

## QUALITY OF LIFE IN POLICE OFFICERS: WHAT IS KNOWN AND PROPOSALS

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*Studies on Quality of Life (QOL) in police officers and the factors that are determinant for its improvement are relevant for expanding the scope of action of psychology in this area. The following paper explores the advances in the knowledge on QOL in police officers; the QOL associated or predictor variables, the measuring instruments used, and the proposals published for QOL improvement. A non-systematic review was conducted on studies published in PubMed, ISI Web of Knowledge, and ISOC Social Sciences and Humanities data bases. The review concludes that QOL studies in police officers worldwide are scarce, and in Spain are non-existent. Variables that are found to be predictive and/or associated with QOL in police officers are: organizational and operational stressors, exposure to disasters, the degree to which a disaster is perceived as traumatic, personality traits, stress coping styles, depression, and having a physical illness. It is necessary to consider the construct of subjective QOL; most studies have focused on health-related QOL. The proposals published emphasize the diagnosis and reduction of organizational stressors in order to improve QOL in police officers, in addition to considering individual interventions. Suggestions for future studies are made.*

**Key words:** Quality of life, Police officers, Stressors, Measure, Review.

*Estudios sobre la Calidad de Vida (CV) en policías y los factores que son determinantes para su mejora, son relevantes para ampliar la actuación de la psicología policial. El siguiente trabajo explora los avances en el conocimiento de CV en policías; sobre las variables asociadas o pronósticas de la CV, los instrumentos de medición utilizados, y sobre propuestas realizadas para mejorar la CV. Se realiza una revisión no sistemática de estudios publicados en las bases de datos PubMed, ISI Web of Knowledge, e ISOC de Ciencias Sociales y Humanidades. Se muestra que los estudios de CV en policías a nivel internacional son escasos, y en el ámbito español inexistentes. Entre las variables pronósticas o asociadas a la CV están los estresores organizacionales y operacionales del trabajo, la exposición a desastres, la percepción de lo traumático del desastre, los rasgos de personalidad, estilos de afrontamiento del estrés, la depresión, y padecer una enfermedad física. Es necesario considerar el constructo de CV subjetiva; la mayoría de los estudios se enfocan en CV relacionada con la salud. Las propuestas enfatizan el diagnosticar y aminorar los estresores organizacionales, además de considerar intervenciones individuales. Se sugieren algunos estudios relevantes a realizar.*

**Palabras clave:** Calidad de vida, Oficiales de policía, Estresores, Medición, Revisión.

In Spain, the Forces and Corps responsible for National Security are composed of the National Police Corps, which is an armed institution of a civil nature, the Civil Guard, which is an armed institution with military status, Autonomous Police and Local Police, which depend on Autonomous Communities and Town Halls, respectively (Organic Law 2/1986; Romero and Urrea, 2010).

Police work tends to be considered as stressful and dangerous given its exposure to confrontation, violence and traumatic incidents, including the possibility of being injured or dying (Chen et al. 2006). Among the activities carried out by the police are those of reporting

infractions, detaining delinquents and enforcing the law. They spend a great deal of their time on assistential activities and conflict resolution among individuals or in the community (Martin, 1992; Reiss, 1971). The police attend to both real and imaginary risks that are inherent in the profession, which cause stress and suffering (Gershon, Lin and Li, 2002; Lipp, 1996). Along with this, certain aspects of the work, such as high demand and/or low control, shift work and frequent contact with citizens, is the reason why this occupation is defined as "high stress" (Gershon, Lin & Li, 2002). The population's expectations of having an efficient, integral police force also contribute to professional stress (Collins & Gibbs, 2003; Newman & Rucker-Reed, 2004).

Work stress produces physical and mental problems that are highly related to work incapacity; incapacity is related to lower quality of life (QOL); and people with lower QOL

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are less likely to return to work (Pattani, Constantinovici & Williams, 2004). Ravindran et al. (2002) show that high stress situations contribute to the apparition of depressive disorder and that this is accompanied by a notable reduction in QOL. For this reason, evaluating QOL may be advantageous and QOL answers may be used to evaluate mental health (Cass, Volk & Nease, 1999).

Police activity can be expected to be performed by psychologically stable individuals who behave according to positive attitudes toward society and their own work, allowing them in this way to cope with stressful, emotional or high-risk situations using the best possible decision making processes (Yagüe, 1994). Therefore, it is relevant and necessary to take police officers' mental health and quality of life into consideration in relation to their work and not only in the selection process to enter the police force.

Among the objectives of the psychological function in Law Enforcement in Spain, we find: teaching officers those psychological techniques that will help them function more effectively in their work, providing police personnel a better QOL and technical-professional assistance, and reducing work absenteeism (Yagüe, 1994). Thus, conducting studies that provide knowledge regarding quality of life in police officers and the factors that are determinant for its improvement or deterioration is relevant for amplifying and perfecting the sphere of action of police psychology.

In the area of health, the World Health Organization (WHO) defines QOL as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns"; defines quality of life as the state of complete physical, mental and social well-being not merely the absence of disease (Bonomi, Patrick, Bushnell, & Martin, 2000; Velarde-Jurado & Avila-Figueroa, 2002).

At present, in Spain there is a lack of studies that specifically consider the quality of life construct. This absence exists even though "the improvement of quality of life" of police officers has been considered to be an important factor in the area of police psychology (Yagüe, 1994). A possible cause for this is that there is scarce tradition of incorporating psychologists into the police sphere, and that the training and selection of professionals are the main activities carried out (Romero & Urra, 2010; Soria, 1994). Studies conducted in Spain have focused on psychological assessment (Pacheco,

2004); the *burnout* syndrome (Durán, Stangeland, & Montalbán, 2006; Gil-Monte, 2004); occupational and organizational stressors (Torres, 2002); and emotional intelligence (López, Acosta, García, & Fumero, 2006).

In this paper a nonsystematic review of studies on quality of life in police officers that are indexed in PubMed, the ISI Web of Knowledge, and ISOC of Social Sciences and Humanities is conducted. The objective is to explore the advances in the knowledge regarding quality of life in police officers, the associated or prognostic variables of quality of life, the measurement instruments used and the proposals offered to be applied in the police sphere with the objective of improving quality of life.

### STUDIES ON QUALITY OF LIFE IN POLICE OFFICERS

In order to retrieve the documents indexed in the data bases, the search terms "quality of life" and "police" were used, and those that used the quality of life construct as a response or independent variable. The bibliographical search was performed during the month of August in 2010. All the retrieved studies were included. The studies are summarized in Table 1.

Most studies have focused on measuring health-related quality of life (HRQOL). Health-related quality of life is based on the use of questionnaires that help quantify health problems in an effective manner (Gill & Feinstein, 1994; Testa & Simonson, 1996), at a physical, mental level and its repercussion on individual functioning. It determines subjective health in terms of biopsychosocial well-being and deficits (Slotje et al. 2007).

Among the questionnaires utilized in these studies we find: the *World Health Organization Quality of Life Instrument (WHOQOL-Brief)* (da Silva Lima, Fleck, Pechansky, de Boni, & Sukop, 2005; *World Health Organization, 1993*), published by the World Health Organization and validated in diverse countries, which measures physical health, psychological health, social relationships and environment; the *Short Form-36 (SF-36)* (Ware & Gandek, 1994), which measures physical health, general health, bodily pain, limitations in daily life, social functioning and vitality; and the *12-Item Short-Form Health Survey (SF-12)* (Jenkinson et al. 1997; Ware, Kosinski, & Keller, 1996), an abbreviated version of the SF-36 that equally includes physical and mental health dimensions estimating health-related functions.

Only two published studies consider a quality of life construct different from HRQOL. Among these, the study by Lipp (2009) conducted in Brazil, which uses the



Quality of Life Inventory (QLI) (Lipp & Rocha, 1995) and measures quality of life according to the presence or absence of problems in four areas: professional, health, social and affective and the study by Hart et al. (1995) carried out in Australia, which considers perceived Quality of Life (PQOL) measured through diverse indicators.

**Prognostic or associated variables**

**a) Stress**

An association exists between high levels of emotional stress and poor QOL (M. E. Lipp, 2009). Among the stressors related to police work, we can find:

**a.1) Organizational and operational stressors**

The study by Hart et al. (1995) that utilized *The Police Daily Hassles and Uplifts Scales* (Hart, Wearing, & Headey, 1994) shows that work experiences at the organizational level exert a greater influence in determining Perceived Quality of life (PQOL) when

compared to those at the operational level. These results are consistent with increasing scientific evidence which postulates that police organizations are the main source of psychological distress among police officers (Greller, Parsons, & Mitchell, 1992; Violanti & Aron, 1992)..

An important aspect to consider is that of **gender**. De Souza et al. (2007) found that in Brazil, female police officers have been shown to experience a greater proportion of psychological distress, and indicate that it could be due to the need for women to work harder in order to achieve the same professional recognition as men in a predominantly masculine institution (Moraes, Pereira, Souza, & Guzmão, 2001); this effort can generate greater physical and mental exhaustion if they are also in charge of their households and their families.

**a.2) Exposure to disasters**

A study by Slotje et al. (2007) shows that police officers who have worked in *disasters* or *tragedies* are at a

**TABLE 1  
PUBLISHED STUDIES ON QUALITY OF LIFE IN POLICE OFFICERS**

Authors/ Year	Country/ number of police officers	Study topics	Instrument on quality of life utilized
Andrade de Sousa, et al. (2009)	Río de Janeiro, Brazil/ 148	Self-esteem and HRQOL <sup>a</sup>	World Health Organization Quality of Life Instrument (WHOQOL-Bref) (World Health Organization, 1993). Quality of Life Inventory (QLI) (Lipp & Rocha, 1995).
Lipp (2009)	Sao Paulo, Brazil / 418	Stress and QOL <sup>b</sup>	
Kutlu, Civi et al. (2009)	Konya, Turquia/ 492	HRQOL and depression	WHOQOL-BREF.
Slotje, Twisk et al. (2007)	Holland/ 834 police officers reported tasks related to an aircraft disaster; and 634 did not report said tasks	Long-term impact of the aircraft disaster on HRQOL	SF-36 (Ware & Gandek, 1994).
Chen, Chou et al. (2006)	Kaohsiung, Taiwan / 832.	HRQOL and depression.	SF-12 (Ware, Kosinski, & Keller, 1996).
Hart, Wearing et al. (1995)	Australia/ 404	Personality, work-related experiences, and PQOL <sup>c</sup>	Questionnaires that measure cognitive, affective and somatic components: <ul style="list-style-type: none"> <li>✓ Satisfaction With Life scale (SWL) (Diener, Emmons, Larsen, &amp; Griffin, 1985);</li> <li>✓ Scale of Positive and Negative Experiences (SPANE) (Diener &amp; Emmons, 1985);</li> <li>✓ Stress Arousal Checklist (Gotts &amp; Cox, 1988);</li> <li>✓ General Well-Being Questionnaire (GWBQ) (Cox &amp; Gotts, 1990).</li> </ul>

a. HRQOL: Health-Related Quality of Life.  
 b. QOL: Quality of Life.  
 c. PQOL: Perceived Quality of life.



greater risk of having a lower QOL even several years after the event. Their results show a lower QOL eight and a half years after an aviation disaster that occurred in Holland among professional police officers and firefighters who were exposed to the disaster. Specifically, it was significantly lower in the exposed workers' physical area and vitality as compared to non-exposed workers. Among the exposed subjects, a lower HRQOL was observed in individuals who had a close person affected by the disaster – e.g., a friend or relative – and in police officers who offered support to the wounded; therefore, the type of stressful event that one experiences during the disaster has a mediating effect.

*b) Perception of how traumatic an event is*

The above-mentioned study by Slottje et al. (2007) shows that the perception of the degree to which an event is traumatic is a cognitive variable which mediates the effect that the exposition to a disaster has on SQOL. Exposed police officers who perceived the disaster as "the worst" reported a lower SQOL more frequently, compared to those who perceived it "as not so bad".

*c) Personality (Neuroticism vs. Extroversion)*

In the study by Hart et al. (1995), personality characteristics were the determinants with the greatest impact on psychological distress and wellbeing among police officers. *Neuroticism* proved to be a significant predictor of lower PQOL, and although *extroversion* had a positive influence on PQOL, it did not have the same impact as neuroticism. Moreover, neuroticism and extroversion predicted the use of strategies to cope with stress and the types of experiences (problematic or motivating) experienced at work.

*d) Habits or styles of coping with stress*

The study by Hart et al. (1995) shows differences among the styles of coping with stress and their repercussions on QOL and the experience of problematic or motivating events in the work place. In other words, when police officers attempt to cope with stressful work-related experiences focusing their attention on the emotional response (style *focused on emotion*), the most probable result is an increase in problems at work and a decrease in QOL; and on the contrary, if they try to cope with it by managing or dealing directly with the stressful event (style *focused on the problem*), it is more probable that they will experience greater work motivation and an increase in

QOL. However, they stress the importance of knowing the degree to which police officers use each strategy, given that they usually use both strategies in different degrees.

When Chen et al. (2006) showed in their study that those police officers who were over 50 years of age obtained higher QOL scores in the mental health domain, they indicated that it could be due to the fact that experienced officers usually develop better strategies to cope with stress as they grow older and gain more life experience. On the contrary, if they cannot adapt, they tend to change their job or retire early due to chronic stress.

*e) Depression*

Kutlu et al. (2009) show that SQOL is significantly lower among depressed police officers in comparison with non-depressed officers. In addition, Chen et al. (2006) show that non-depressed police officers have greater scores on all SQOL subscales as measured through the SF-12. They point out that it is convenient to identify the best predictors of suffering from depression and which stressor agents are common among depressed officers.

*f) Physical illness*

The study by Chen et al. (2006) shows that those police officers with a physical illness presented lower scores in the mental health domain as measured through the SF-12. This is consistent with previous studies that indicate that physical illness affects QOL both in the physical and mental domains (Surtees, Wainwright, Khaw, & Day, 2003).

## PROPOSALS OFFERED FOR THE IMPROVEMENT OF QOL IN POLICE OFFICERS

Given that stress is related to QOL, the proposals aimed at the amelioration or intervention in work-related stress are believed to improve QOL.

In England, the *Strategy for a Healthy Police Service* (Police Reform, 2002) was published, which sets out a national framework on health and safety, occupational health, welfare and attendance management for the police service. In this framework, Cooper et al. (1996) developed three intervention approaches for stress management in police officers:

a) *Primary prevention: identification and reduction of the stressor.* Modifies or eliminates sources of stress inherent to the work context, due to the organizational structure or culture. It involves initiatives for organizational change.



b) *Secondary prevention: stress management training.* It is based on the individual factors that can alter or modify the way in which employees are exposed to work-related stressors, and on how they perceive or react to them.

c) *Tertiary prevention: counseling and guidance at the work place.* It provides treatment and rehabilitation to police officers who have suffered or currently suffer from a stress-related illness.

On the other hand, Hart et al. (1995) indicate that given that the results of their study highlight how organizational topics are determinant for the psychological wellbeing or PQOL of police officers, they suggest the following: *departments must place greater emphasis on improving organizational health, and that it is convenient to incorporate both organizational psychologists and clinicians* in police departments in order to facilitate an optimal organizational climate.

With respect to the proposals applied to the organizational context, Cooper (2003) indicates that it is important to understand organizational stressors when considering interventions with this aim, and makes reference to seven stressors that have been shown to predict illness at physical or mental levels in a study of 13 occupations (Sparks & Cooper, 1999), with a different combination of the following stressors for each occupation: perception of control at work, professional development, work climate or culture, job position, and work overload, involvement of work in the household, role clarity, and work relations (specially with the supervisor). In Spain, only two studies have documented occupational stressors in the police sphere (Pacheco, 2004; Torres, 2002).

#### FUTURE LINES OF RESEARCH

Based on the foregoing, we suggest the following research lines on the quality of life in police officers:

a) The consideration of the concept of Subjective Quality of Life (SQOL) – synonymous of PQOL – which derives from previous studies and is defined by Rice et al. (1985): PQOL is a group of affective beliefs directed toward the totality of life (global PQOL) and toward specific life domains. “Affect” is defined as a variable psychological state or feeling, and therefore the knowledge of pleasure, happiness, wellbeing or satisfaction (Naylor, Pritchard, & Ilgen, 1980). “Domain” is defined as a life component associated with certain places, things, activities, people, social

roles, or elements of self-concept (Andrews & Withey, 1976); these can be: family, work, friendships, the household, means of transport, self-esteem, free time, financial security, etc.

b) The validation of an instrument that measures SQOL in police officers, that allows the determination of general and specific QOL in different areas of life, considering current satisfaction in each; which areas are predominant or most relevant for QOL; and which are of interest or need to be changed for the improvement of QOL. An ample assessment of self-perceived necessities secures a better QOL (Morales-Manrique, Castellano-Gómez, Valderrama, & Aleixandre-Benavent, 2006; Thornicroft & Tansella, 2005).

c) The standardization and validation of a questionnaire that reflects occupational and organizational stressors in the police field in Spain with the aim of conducting comparative studies at national and international levels. In addition, it could be utilized as an instrument for the systematic detection of occupational and organizational stressors in Spain, in order to improve organizational quality.

d) The exploration and/or analysis of the effect of protective cognitive variables such as, perceptions of risk and ways of coping with stress, on QOL in a Spanish sample. This would allow us to design training programs for stress management and the improvement of culturally adapted QOL.

e) The study of the causes of stability or change of personality characteristics and the ways of coping with stress over time, given that these have been shown to be determinant variables for QOL (Hart, Wearing, & Headey, 1995).

f) The study of the effectiveness of assistential programs and services aimed at providing or improving QOL in police officers.

#### CONCLUSIONS

Studies that consider the quality of life construct in police officers are scarce, and in the Spanish sphere are nonexistent. Among the variables which are prognostic and/or associated with lower QOL, we find the following: work-related organizational and operational stressors with the organization variables exerting a greater effect, the exposure to disasters, the perception of how traumatic the disaster is, personality traits with the neurotic trait exerting a negative effect,, depression, and suffering from a physical illness. Likewise, it is



necessary to consider the HRQOL construct. The proposals offered at an international level emphasize the diagnosis and amelioration of organizational stressors, in addition to individual-level interventions, such as training on how to cope with stress, or treatment. In general lines, carrying out studies that allow us to analyze individual/sociodemographic, occupational and organizational factors associated with QOL improvement or deterioration is deemed/regarded to be necessary using questionnaires developed and/or validated within Spanish populations for this purpose.

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