losing control, struggling, or losing their competitive edge (Biggs et al., 2014). However, most officers will suffer some form of psychological injury at one time or another (Kirschman, 2015), Chopko et al. (2013) noted that without proper training and support from superiors and peers, police officers will internalize their mental health conditions and resort to utilizing an array of coping methods. The authors conducted a study that assessed the relationship between stress and alcohol consumption amongst police officers by performing several regression analyses. The conclusion of the study was that 77.5% of the participants had reported did use excessive use of alcohol consumption for coping methods. Subsequently, the conclusion of the author's analysis demonstrated a

significant association between increased alcohol consumptions and occupational related stressors (Chopko et al., 2013).

To further add to this topic, Leino, Eskelinen, Summala, and Virtanen (2011) analyzed the associations between escalated alcohol consumption, and exposure to trauma and violence while on the job. Leino et al. (2011) suggested that exposure to violence, minimal or lack of training in coping mechanisms, insufficient departmental resources, and occupational/organizational support presented a direct association to increase consumption of alcohol amongst its members. Therefore, continued training and mandatory interventions can help with teaching adaptive coping skills.

**Suicidal ideation.** Data on the prevalence or frequency of police officer suicide are complicated and challenging to obtain. Armitage (2017) explained that police officers are well known for shying away from mental health resources and services under a wide range of situations. This further state that police officers have a misconception about what psychotherapy is and how it can hurt their professional image. Therefore, implied that seeking mental health help subtly informs the employer that they are unable to be police officers (Armitage, 2017). Badge of Life (2018) is an organization that is dedicated to supporting and providing professional support with an attempt to preserve the life of police officers from maladaptive coping mechanisms such as suicide. Approximately 100 police officers lose their lives through self-inflicted injury each year (Badge of Life, 2018). Although police agencies have attempted to use preventive measures and address mental health to prevent suicide through departmental policies, strategies, and programs, this problem continues to persist. Within police culture and

organization, officers do not openly discuss their issues (work-related or personal), nor will they address stress, assaults, bullying, depression, traumatic experiences, sleep deprivation, and suicidal thoughts with anyone out of fear and stigma that cultivates police organizations (Hartley et al., 2014).

Stanley, Hom, and Joiner (2016) conducted systematic literature review of 63 scientific, quantitative studies that examined data collected from first responders' organizations. The authors placed specific emphases on occupation-related stressors and extreme exposures that may postulate and increase risk factors for mental health morbidities such as PTSD, depression, alcohol abuse, and suicidal ideation and behaviors (Stanley et al., 2016). Also, the authors further examined the inherent dangers and stressors and the risk factors that were unique to the first responder's occupational culture, where solidarity, camaraderie, and pre-employment, screening can directly and indirectly elevate and hinder the development or maintenance of mental health problems among this specific- population (Stanley et al., 2016). The analyses indicated a well-documented potency of PTSD among all first responder organizations, specifically police officers. Furthermore, first, responders have a higher chance of risk for suicide (Stanley et al., 2016). The authors concluded that programs and resources that are tailored specifically for each occupation must consider the uniqueness of the culture and its members to reduce and prevent suicidal behaviors designed to their individual needs. Bishopp & Boots (2014) examined how occupational strains and exposure to violence encountered mentally and physically while on the job predicate suicidal thoughts. They determined that exposure to violence proved to positively associate with suicidal thoughts

and behaviors among the police officers. Also, the researchers demonstrated that job-strain experienced by police officers increased maladaptive coping ideations (Bishopp & Boots, 2014).

As stated above, the literature demonstrated the stigma, prejudicial, and discrimination of police officers who may be or may not be aware of their mental illness problems, adding to the burden of police culture and organization. Therefore, further contributing to erratic behavior, lowered self-esteem, quality of health, quality of life and affecting possibilities career development. Accordingly, when examining or studying police conduct, outlook, perspective, behavior, contributing risk factors and stressors, reaction and response to strains on and off the job researchers should not dismiss the importance of the role of lack of organization support and how policy ambiguities may prohibit the discovery of critical data that can be used to strengthen or restore officer safety, mental resilience, physical wellbeing, and job retention.

### **Conclusion**

The literature review for this research provided a foundation for this study. Researchers have demonstrated that police organizations and culture have specific rules, beliefs, and norms. Based on this literature review, officers see lack of support and high organizational demands as being one of the primary sources of occupational stress (Andersen et al., 2015; Hartley et al., 2014; Leppma et al., 2017; Violanti et al., 2016). Lazarus and Folkman's (1984) cognitive appraisal theory suggests individual interpretation and perceived cause of stress is directly related to the individual's respective organization and culture. The literature review further indicated that stress is



common among police culture and organization. With a large membership among police agencies, one can foresee that coping mechanism and the level of self-efficacy can vary from one officer to the next. Therefore, when police officers negate programs and resources for proper guided interventions causing or indirectly promoting maladaptive coping skills that hinder ones psychological, emotional, and physiological wellbeing (de Terte et al., 2014; Kaur et al., 2013; Steinkopf et al., 2015; Violanti et al., 2013).

Nevertheless, the literature review provided confirmation of gaps in existing research with respect to the need of examining the administrative and organizational pressures and its relationship to depression, PTSD, and suicidal ideation. The need for further analysis can aid in developing, designing, implementing, and enforcing intervention programs and resources that address administrative and organizational pressures and stressors (Armitage, 2017; de Terte et al., 2014; Kaur et al., 2013; Steinkopf et al., 2015; Violanti et al., 2013).

Cognitive appraisal theory will be advantageous in this research as it will provide a theoretical perspective in understanding police culture and organization and how officers interpret, identify, and respond to stressors by ultimately selecting a coping method. Additionally, this theoretical lens will provide determinants associated with cognition, biology, and behaviors/attitudes exhibited during a stressful event and the pivotal role they play in how police officers identify and respond under the umbrella of police organizational culture and administrative pressures. The results of this study can expand on the body of knowledge relevant to administrative and organizational pressures and its relationship to depressions, PTSD, and suicidal thoughts. Moreover, the results of

this study will provide an understanding as to the use of maladaptive and adaptive coping methods that officers choose to use during stressful situations and/or circumstances rather than the resources that may be available. Scientific data can help provide this population with useful intervention strategies that incorporate police culture and organization as its platform for intervention that can be maintained and used without stigma and/or negative consequences.

Chapter 3 will provide a delineation of instrumentation, rationale, and methodology design. In addition, information related to threats to validity, operationalization of constructs, and data analysis that will be discussing and connecting existing gaps in literature will be provided.

## Chapter 3: Research Method

### **Introduction**

Chapter 3 includes an overview of the research method used for this study. In this chapter, I examine the demographic setting, methodology, recruitment, participation process, data collection (both primary and secondary), and data analysis for this study. The purpose of this quantitative study was to examine the relationship between symptoms of depression and stressors in law enforcement. I used cognitive appraisal theory (Lazarus & Folkman, 1984) as the theoretical framework for my investigation. Cognitive appraisal theory provides a framework for understanding how organizational stressors may impact thinking which ultimately may impact mood (Lazarus & Folkman, 1984). This study contributes to and builds on past research conducted by scholars such as Frank et al. (2017), Willis and Mastrofski (2017), and Pastwa-Wojciechowska and Piotrowski (2016), who have studied police officer stress as it relates to the organization but not the relationship between these organizational stressors and symptoms of depression.

### **Research Design and Rationale**

This research incorporated archival data from a larger study and involved use of a quantitative research design. The focus of this study was on determining if a relationship exists between symptoms of depression as measured by the PP and work-related stress as measured by the PP (Price-Sharps, 2013). The dependent variable was work-related stress. The independent variable was symptoms of depression. A quantitative research design was the most appropriate design because I sought to determine whether a

relationship between the two variables was significant. Although significance does not provide proof of causality, it does provide information about whether a relationship between variables exists (Creswell, 2014).

I analyzed survey data gathered by the National Police Suicide Foundation for a larger research project. This project is now housed at a nonprofit organization in Central California and is the property of a first-responder psychologist. I received permission to use these data and have provided a written agreement to the Walden Institutional Review Board. The data set was provided in an encrypted format by the nonprofit organization specifically to be used in this dissertation. I stored the encrypted information in a password-protected file that I shared only with my dissertation committee. The data set will be destroyed per the recommended procedures of the American Psychological Association (APA, 2013).

### **Methodology**

In conducting this quantitative study, I sought to understand whether there is a relationship between symptoms of depression and work-related stress as measured by the PP. Data were provided in an encrypted file. Data were initially collected by the National Police Suicide Foundation in conjunction with a professor from another university. The data used for this study represents only a segment of the overall data set. Participants for this study were originally attending a training on police officer suicide and were given the opportunity by the National Police Suicide Foundation to participate in the study.

### **Population**

The target population for this study was police professionals who attended training on police suicide provided by the National Police Suicide Foundation. Participants were law enforcement officers from multiple departments across the United States. All participants were over the age of 18.

### **Sampling and Sampling Procedures**

I used archival data provided by a nonprofit organization located in Central California. I sampled 150 participants from the archival data provided. The data were collected during a training provided by the National Police Suicide Foundation. The participants were from municipal, local, and state, and federal law police agencies throughout the United States. During data collection, participants were informed that participation was strictly voluntary, no identifying information would be collected, and participation would not include any incentives and/or remuneration for their contribution to this study. All participants were over the age of 18. To select participants for this research, I used a systematic probability sampling procedure to select 150 participant responses from a larger participant sample of 664 respondents, resulting in a sample size of 150. For ethical and confidentiality concerns, only my dissertation committee and I had full access to the data set. The data set was stored and will be destroyed in compliance with the American Psychological Association standards and ethical guidelines.

### **Procedures for Recruitment, Participation, and Data Collection**

As noted, I selected the participant sample for this research by using a systematic probability sampling procedure in which I selected every second case until I reached 150

participants. I then entered the data into the SPSS software. A data use agreement was signed by the nonprofit organization and myself (see Appendix). I sought to determine if there is a relationship between symptoms of depression (the independent variable) and work-related stressors (the dependent variable). A statistical analysis was conducted using a simple regression in an SPSS application authorized by Walden University. A probability level of  $p < .05$  was used to determine if the relationship between the variables was significant.

### **Instrumentation and Operationalization of Constructs**

For this study, I used the PP, a 109-item self-report questionnaire designed to identify risk and protective factors amongst police professionals (Price-Sharps, 2013). The PP measures different levels of concerns and problems in various domains that are associated with police officers and other law enforcement professionals (Price-Sharps, 2013). The overall scores on the PP are based on the sums of the risk factor raw scores (Price-Sharps, 2013). The administration time for this instrument is approximately 20 to 40 minutes. This instrument was designed by a licensed psychologist specializing in the treatment of first responders. The symptoms of depression used in the depression scale are based on the symptoms used in the DSM-5 (American Psychiatric Association, 2013) to diagnose depression. The work-related problem scale was developed based on the clinical experience of the first-responder psychologist. The full PP includes domains such as mania, dissociation, family problems, work-related problems, depression, anxiety, aggression, alcohol and substance abuse, and suicidal thoughts (Price-Sharps, 2013). For the purposes of this study, only those questions related to police work-related issues and

depression were used. The independent variable was symptoms of depression as measured by PP concentrating on the 19 questions within the depression domain (DD). This scale pertains to quality of life, hopelessness, irritability, ability to concentrate, sleep patterns, weight loss or gains, isolation, memory impairment, and energy level (Price-Sharp, 2013). The dependent variables were taken from the work-related stress score. This scale includes 19 questions that concentrate on work related issues such as administrative issues, dreading workplace, and police culture. PP has strong face validity (Price-Sharp, 2013). The scales are based on a combination of the author's clinical experience and the symptoms of disorders as outlined in the DSM 5 (American Psychiatric Association, 2013) Authorization and permission were required from Dr. Price-Sharp for the use of PP instrument. Power Portfolio (1997) access has been granted for this project.

### **Data Analysis Plan**

To adequately examine whether a relationship between symptoms of depression and stressors in law enforcement exists among police officers, I conducted a simple regression for each research question, where the score on the symptoms of depression scale was the independent variable and work-related stress scale items was the dependent variable. The independent variable is symptoms of depression as experienced or perceived by the police officers and as measured by the Power Portfolio. Three regression analyses were conducted to better understand the relationship between symptoms of depression as measured by the PP and the following dependent variables which include, work-related problems, work-related punishments, and feelings about

returning to work. The SPSS software (IBM SPSS Statistics version 21; IBM Corp., 2012) courtesy of Walden University was used to perform the statistical analysis for this study. For each item on the Power Portfolio survey, participants' symptoms of depression and work-related stress was rated from 0 to 3 (i.e., 0= No symptoms and 3= Severe symptoms experienced). The RQs and hypotheses for the study follow.

RQ1: Is a police officer's score on the overall scale score of Depression on the PP related to their overall score on Work-related Problems on the PP?

*H<sub>01</sub>*: There is no relationship between the police officer's score on the PP and their overall score on Work-related Problems on the PP.

*H<sub>11</sub>*: A relationship exists between a police officer's score on the PP and on the Work-related PP.

RQ2: Is a police officer's score on the Depression scale on the PP related to their overall score on the questions of Work-related Punishments?

*H<sub>02</sub>*: There is no relationship between a police officer's score on the PP related to their overall score on the questions of Work-related Punishments.

*H<sub>12</sub>*: A relationship exists between a police officer's score on the PP and their overall score on questions of Work-related Punishments.

RQ3: Is a police officer's score on the Depression scale on the PP related to the response to the question about how they feel about going to work on the PP?

*H<sub>03</sub>*: There is no relationship between a police officer's score on the Depression scale on the PP and their overall score on how they feel about going to work on the PP.



*H*<sub>13</sub>: A relationship exists between a police officer's score on Depression scale on the PP and their overall score on how they feel about going to work on the PP.

### **Threats to Validity**

Creswell (2014) discussed the importance of the researcher taking responsibility in explaining the step-by-step process that they must take to validate their data's accuracy and credibility. As with any scientific study, Creswell (2014) described that the findings of the research are useful to the extent that it is accurate and confidently analyzed and interpreted. Subsequently, two aspects of the threats to validity that exist are identified as internal and external validities. Therefore, the researcher is responsible for explaining the threats noted and recognized. In this study, significant consideration will be given to the changes in the independent variable which are related to the dependent variable.

Violanti and Aron (1995) discuss one internal threat to validity that may alter the analyses of the data. whether or not the participant (i.e., police officer) would be forthcoming with their answers regarding departmental police practices, such as; their true feelings about how they actually feel about lack of administrative support, and disciplinary actions (Violanti & Aron, 1995). One of the logical explanations provided as to why a participant will choose to alter their answer on the survey is the fear as to how the results may impact their careers. Since this data was collected by the National Police Suicide Foundation, which is not related to any department and no identifying data was collected by the Foundation, the officer's anonymity is protected. Therefore, officers may feel safer answering the questions in a forthright manner.

## **Ethical Procedures**

According to Creswell (2014), researchers should be prepared to encounter potential ethical issues and problems that may surface before the allocation of data (Creswell, 2014). As he stated, "authenticity and credibility" (p. 92) do not only protect participants from unprofessional ethical choices, decisions, and practices but also the integrity of the research (Creswell, 2014). Participant anonymity was maintained in this study. Notably, as discussed earlier in this paper, police organization and culture do not encourage, promote, and support discussions regarding police officer mental health, organizational and administrative operations, and internal matters pertaining to police work. The data provided does not include any identifying data and was stored in an encrypted file only accessible to the researcher and the researcher's committee. The data will be destroyed in accordance and compliance with American Psychological Association standards. Encryption and numerical coding of each protocol further ensured participants' confidentiality.

## **Summary**

This quantitative correlational research determines if there is a relationship between symptoms of depression and three constructs of work-related stress as measured on the Power Portfolio. The data is archival in nature and is part of a larger study conducted in conjunction with the National Police Suicide Foundation. The data was provided by a non-profit organization in Central California to the researcher for the purpose of analysis.

Chapter three discussed the research questions, the research design, research method, research procedure, participant selection, data collection, addressing potential ethical dilemmas, and participant anonymity and confidentiality. The individual perceptions of work-related stress experienced by police officers was examined by using the Lazarus and Folkman's (1984) Cognitive Appraisal Theory. Chapter 4 will present this research study, including an overview of the researcher's data collection, analysis, and results.

## Chapter 4: Results

### Introduction

I designed this study to determine if there is a relationship between symptoms of depression and three constructs of the PP survey (Price-Sharps, 2013), specifically administrative and organizational pressures, physical and psychological threats, and lack of support. The independent variable was symptoms of depression as measured by the PP. The dependent variables were administrative and organizational pressures, physical and psychological threats, and lack of support as measured by the PP work-related problems domain.

Researchers have shown that policing is a dangerous occupation (Baughman et al., 2017). Researchers have also demonstrated that police officers are aware of the physical dangers and perils of their profession (see Baughman et al., 2017; Biggs et al., 2014). Yet, they have not examined whether officers really understand the mental health risks that they encounter as a result of organizational stressors (Baughman et al., 2017; Biggs et al., 2014). In addition, very little research has been conducted to address the relationship between depression symptoms and work-related problems (Baughman et al., 2017). The goal of this study was to address the gap in the literature about police officer mental health and work-related issues.

The RQs and the hypotheses for the study were as follows:

RQ1: Is a police officer's score on the overall scale score of Depression on the PP related to their overall score on Work-Related problems on the PP?

*H*<sub>01</sub>: There is no relationship between the police officer's score on the PP and their overall score on Work-related Problems on the PP.

*H*<sub>11</sub>: A relationship exists between a police officer's score on the PP and on the Work-related PP.

RQ2: Is a police officer's score on the Depression scale on the PP related to their overall score on the questions of Work-related Punishments?

*H*<sub>02</sub>: There is no relationship between a police officer's score on the PP related to their overall score on the questions of Work-related Punishments.

*H*<sub>12</sub>: A relationship exists between a police officer's score on the PP and their overall score on questions of Work-related Punishments.

RQ3: Is a police officer's score on the Depression scale on the PP related to the response to the question about how they feel about going to work on the PP?

*H*<sub>03</sub>: There is no relationship between a police officer's score on the Depression scale on the PP and their overall score on how they feel about going to work on the PP.

*H*<sub>13</sub>: A relationship exists between a police officer's score on Depression scale on the PP and their overall score on how they feel about going to work on the PP.

Chapter 4 provides information on the archival data analysis process.

Furthermore, Chapter 4 provides the data analysis results associated with the research findings. The chapter concludes with a summary of key points.

## Data Collection

The data used in this study was archival in nature. I received permission from the nonprofit organization to use the data; a formal data agreement was signed by organizational representatives and myself. The participants consisted of officers employed by local, state, and federal law enforcement agencies throughout the United States. The data were originally collected for the Sierra Education and Research Institute (SERI) in collaboration with the National Police Foundation for a previous study conducted by Dr. Price-Sharps examining suicide ideation/attempts and factors contributing to family and job stressors (Price-Sharps, 2013).

The archival data consisted of 664 participants. However, I created a subsample consisting of only 150 respondents. I input the full data set into the SPSS software and selected the participants by using a systematic probability sampling procedure wherein every odd numbered case was selected until the sample of 150 participants was achieved. The PP is a 109-item self-report questionnaire designed to identify risk and protective factors amongst police professionals (Price-Sharps, 2013). The PP measures different levels of concerns and problems in various domains that are associated with police officers and other law enforcement professionals (Price-Sharps, 2013).

This instrument was designed by a licensed psychologist specializing in the treatment of first responders. The symptoms of depression used in the depression scale are based on the symptoms used in the DSM-5 (American Psychiatric Association, 2013) to diagnose depression. The work-related problem scale was developed based on the clinical experience of the first-responder psychologist (Price-Sharps, 2013). Of the total

number of participants ( $N = 150$ ), statistics are based on cases with no missing values for any variables used. Descriptive statistics also include the means and standard deviations for the following variables: Work-Place Problems (PP:  $M = 41.61$ ,  $SD = 9.87$ ), Work-Place Punishment ( $M = 1.92$ ,  $SD = .764$ ), and feelings about returning to work ( $M = 2.62$ ,  $SD = .920$ ).

### **Demographics**

A demographics survey was included in this questionnaire that contained the age of the participant, the number of years employed as a police officer, the rank official of the officers, whether officers had received formal mental health treatment, and whether they had received stress management training. The data used in this study was archival; therefore, the exact candidate demographics such as sex and other specific data were unknown.

### **Results**

Several assumptions had to be met to ensure valid results and justify the findings of this study. The assumptions included the following: (a) linearity and additivity relationship between the independent and dependent index scores were normally distributed for police participants, (b) selected cases represented a sample of police populations, (c) the overall score on the PP index were independent of each other, and (d) the variances of the work-related stress scores were equal. Preliminary analyses were performed to ensure there was no violation of the assumption of normality and linearity. I thereby confirmed that there was no evidence to suggest that these assumptions were violated. I utilized a variable-focused approach and simple linear regression and an

ANOVA to measure the relationship between symptoms of depression, workplace problems, workplace punishment, and feelings about returning to work.

**RQ1: Does a Police Officer’s Score on the Overall Scale Score of Depression on the PP Predict Their Overall Score on Work-Related Problems on the PP?**

A simple linear regression was conducted with work-related problems as the criterion variable and depression as the predictor. A significant regression equation was found ( $F(1,148) = 105.361, p = .000$ ), with an  $R^2$  of .412 which means 41.2 % of the variance in depressive symptoms can be explained by participants’ work-related problems. Therefore, a relationship exists between a police officer’s score on the PP and the work-related PP. Notably, in this study, the PP scale demonstrated officers’ work-related problems as it is associated with stressors encountered on the job (e.g., exposure to traumatic events, violence and threats to one’s safety, assignment to shift work, demands of the organization, lack of support from supervisors, and stigma associated with citizen encounters) in a manner that their job influenced their overall mental health and well-being. Table 1 includes the model summary and ANOVA data for RQ1.

Table 1

*Model Summary/ANOVA Question 1*

<u>Model summary</u>			
<i>R</i>	<i>R</i> <sup>2</sup>	Adjusted <i>R</i> <sup>2</sup>	<i>SEM</i>
.645 <sup>a</sup>	.416	.412	11.73991
<u>ANOVA</u>			



	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Regression	14521.412	1	14521.412	105.3611	.000 <sup>b</sup>
Residual	20398.161	148	137.825		
Total	34919.573	149			

<sup>a</sup> Dependent Variable: WorkProblems <sup>b</sup> Predictors: (Constant), Depression.

### **RQ2: Does a Police Officer's Score on the Depression Scale on the PP Predict Their Overall Score on the Questions of Work-Related Punishments on the PP?**

A simple linear regression was conducted with work-related punishment as the criterion variable and depression as the predictor. A significant regression equation was found ( $F(1,148) = 34.247, p = .000$ ), with an  $R^2$  of .196 which means that 19.6 % of the variance in depressive symptoms can be explained by participants' work-related problems. Therefore, a relationship exists between a police officer's overall score on the depression scale and Work-related Punishments. The results of this hypothesis indicated that work-related punishments presented a direct association to stressors experienced by officers when dealing with leadership and supervision, dealing with inconsistency in administration, accountability and other facets of organizational demands associated with their profession.

Table 2

#### *Model Summary/ANOVA Question 2*

<b>Model Summary<sup>b</sup></b>				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.448 <sup>a</sup>	.201	.196	1.52893

a. Predictors: (Constant), Depression

b. Dependent Variable: Q33WorkPunishments

		ANOVA <sup>a</sup>				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	87.070	1	87.070	37.247	.000 <sup>b</sup>
	Residual	345.970	148	2.338		
	Total	433.040	149			

a. Dependent Variable: Q33WorkPunishments

**RQ3: Does a Police Officer's Score on the Depression Scale on the PP Predict the Response to the Question About How They Feel About Going to Work on the PP?**

A simple linear regression was conducted with feelings about going to work as the criterion variable and depression as the predictor. A significant regression equation was found ( $F(1,148) = 59.270, p = .000$ ), with an  $R^2$  of .281 which means that 28.1 % of the variance in depressive symptoms can be explained by participants work-related problems. Therefore, a relationship exists between a police officer's overall score on Depression scale on the PP and their overall score on how they feel about going to work on the PP. The results of this hypothesis indicated that work-related problems presented a direct association to stressors experienced by officers (i.e., exposure to the bureaucracy of leadership and supervision, dealing with co-workers, inconsistency in administration, accountability and other facets of organizational demands associated with the profession) in a manner that influenced their overall level of stress and wellbeing.

Table 3

*Model Summary/ANOVA Question 3*

**Model Summary<sup>b</sup>**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.535 <sup>a</sup>	.286	.281	1.45921

- a. Predictors: (Constant), Depression  
b. Dependent Variable: Q9WorkIrritable

ANOVA <sup>a</sup>							
Model		Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	126.203	1	126.203	59.270	.000 <sup>b</sup>	
	Residual	315.137	148	2.129			
	Total	441.340	149				

- a. Dependent Variable: Q9WorkIrritable  
b. Predictors: (Constant), Depression

### Summary

Results of a simple regression used to predict whether the independent variable depression was related to work-related problems, work-related punishments, and the overall score of how they felt about their work as police officers were significant for research questions one, two, and three. This result supported the hypothesis that there is more than one risk factor that contributes to trauma within police culture. Moreover, workgroup, individual, and organizational stressors or/and risk factors can lead to the development of symptoms of depression or PTSD among police officers who experienced or/and encountered traumatic events or incidents on the job as a result of organizational/administrative pressures, punishments, and personal feelings about their position. The results of this study vocalized the effect of a fast-paced and unpredictable nature of the police occupation; police officers encounter organizational/administrative demands with added stressors that accumulatively can develop into maladaptive coping mechanisms and skills. Based on the exposure, police officers are required to make life

and death decisions within seconds, leaving them with no time to identify and respond to stress. A simple regression analysis indicated that the null hypotheses for research questions one, two, and three could be rejected as the findings were significant. This simple linear regression determined that depression there is a relationship between symptoms of depression and three constructs of the Power Portfolio survey, specifically administrative and organizational pressures, physical and psychological threats, and lack of support. The interpretation of the findings from this research are included in Chapter 5 along with study limitations, recommendations, and implications for this research.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

As discussed in Chapter 2, the police organization/administration and culture has specific stressors that are directly linked to occupation, and operational stressors have been found to affect the longevity and physical and mental well-being of police officers (Violanti et al., 2013). Therefore, law enforcement situational environments, both internal and external, can reduce a police officer's life expectancy. Violanti et al. (2013) noted that the potential for loss of a police officer's life is approximately 21 times higher than that for individuals employed in other sectors. Moreover, Brandl and Smith (2013) posited that police officers' risk factors and police-specific occupational stressors predicated maladaptive coping skills among police officers, thereby encouraging particular dysfunctional outlooks, attitudes, and habits that can deteriorate officers' long-term mental and physical well-being. As a result of the stressful atmosphere of police administration/organization and culture, there is a need to understand the relationship between work-related problems, and its association to depression, PTSD, and suicidal ideation. Understanding the level of the stress response may help mental health practitioners to formulate adaptive coping skills and strategies for officers to better manage their stress (Steinkopf et al., 2015).

The purpose of this quantitative research study was to evaluate the relationship between the variables of depression symptoms and work-related problems (administration/organizational stressors). Researchers in the past have discussed the impact of operational stressors among police officers attributable to on-the-job stressors

resulting from constant exposure to traumatic and critical incident calls (see Andersen et al., 2015; Hartley et al., 2014; Leppma et al., 2017; Violanti et al., 2016). Additionally, they have found the threat of violence from unpredictable civilians as well as the administrative/organizational and cultural stressors to be directly associated with lack of support from superiors and colleagues (see Brodie & Eppler, 2012; Noblet et al., 2009). Hence, the exposures witnessed and experienced can negate or discourage the use of adaptive coping strategies by those officers who are unprepared emotionally and psychologically to correctly process and respond to their stressors due to lack of resources, access to stress management interventions, and training (Ma et al., 2015; Powell et al., 2014). The goal of this study was to understand if the specific factors had a direct association with depression among police officers. Furthermore, I sought to identify those contributing factors that are the most significant and use this knowledge to offer recommendations for adaptive coping strategies that can be used by officers. An additional goal of this study was to contribute to the body of scientific knowledge regarding police organization/administration and culture. This study revealed that there is a significant relationship between depression and work-related stress as identified by domains of PP.

As discussed in Chapter 2, most researchers agree that police occupations come with a series of inherent dangers and risks and specific job stressors (Biggs et al., 2014; Ma et al., 2015; Russell, 2014). In this study, I found that work-related stressors were related to symptoms of depression. These work-related factors included stressors experienced by police officers such as perceived lack of organizational/ administrative

support, fear of reprisal or retribution by supervisors/leaders, and overall work-related stress.

### **Interpretation of the Findings**

The goal of this study was to fill the gap in understanding the relationship between symptoms of depression and three constructs of the PP survey (Price-Sharp, 2013), specifically administrative and organizational pressures, physical and psychological threats, and lack of support. Furthermore, I sought to consider the impact of ignored or undetected mental health among police culture. In this study, work-related stressors and its influence on symptoms of depression among police culture were consistent with findings of Violanti et al. (2016), Hartley et al. (2014), and Leppma et al. (2017). Police organization and culture values the concept of loyalty towards the police inner circle, according to researchers (Hartley et al. 2014, Violanti et al., 2016). It appears that an unwritten rule of loyalty is an obligation to promote positive images within the organization and culture (Violanti et al., 2016). The results of this study indicated that police officers who experience more symptoms of depression also endorsed higher levels of stress about work-related stress, specifically work-related problems and lack of organizational/administrative support. De Terte et al. (2014) noted that, with consistent encounters with various operational and organizational stressors, police officers will resort to maladaptive coping strategies, attitudes, and behaviors that are interrelated with lack of interventions. These officers continue using self-harm coping mechanisms with adverse mental and physical effects that could be deterred with proper response and training (De Terte et al., 2014).

The results of this study also support past research in relation to three common sources of stressors recognized and identified by police officers, notably, organizational stressors (work-related problems), operational stress (incident and traumatic calls), and personal stressors (peer and family related stressors) (Duran, Woodhams, & Bishop, 2019). I used Lazarus and Folkman's (1984) theory of cognitive appraisal to reveal the role police organization/administrative culture, environmental factors, appraisal, and cognitive processing played in how police officers responded to work-related punishment. The research questions and associated hypotheses successfully predicated the data and the analysis process.

The first research question for this study was, Is a police officer's score on the overall scale score of depression on the PP related to their overall score on Work-Related Problems on the PP? Based on the regression analysis, there is a significant relationship between symptoms of depression and work-related problems as measured by the PP. The findings of this study confirmed the significant association between depression and organizational pressures among the police culture. The results also align with past research in supporting police culture and a high amount of risk and contributing risk factors such as daily encounters with aggression, toxic and traumatic exposure, depression, and chronic stressful incidents, calls, and other factors which can result in the impairment of the police officers' emotional, psychological, and physical well-being (Craun et al., 2014; Jenkins et al., 2018; O'Hara et al., 2013).

The second research question for this study was, Is a police officer's score on the Depression scale on the PP related to their overall score on the questions of Work-



Related Punishments? Based on the regression analysis, there is a significant relationship between symptoms of depression and work-related punishments as measured by the PP. Like any occupation, stress associated with work-related punishments resulting from physical, emotional, and psychological hazards can have a direct relationship to depressive symptoms (see Jenkins et al., 2018). The findings indicated that officers might not be aware of their psychological state and various emotions experienced as a result of traumatic situations, their environmental conditions, and/or police culture practices (Schneiderman et al., 2005).

The third research question was, Does a police officer's score on the Depression scale on the PP relate to their response to the question about how they feel about going to work on the PP? The results indicated that there was a significant association on the overall score of depression scale and how officers feel about going to work. Therefore, the results demonstrated the importance and the need for police agencies to provide organizational/administrative support geared to encourage officers to seek emotional and psychological assistance. How police officers perceive the openness of police culture as it pertains to mental health can determine the future path of police officer resilience, adaptive coping mechanisms, and strategies to utilize when addressing depressive symptoms, PTSD, or suicidal ideations.

### **Strengths and Limitations of the Study**

One strength of this study was the reduction of experimenter bias and expectancy effects. A limitation of this archival data was that the data was collected during training on police officer suicide. This sample may not be representative of officers throughout

the United States. The training was not mandatory, so only officers who were interested in the training attended. Also, the data included questions about the emotional state and work-related stress, so officers may have been hesitant to be forthcoming in their responses. The data was collected during training by a trainer for a non-profit organization. Officers responded during their breaks, so participants may have been reluctant to respond honestly with other officers nearby. Nevertheless, this study had to rely on the forthcoming and trustworthiness of the participants to gain factual responses. Therefore, limitations regarding data collection may have involved under- or over-reporting results, meaning response rates may limit the ability to generalize results.

Despite the limitations, some valuable information was gained from this research study. The recognition that police officers are susceptible to and suffer from clinical and severe mental health disorders as a result of accumulative stressors is profound and noteworthy. Officers can be given the tools and resources to learn to be more resilient when encountering concerns on and off duty. Early interventions can save lives.

### **Recommendations**

Kuo (2014) stated that the success of policing organizations was heavily maintained by reliable knowledge and understanding of stressors as it pertains to the organization, operation, and the ability to manage their impact on the performance and the overall wellbeing of police officers. Much of the focus of recent researchers has been an attempt to promote, encourage, and alleviate the detrimental effects of mental health as a result of stressors experienced by police officers. Some officers are resilient and better able to withstand the setbacks, while others are more susceptible to experience

symptoms of depression and self-harming coping strategies. Given the findings of this study, initiating a supporting and encouraging environment can lead to improving open dialogue and communication as it pertains to policies and regulations when addressing mental health among officers.

Violanti et al. (2016) informed us that by addressing contributing risk factors among police organizations and culture, scientific findings could aid in bringing awareness to officers impaired psychosocial wellbeing, and poor physical health. As indicated earlier in this study, the stigma associated with mental health and seeking treatment can be a significant barrier among police organization and culture (Stanley et al., 2016). The findings of this study have the potential to impact police officers' attitudes and beliefs about choosing an adaptive coping strategy or seeking clinical help. This study's findings also provided a direct association between administrative/organizational pressures and its contribution to police officer's mental health and their choice of maladaptive coping attitudes and behaviors. Consequently, officer's mental health and lack of support influence the level of operational and occupational flow and stress amongst members of its culture. It is recommended that policing organization take a proactive measure by introducing training courses as it pertains to recognizing symptoms of depression, and/or psychological trauma signs. Furthermore, it is recommended that the organizations also enable resources that are confidential and readily available to officers seeking professional mental health treatment. Moreover, police organization could promote and encourage activities that enable officers to speak about calls or cases that were difficult to address alone. When viewing these adjustments through a cognitive

appraisal theory lens, officers identify, interpret, respond, and cope based on their past practices, personal observations, attitudes towards resources, and options that may be available to them at the time of the incident. This study demonstrates that officers are not all the same, that police officer's perception and understanding of police organization and culture can have a substantial impact on the coping strategies they may choose to use. Therefore, mental health cases among officers should be treated as individual cases and treatment or training should be provided that is tailored to their needs.

### **Recommendation for Further Research**

Future research into work-related stress and symptoms of depression is recommended in order to expand the understanding of how organizational/administrative support may impact overall officer mental health. Research should also focus on the development of effective policies and procedures that can affect an officer's decision to seek professional help without the additional stress and stigma associated with acknowledgment and reporting mental health issues among the police culture. Furthermore, research must be conducted on how maladaptive coping mechanisms used by officers can influence the level of occupational stress among officers. Police officers and their agencies are essential to their communities. Therefore, it is important to learn how officers develop coping skills when encountering traumatic incidents and situations and the interrelations with how officers appraise and subsequently respond to the stress experienced on and off duty. This study aligned with past research findings that officers' maladaptive coping skills can lead to adverse behaviors, i.e., alcohol and substance

abuse, suicide ideations, and death (Bowler et al., 2013; Chopko et al., 2013; Miller, 2007; Stanley et al. 2016).

### **Implications**

As noted in Chapter 1, a career in policing is not for everyone or every type of personality. This daily encounter of negativity and violence is experienced and witnessed by those directly in the police organization and culture. The stress from the job and outside risk factors associated with such negativity from the public can result in police officers spiraling emotionally, psychologically, and physically (Willis & Mastrofski, 2016). As noted in chapter 2, Schneiderman et al. (2005) pointed out that the origin of stress is because of a response to a stressor and an environmental condition. As a result, the development of stress results in maladaptive strategies in cognitive, biological, learned behavior and past practice. Consequently, those impetuous interactions could occur among the police culture if police officers rely on the appraisal of environmental factors, instinctive emotions, and learned experiences to formulate their decisions (Ma et al., 2015). Moreover, Violanti et al. (2013) found that the potential for police officers' loss of life is twenty-one percent higher than members of the public. More importantly, past research articulated the importance of acknowledging and protecting the overall wellbeing of police officers.

Positive social change can occur when mental health is no longer stigmatized. Positive social change can also occur when police officers can speak about their traumatic exposures and difficulties with their leaders openly and without reprisal. Furthermore, positive social change can occur when officers are given the tools and

resources to learn to be resilient. Positive social change can also happen when police organization and culture acknowledge and recognize that effectively managing occupational stressors, cooperating with their officers, and engaging in prosocial behaviors may mitigate the effects of the negative association with seeking help attitudes.

This study contributes to positive social change and endorses positive social change within the police organization and culture by demonstrating the importance of leaders, administrators, and policy makers to acknowledge the influence of police organizational stress and the need for mandatory interventions tailored to meet the need of individual police officers. By doing so, this research is sending an important message to police leaders and organization/administrators that being proactive encourages promoting their ability to mediate emotions, strengthen interpersonal relations, and empower officers with the ability to take control of their crises when encountered without? unpredictable and distressing acts of human conduct. Psychologists who are treating officers need to be aware of how work stress influences an officer's mental health, including symptoms of depression. Assisting the officer to incorporate healthy coping strategies that reduce responses to work-related stress may assist the officers to cope more successfully and reduce mental health issues. In addition, police psychologists who consult with police agencies may assist agencies in developing regulations, training, and protocols that reduce work-related stress and improve the relationship between line personnel and administrative personnel.

## **Conclusion**

Police culture is militaristic in nature with a complexity of standards, obligations, and assigned duties with various community encounters. These unpredictable and distressing acts of human conduct and behavior can evoke strong emotions resulting in long term mental health problems in police officers (Powell et al., 2014; Ma et al., 2015). Violanti et al. (2013) noted that stress related to operational and organizational stressors is one of many contributing and accumulative factors that directly influences the longevity and physical, emotional, and psychological wellbeing of officers. The findings of this study may encourage police organizations to identify early signs of stressors, encourage communications and discussions surrounding mental health, and promote positive intervention and programs, all of which are important steps toward educating and influencing a culture that has been practicing negative coping strategies as a result of past beliefs and outlook. It is hoped this study will encourage further research in this area and aid in interventions designed for in maintaining the emotional and psychological wellbeing of police officers.

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## Appendix: Data Use Agreement

Instructions: Tailor the yellow highlighted sections and remove this red section before having the letter signed.

### Program/Initiative Oversight and Data Use Agreement

**Partner Site:** *Sierra Education and Research Institute*

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**Date:** 06/25/2019

***Parisa Tiana Mash Student ID # A00-148-256***, is involved in the [dissertation process of completing here requirement of PhD in Psychology at Walden University. initiative which will be conducted under our organization's supervision within the scope of our standard operations. We understand that ***Parisa Tiana Mash*** seeks to write about a quantitative study is to determine if there is a relationship between symptoms of depression and three constructs of Violanti's police stress survey, specifically administrative and organizational pressures, physical and psychological threats, and lack of support. The independent variable will be symptoms of depression as measured by the Personal Observation Wellness and Evaluation report – Power Portfolio (PP). The dependent variable is work-related stress. This is to be completed as part of a doctoral project for Walden University. To this end, we agree to share a de-identified dataset with the student for doctoral project purposes, as described below.

I understand that the student will not be naming our organization in the doctoral project report that is published in ProQuest.

The Walden University Institutional Review Board (IRB) will be responsible for ensuring that the student's published doctoral project meets the university's ethical standards regarding data confidentiality (outlined below). All other aspects of the implementation and evaluation of the initiative are the responsibility of the student, within her role as our employee.

The doctoral student will be given access to a Limited Data Set ("LDS") for use in the doctoral project according via the ethical standards outlined below.

This Data Use Agreement ("Agreement"), effective as of Enter **June 11, 2019** is entered into by and between Miss. **Parisa Tiana Mash** ("Data Recipient") and **Sierra**

**Education and Research Institute** ("Data Provider"). The purpose of this Agreement is to provide Data Recipient with access to a Limited Data Set ("LDS") for use in the doctoral project **in accord with laws and regulations of the governing bodies associated with the Data Provider, Data Recipient, and Data Recipient's educational program**. In the case of a discrepancy among laws, the agreement shall follow whichever law is stricter.

1. Definitions. *Unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for purposes of the "HIPAA Regulations" codified at Title 45 parts 160 through 164 of the United States Code of Federal Regulations, as amended from time to time.*
2. Preparation of the LDS. *Data Provider shall prepare and furnish to Data Recipient a LDS in accord with any applicable HIPAA or FERPA Regulations*
3. Data Fields in the LDS. *No direct identifiers such as names may be included in the Limited Data Set (LDS). In preparing the LDS, Data Provider or shall include the data fields specified as follows, which are the minimum necessary to accomplish the doctoral project: [Doctoral student must list all the datapoints essential to the project that will be released by the partner site. Example: gender, SAT scores, and high school GPA for every student in ABC program Note that no portion of this italicized section may be modified.]*
4. Responsibilities of Data Recipient. *Data Recipient agrees to:*
  - a. *Use or disclose the LDS only as permitted by this Agreement or as required by law;*
  - b. *Use appropriate safeguards to prevent use or disclosure of the LDS other than as permitted by this Agreement or required by law;*
  - c. *Report to Data Provider any use or disclosure of the LDS of which it becomes aware that is not permitted by this Agreement or required by law;*
  - d. *Require any of its subcontractors or agents that receive or have access to the LDS to agree to the same restrictions and conditions on the use and/or disclosure of the LDS that apply to Data Recipient under this Agreement; and*
  - e. *Not use the information in the LDS to identify or contact the individuals who are data subjects.*
5. Permitted Uses and Disclosures of the LDS. *Data Recipient may use and/or disclose the LDS for the present project activities only.*

6. Term and Termination.

- a. Term. The term of this Agreement shall commence as of the Effective Date and shall continue for so long as Data Recipient retains the LDS, unless sooner terminated as set forth in this Agreement.
- b. Termination by Data Recipient. Data Recipient may terminate this agreement at any time by notifying the Data Provider and returning or destroying the LDS.
- c. Termination by Data Provider. Data Provider may terminate this agreement at any time by providing thirty (30) days prior written notice to Data Recipient.
- d. For Breach. Data Provider shall provide written notice to Data Recipient within ten (10) days of any determination that Data Recipient has breached a material term of this Agreement. Data Provider shall afford Data Recipient an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to agree on mutually agreeable terms for cure within thirty (30) days shall be grounds for the immediate termination of this Agreement by Data Provider.
- e. Effect of Termination. Sections 1, 4, 5, 6(e) and 7 of this Agreement shall survive any termination of this Agreement under subsections c or d.

7. Miscellaneous.

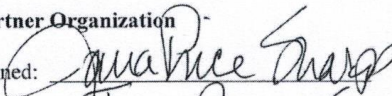
- a. Change in Law. The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section 6.
- b. Construction of Terms. The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding the HIPAA Regulations.
- c. No Third-Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- d. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.



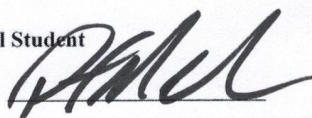
e. Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

**Partner Organization**

Signed:   
Print Name: Dana PRICE-Sharp  
Print Title: President

**Doctoral Student**

Signed:   
Print Name: Parisa T Mash  
Print Title: Researcher