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**The Social Body of the Police**

Barbara Teresa Waruszynski

A Thesis  
in  
The Department  
of  
Sociology

Presented in Partial Fulfilment of the Requirements  
for the Degree of Master of Arts at  
Concordia University  
Montreal, Quebec, Canada

July 1990

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## ABSTRACT

### The Social Body of the Police

B. T. Waruszynski

This thesis explores the health of the police officer in relation to the police profession. Police work continues to be regarded as one of the most stressful occupations; and as a major consequence, job stress may be partially responsible for the degree of self-construction or self-destruction of the body.

A comparative analysis of two samples of Canadian police officers were examined, focusing on the differential production of the body relative to the role of occupational stress and lifestyle (i.e. nutrition, fitness, substance use, burnout, psychosomatic symptoms and suicide).

The major findings are: police work is regarded as mostly stressful; and the most significant stressors are problems with the public, courts, administration and shiftwork. Officers who evaluate their work as more stressful tend to experience more psychosomatic symptoms (e.g. digestive and lower back problems; unsatisfying sleep). These findings are particularly significant when controlling for lifestyle habits (i.e. eating at fast food restaurants; eating meals from the five food groups; walking/jogging one mile per day; and being injured on the job).



To the health of our dedicated police officers

## ACKNOWLEDGEMENTS

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## INTRODUCTION

Police work is widely regarded as a highly stressful occupation; and job stress may be partially responsible for the degree of self-construction or self-destruction of the body. There is a growing recognition among police administrators that the officers under their command are not super human—that they are affected by their daily exposure to human indecency and pain; that dealing with a suspicious and sometimes hostile public does take its toll on them; and that the shift changes, the long periods of boredom, and the ever-present danger that are part of police work do cause serious job stress (Stratton 1978, 58).

People experience stress individually. "An individual's personality, inherited characteristics and past history; the quality of the interpersonal support inherent in his or her environment; and the nature of the organization in which he or she works" (Adams 1980, 201), all contribute to the ways in which people are able to deal with stress. However, the main concern in this particular research focuses on the latter: how the organization of work affects the worker. Therefore, occupational stress needs to be understood from a social, psychological perspective. Perceptions of work provide valuable information on the worker's point of view. A healthy lifestyle is primarily the responsibility of the individual; although members at the administrative level are also responsible for providing health services for its employees. Corporations like Johnson and Johnson and IBM, for instance, have instituted comprehensive programs of health check-ups and exercise and lifestyle classes for smoking cessation and stress management (Newsweek, November 5, 1984, 96).

From this perspective, then, the social body of the police force produces the physical body of the police officer. The social body of the police force is investigated through officers' lifestyles, especially in their abilities to cope with stress. How officers treat their bodies (e.g. management of stress, nutrition, fitness, substance use, burnout, suicide) portrays the social body of the police.

A comparative analysis of two samples of Canadian police officers will be presented, focusing on the differential production of the body relative to lifestyle habits. The methodology includes survey research and interview data on nutrition, fitness, health, drinking and drug habits, burnout and suicide, and the role of stress which may be responsible for the health and life (and occasionally death) of the police body.

The thesis is divided into the following chapters. Chapter one focuses on the theoretical background on the social body of the police, including occupational stress. This chapter explores some of the problems represented in particularly stressful occupational roles. Chapter two devotes its attention to the police profession, examining several Canadian studies and the stressors inherent in their work.

Chapters three through seven deal with specific health related issues that may be in accordance with one's lifestyle habits and/or a stressful occupation. Chapter three will look at the physical fitness and nutrition of Canadian and American police officers. The main focus is to examine the health of Canadian police officers, and illustrate a few studies conducted on American officers.

Chapter four reviews the overall health and ill-health of officers, including morbidity rates, lifestyle habits such as smoking, sleeping, and occupational health and safety.

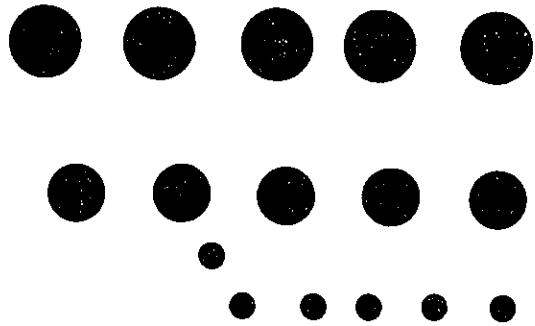
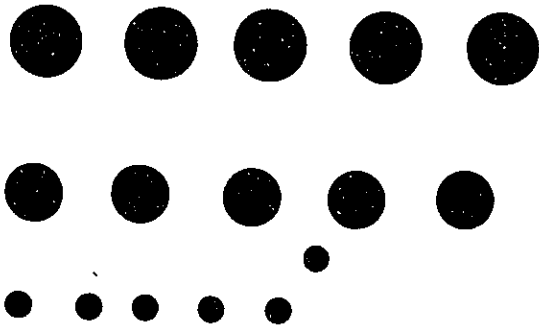
Chapter five investigates substance use and abuse in the police force, focusing on alcohol intake and prescription drugs and the non-medical use of drugs.

Chapter six concentrates on the problem of burnout, and chapter seven on suicide. All the above chapters are explored from a theoretical perspective and include up-to-date Canadian research.

Methodology is described in Chapter eight. The surveys, interviews and demographic characteristics of the three samples in this particular study are set forth in detail.

Chapter nine analyzes the survey and the interview data. The major themes are: desirable and undesirable characteristics of police work; stressors inherent in police work; and lifestyles related to police work: nutrition, fitness, health-ill-health, substance use, burnout and suicide.

Chapter ten puts forward possible recommendations for beneficial employee assistance programs. Many of these recommendations are straight from my surveys and interviews. Thus, we may commence with the social body of the police.



**THE  
SOCIAL BODY  
OF THE POLICE**



The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other (Douglas 1970, 93).

Douglas (1970) has insisted that the physical body and the social body are closely connected: the experience of each "constrains" the experience of the other. However, "bodily experience is also structured through the symbolic category of health" (Crawford 1984,62). Health represents a major social aspect of life which touches each individual and society.

Health, like illness, is a concept grounded in the experiences and concerns of everyday life...thoughts about health easily evoke reflections about the quality of physical, emotional and social existence. Like illness, it is a category of experience that reveals tacit assumptions about individual and social reality....Health provides a means for personal and social evaluation (Crawford 1984,62).

Similarly, the physical body of the police reproduces the social body of the police force. Police work is deemed to be a highly stressful occupation; and as a consequence, job stress may be partially responsible for the degree of self-construction or self-destruction of the body. In essence, the social body of the police force produces the physical body of the police officer. The social body of police officers may be explained in relation to their lifestyles. How officers treat their bodies (e.g. management of stress, nutrition, fitness, substance use) reflects the social body of the police. Thus, the physical body of the officer is socially constructed by the lifestyles of the police force.

Lifestyle is defined by Statistics Canada as: "The aggregation of decisions made by individuals which affect their health and over which they have more or less control" (Abelson et al 1983, 23). This includes habits of nutrition, alcohol use, driving, smoking, sexual relations, exercise and preventive medical care (Lalonde 1974). The Canadian Medical Association (1985) states that "self-destructive behaviour" represents a "major killer" in contemporary society. Lifestyle risks such as smoking, alcohol use and abuse, eating disorders, lack of exercise, inadequate preventive care, etc..., are all representative of self-destructive behaviours. Poor management of stress may also be included with destructive lifestyle habits.

The lifestyle of the police officer affects the physical and emotional/mental states of individuals; but also, occupational stress may be partially responsible for an officer's particular lifestyle habits, positive or negative. "High" occupational stress "implies that an increase in work stressors automatically increases the incidence of various strains (physical, physiological and psychological) that in turn, automatically increase the risk of showing various negative outcomes (divorce, mental illness, alcoholism)" (Burke 1987,39). Stress may be correlated with an individual's lifestyle habits (i.e. eating, drinking, smoking, and other related factors). Somodevilla (1978,21) states:

Police officers have one of the highest rates of divorce of all professions (75 percent); problem-drinking (20 percent); and suicide (6.5 times higher than the average population). Cardiovascular disorders and other health problems are also very frequent, and psychosomatic illnesses in general are rampant in police work. There are many other problems, less obvious and probably less dramatic, that plague a police officer and can contribute to his physical and emotional deterioration.

#### Occupational Health:

Stress and the behavioral consequences of stress are immensely significant, especially for the police. Numerous writers and researchers have explored the concept of stress from various angles—whether it be stress directly related to factors outside one's occupation or those factors directly related to one's career. Hans Selye (1984, 16), the "father of stress", defines the concept of stress as: "a nonspecific response of the body to any demand". Selye (1956; 1984) proposed the "General Adaptation Syndrome" or "biological stress syndrome" to describe the progressive stages of negative stress. Stage 1 represents the "alarm reaction", when the body cannot normally adapt to the stressors and as a result, more stress hormones are secreted. "Resistance" delineates Stage 2, where the body's defense mechanisms are put in motion due to the increased level of resistance to the stressors. Stage 3 depicts "Exhaustion", when bodily resources are exhausted and the individual cannot effectively cope with the stressors. Selye states that if an individual is unable to cope with the stressors surrounding him/her, then "diseases of adaptation" may occur from abnormal bodily functioning. Such diseases involve coronary heart disease, high blood pressure, ulcers, headaches and gastric disorders. Stress may also be defined as: "an adaptive response, mediated by individual characteristics and/or psychological processes, that is a consequence of any external action, situation or event that places special physical

action, situation or even that places special physical and/or psychological demands upon a person" (Ivancevich and Matteson 1980, 8-9).

One theory of occupational stress is the person-environment fit model (French, Rogers and Cobb 1974). According to this model, there may exist a lack of fit between a person and her immediate environment when the individual's needs are not fulfilled, thereby creating stress. This approach makes a distinction between objective fit, which is the degree of fit between the work environment as it exists and the person as she really is, and subjective fit, which is the result of how the person perceives her objective environment and how she perceives herself (Matteson and Ivancevich 1987, 115). This subjective fit or lack of fit is the major cause of stress. There are two aspects which the model explores: (1) does work provide rewards in accordance with one's needs?; and (2) do the employee's qualifications meet the requirements of the job?

Role theory, as proposed by Kahn and Quinn (1970), emphasizes the role of stress and its impact on the individual in his/her particular role. Stress arises when there are inconsistencies between an individual's expectations and his/her ability to meet the demands of his/her role.

Moreover, occupational stress continues to be researched because a large portion of our day is spent at work. Not all stress is negative because stress may elicit positive results for some individuals (i.e. eustress). However, most studies reveal that occupational stress, especially police stress, delineates negative stress (i.e. distress). Negative stress may lead to increased smoking, alcohol and drug abuse, burnout and suicide. Suskind (1987) notes that stressors may lead to medical complaints such as nervousness, irritability, sleeping problems, skin problems, gastrointestinal disorders, cardiovascular heart disease, respiratory problems and eating disorders. Ulcers and high blood pressure may also be linked to high stress. An officer who undergoes negative stress may not be able to perform successfully as a police official. Excessive absenteeism, disability and premature retirement compensation, and high replacement costs for disabled officers all direct resources away from effective crime prevention and law enforcement activities (Goolkasian, Geddes and De Jong 1987, 1-2).

Work stress research has typically included both work environment and lifestyle variables (Burke 1987, 29). Therefore, occupational stress may have a profound impact on one's particular lifestyle - which in turn may contribute to illness, disease and death. Research indicates that "biological,

psychological and sociological factors (including personal, lifestyle and environmental factors) are intertwined in the incidence of physical, emotional and mental health and ill health" (Synnott 1988, 21). Moreover, among the conditions or factors of life frequently associated with illness is a large component of psychological or social stress (Katz 1967,5). Thus, job stress may be a major contributor to ill-health.

Several studies continue to reveal that there exists a relationship between occupational stress and ill-health. For instance, French and Caplan (1972) conducted a study on the organizational stress of individuals from the NASA Goddard Space Flight Center. They discovered that administrators experienced more stress at work than scientists and engineers. Compared to the latter two, administrators had increased pulse rates, systolic blood pressure and consumed more cigarettes. The researchers perceived higher levels of responsibility for others to be the key stressful factor affecting coronary heart disease risk in administrators.

In addition, House (1974) examined the "effects of occupational stress on physical health"; and discovered in his study (1972) that men between the ages of 42 and 65, who were dissatisfied with their present jobs had higher risks of contracting heart disease (due to high blood pressure, cholesterol and blood sugar, and obesity). Low-self-esteem was also an indicator of higher heart disease risk factors for this particular age group (42 - 65).

The socio-cultural patterns of stress in a Canadian organization were examined by Howard (1984). Out of 10,000 employees, 2131 people participated in the study. One of the main focuses of the study was to determine the differences in stress reactions in conjunction with psychosomatic health problems. Emotional distress, medication use, cardiovascular, gastrointestinal and allergy-respiratory represent five major health factors pertinent to the study. In reference to emotional distress, "insomnia" (24%), "restlessness and agitation" (21.2%), "fatigue" (19.1%), "work adversely affects health" (16.2%), and "irritability" (13.2%) delineate the first five most reported distress symptoms. In terms of socio-cultural differences in stress-reporting, emotional distress was the highest for French-Canadians, for the younger age group, for women, and decreased as education increased. Although there were low reportings of cardiovascular symptoms (e.g. present high blood pressure = 6.2%; heart condition = 3.1% [past], 1.9% [present]), gastrointestinal symptoms such as "digestion problems" (11.3%) represented an

important health factor. Gastrointestinal symptoms were indicative of English Canadians, and increased as the level of education increased (age and sex had little effects).

The "long-term risk of illness" is associated with stress according to Conway, Vickers, Ward and Rahe (1981). Behaviours, such as smoking cigarettes, coffee drinking, drug use and overeating may be linked with high stress, and may in turn contribute enormously to an individual's health. For instance, cigarette smoking is regarded as a nervous habit associated with stress (Schachter et al 1977, Schachter et al 1977). Moreover, a study conducted on 34 U.S. Navy Petty officers reveals that "habitual cigarette smoking and coffee drinking are positively associated with chronic tendencies to perceive high stress" (Conway et al 1981, 158-159). Thus, cigarette smoking and coffee drinking were linked to occupational stress. However, these researchers also reveal that alcohol consumption was inversely related to job stress. In other words, as job stress increased, alcohol use decreased. Parker and Brody (1982) also report that alcohol-related problems were not due to job stress. Similarly, Fennell, Rodin and Kantor (1981) discovered from their survey on workers that job stress had no major effect on alcohol consumption.

Harris and Fennell (1988) examined job stress and alcohol use in 261 employees from two white-collar firms. These researchers reveal that the link between job stress and alcohol consumption is brought about by one's beliefs in using alcohol to relieve stress. Individuals who believe that alcohol helps them to deal with job stress will consume alcohol in greater quantities when faced with job stress, than employees who do not believe that alcohol helps them deal with job stress (Harris and Fennell 1988, 401). Beech, Burns and Sheffield (1982) also acknowledge that present-day lifestyles are highly stressful and may contribute to "decreased productivity, frustration, disease" and "early mortality". Thus, cardiovascular heart disease, ulcers, digestive disorders, lower-back problems and emotional illnesses all represent major consequences of occupational stress.

Moreover, Friedman and Rosenman (1974) identified the Type-A personality, which continues to be supported by several researchers reporting the negative consequences associated with Type-A people. Type-A people exhibit high-risk, coronary-prone behaviours, and are two to three times more likely to develop coronary heart disease than are their low-risk, Type-B counterparts (Sargent 1980, 85).

Thus, Type-As are opposite of Type-Bs. People with Type-A personalities tend to work long

hours, and are meticulous at whatever they do. They are rarely ever relaxed, and also try to take hold of authority and responsibilities. They are constantly in a rush and many times, impatient. They have problems with interpersonal relationships, concealing their emotions. Their focus is on themselves: how much they could do; how much better they could do it. They also have a more difficult time in managing aggressive feelings.

Suffice it to say, not all Type-A behaviour individuals are at a high risk of developing heart disease. There are those who may be at a higher risk level than another. However, a combination of factors (e.g. medical reports, life history, lifestyle habits and psychological assessments) need to be examined more closely before putting forward any correlations between Type-A behaviour and coronary heart disease.

In work settings, the Type-A behaviour pattern has been associated with increased occupational demands such as role overload, longer working hours, greater role conflict and heavier work loads (Burke 1984, 261). Burke (1984) conducted his study on approximately 100 individuals from two senior administrative positions within the Probation/Parole/Aftercare functions within a single government department from one Canadian province. Some of the findings regarding Type-As represented the following: individuals were young and ambitious; individuals experienced more quantitative overload, increased stress in communication, and more stress from working conditions; individuals were less likely to be smokers, but for those who smoked, they smoked more cigarettes per day; drank fewer cups of coffee per day; engaged in less physical exercise; and were more pounds overweight. Out of 22 health symptoms, Type-As were less likely to have experienced arteriosclerosis and heart attack. Burke and Weir (1980) also discovered that Type-As were not associated with emotional or physical health problems. Only those individuals who were 45-years-old and older experienced emotional and physical health problems.

It is sometimes very difficult to conclude that Type-As are more prone to emotional and/or physical health problems than Type-Bs. Indeed, the majority of the population may be found somewhere in between the two types.

To conclude, there exists a relationship between work stress and psychosomatic symptoms. There are other stressors, particularly family-related, that may contribute to a stressful lifestyle.

However, the primary concern in this research focuses on the relationship between occupational stress and the body of the worker.

**• POLICE STRESS • • • • •**

**A WORKPLACE  
PERSPECTIVE**



For me, the stress is situated when there is pressure: management versus officers; when an arrogant citizen files a complaint against me; when the meals are irregular. (Male officer; 30's)

In recent years, researchers have concerned themselves with the physiological and behavioral consequences of occupational stress. It is well-documented that police work is a stressful occupation - where pressures emerge from external factors, internal factors, task-related factors and individual factors. Terry (1981) clarifies these factors: "external stressors" include negative assessments of the criminal justice system, particularly the leniency of the courts, and in designating appointments for court appearances; and the resentment of the public's negative assessment of the police. "Internal stressors" include organizational problems (e.g. inadequate training; poor equipment; insufficient pay; paperwork overload and "offensive" departmental policies, to name a few). "Task-related stressors" include role conflict, changing shifts, constant exposure to danger and to the "brutalities of life", and work overload. "Individual or personal stressors" include job satisfaction, success, health problems, drug abuse, alcoholism, marital problems, divorce and suicide. All of these stressors combined have both direct and indirect effects on the individual police officer.

The "psychological repercussions of police work" were examined by Dr. Pierre DuBois (1975) for the Montreal Urban Community Policemen's Brotherhood. DuBois, an industrial psychologist, conducted a group interview with 10 Montreal policemen. These officers were all constables chosen at random, and had at least two years of experience in patrol duty. Some of the findings represent the following:

1. Shiftwork: The shiftwork system interfered with one's life, especially for those officers who were married and had children. For example, domestic troubles are more frequent among police officers than people in the general population. The shiftwork system is largely held responsible.
2. Dangerous calls, known as "special" calls, create great tension and stress, especially among older officers.
3. Officers undergo tension when they come into contact with the public. Officers experience moments of humiliation when they become targets for insults and "aggressive remarks".

4. Officers who have taken part in court matters have experienced a great deal of frustration and humiliation.
5. Serious incidents (e.g. fatalities; violent disputes) have a profound impact on officers to the point that it is very difficult to leave the job at work. Most officers do not discuss their experiences and feelings regarding their work with their families. Most discussions regarding police work are with other officers.
6. Officers feel that they are constantly being analyzed by the public and their superiors.
7. Officers have to enforce laws even if they do not agree with them.
8. Officers undergo difficulties when trying to resolve problems that involve complete knowledge of the civil code.
9. Officers may easily experience psychological and/or psychosomatic "distresses" (e.g. haemorrhoids, stomach ulcers and other stomach-related problems).

DuBois (1975) also reported the following results based on 292 officers surveyed on patrol duty:

1. Officers look for ways of relaxing and getting away from the day-to-day work activities. For instance, physical exercise, sports and other activities directly related to police work were of primary interest to the officers.
2. More than 48% of the officers expressed that their work continues to preoccupy them at home.
3. More than 58% of the sample experience tension or anxiety during the course of their workday.
4. Although officers are mainly satisfied with their tasks, they feel frustrated when they do not receive the deserved recognition for a job well done.
5. Single policemen (bachelors) are in better mental health than married officers. Married policemen experience more family-related problems, anxiety and express greater dissatisfaction at work.
6. Officers who have a higher level of education experience better psychological health than those with less education. However, the former express greater dissatisfaction

- with their work than the latter.
7. Officers with fewer years of service express better mental health than those with more years of service.
  8. Officers who have undergone accidents in the line of duty have poorer mental health than those who never had any accidents. Those who have been involved in accidents also revealed more problems with tension, anxiety and stomach ailments.

The 10 principal physical problems reported by police officers, according to Dubois (1975), were as follows:

1. Problems in falling asleep (12%).
2. Being nervous and tense (63%). This was associated with difficulties in falling asleep, gastric problems, heart palpitations, dizzy spells and constant weariness.
3. Gastric-related problems (43%).
4. Getting up for work.
5. Concern about being injured in the course of duty (29%).
6. Headaches.
7. Hands becoming shaky in tense situations.
8. Hands becoming moist in tense situations.
9. Being concerned with one's health.
10. Being easily awakened from sleep.

Kroes, Margolis and Hurrell, Jr. (1974) discovered that several significant job stressors are indicative of policemen from the city of Cincinnati. Courts, administration, equipment, community relations and shiftwork were most profound job stressors for the 100 Cincinnati policemen interviewed.

In reference to the courts, Kroes et al (1974) reveal that more than 50% of officers felt that the courts do not exhibit any consideration when scheduling court appearances (e.g. working a midnight shift and attending court all day the following day). In examining administrative stressors, police officers displayed negative attitudes toward the administration's policies and procedures; and felt that there is

a lack of administrative support. Moreover, equipment was inadequate (i.e. there was a lack of equipment or in need of repairs); and community relations was the last major stressor where - (1) there exists a lack of public support, and (2) police officers have a negative image. Finally, changing shifts proved to be important because it interfered with sleeping and eating habits, and also disrupted family life.

Breen and Vulcano (1982) submitted a study on police stress in Canada to the Solicitor General of Canada. Based on 571 police officers (R.C.M.P.- "D" Division: Manitoba and Northwestern Ontario), the major stressors reported were: "administrative decisions": bureaucratic rule within the force (94.2% stressful; 45.2% very stressful); transfer system (91.6 stressful; 45.4% very stressful); negative relations with supervisors and negative feedback (84.9% stressful; 31.6% very stressful); and promotion procedure (79.3% stressful; 22.1% very stressful). Other stress factors intrinsic to police work were: restricted social and personal life (87% stressful; 30.8% very stressful); negative relations with the community (84.9% stressful; 25.1% very stressful); court decisions (84.2% stressful; 32.9% very stressful); shiftwork (78.8% stressful; 25.2% very stressful); and "unpleasant and/or boring duties" (e.g. deaths, guarding prisoners, paperwork) (76% stressful; 10% very stressful). Two other stressors were: negative working relations with colleagues (79.2% stressful; 25.6% very stressful); and "pay rates" (48% stressful; 3% very stressful). However, in terms of overall job satisfaction, 82% were happy with their employment. In reference to pay/financial security, 87% were satisfied with their salaries.

Another study was conducted by Wexler and Logan (1983) who examined the sources of stress among 25 female police officers from a large, urban police department in California. The most common stressors for these policewomen were: negative attitudes of male officers, adequacy of training, exposure to tragedy and trouble, group blame and rumours. In reference to negative attitudes of male officers, 80% of the respondents admitted to being harassed. The most frequent comment was "the department doesn't want women". Those most often occurring were questions about the women's sexual orientation, latent anti-women comments, and refusal to talk to women (Wexler and Logan 1983, 48).

In Quebec, a study entitled "Etude de Principaux Risques Pour le Sante et la Securite des Policiers" was conducted by Arsenault, Dolan and Van Ameringen for l'Association paritaire pour la sante et la securite du travail secteur affaires municipales (APSAM). Arsenault et al (1987) examined

the primary risks involved in the health and safety of 61 provincial and municipal police officers in Quebec. The most problematic aspects of police work represented the following: the public image of the police; lenient judges; delays in court; very little consultation and communication within the police system; unclear policies, and bureaucratic red-tape; limited advancement and evaluation of job performance; lack of adequate manpower, car seats, communication equipment, and shooting practices; and work overload. In terms of the job itself, the sources of difficulties were: danger, the unknown when taking a call; lawsuits; arrests; violence; aggressive citizens and armed robberies. Conjugal problems and divorce were also major problems. In terms of organizational health, police lacked motivation, and were unsatisfied with their jobs. Lack of support from supervisors was also a problem for the officers. Issues which were directly related to an officer's physical and mental health delineated the following: poor physical conditioning; poor nourishment; problems in sleeping; high coffee consumption; lower back problems; digestive problems; heart problems; anxiety; depression; burnout; and suicide.

A study conducted by Des Roches and Dolan (1988) on the Montreal Urban Community Police Department examined the quality of police work and job satisfaction. The sample represented 180 police officers. In reference to "job overload", 76% of police officers felt that they were overworked (33.9% "sometimes"; 28.1% "often"; 14% "very often"). Approximately 79% of police officers do not find their work to have challenging interests. In reference to "social life", 95.9% felt that they had "little" to "no" social-family life. However, 93.4% stated that they were satisfied with their work.

Jacques Duchesneau (1988) conducted a study on stress within the Montreal Urban Community Police Department. The sample consisted of 53 patrol officers: 48 males and 5 females. The most significant problems for these officers were: administration, courts, relations with the community and equipment.

In reference to the administration, the stressors represent the following: lack of support and confidence of management toward its officers; lack of interest in understanding and caring about problems experienced by patrol officers; the type of relations that exist between management and patrol officers; unjustly criticized; and the influence of administrative procedures and operations, and officers' participation in decisions which concern them.

The officers stated that the courts have a negative impact on many officers, including: conflicting hours (e.g. attending court the next day after the midnight shift when one is very tired; officers have a short time period for sleeping before working the next shift); and courts limit officers' abilities to work effectively. Officers were also concerned with the treatment of police officers before the courts, especially the testimonies. Many officers feel that the courts are mainly preoccupied with the rights of the accused than an officer's decision in carrying out their police operations. Also, when summoned to court, officers wait a very long time before giving their testimony, which according to most officers, is considered useless. Officers are unsatisfied with the results: many cases are rejected; lenient sentences; and many of the accused are set free.

Relations with the community are also problematic, even though police officers say that the relations between the two are relatively satisfactory. Their main concerns were: the public shows very little respect toward the police; the public does not understand what police work entails; and the police are sometimes the target for verbal or written attacks.

Problems with the equipment included: the condition of patrol cars, including radio equipment (e.g. poor reception; walkie-talkies do not function properly); and the uniforms.

Duchesneau (1988) also discovered the following 10 most stressful aspects of work for police officers:

1. Intervention with an intoxicated person. (85%)
2. Dissatisfaction with the judicial system. (83%)
3. Intervention of a suspect who is a member of a minority group (81%)
4. Intervention where it is necessary to use physical force. (79%)
5. Working during Christmas holidays. (75%)
6. Responding to a call involving an armed robbery. (74%)
7. Intervention in family disputes or family violence. (66%)
8. Working with an incompetent officer. (64%)
9. Intervention in a dangerous situation. (64%)
10. Intervention with a suspect who is of the opposite sex. (64%)

Other aspects of police work which caused stress included: poor equipment (51%), lack of public appreciation and recognition (51%), and lack of support from management (42%).

To conclude, the research clearly indicates that police officers experience problems related to their work. Such problems can be grouped under Terry's (1981) categories of occupational stress (i.e. external, internal, task-related or personal). External stressors include the court system and a negative image of the police. Internal stressors include poor administrative policies, inadequate training, lack of manpower, poor equipment, and negative relations with supervisors. Task-related stressors include the following: work overload, exposure to tragedies, and shiftwork. Finally, individual or personal stressors include: job satisfaction, relations with colleagues, restricted personal and social life, health problems (physiological and psychological), and suicide.

- **POLICE & FITNESS/NUTRITION**





Physical fitness should be made a condition of employment. (Male officer: 20's)

The nourishment of officers is weak, and it is more or less our fault. Not only do we have three-quarters of an hour to eat, but we also eat between calls. That is why we opt for fast-food. It's much faster; and it's many times per week. (Male officer: 20's)

Since the mid-1970's, our society continues to be exposed to various advertisements on changing and improving lifestyles. People are becoming more health-conscious than ever before - from changing diets to more physical conditioning (e.g. aerobics, nautilus, or 20-minute work-outs). The General Social Survey (1985) on health status reveals that a great majority of Canadians (82%) rate their health as "good" (49%) or "excellent" (32%).

A recent study conducted by Decima (1988) reveals that Canadians are more concerned about their health and physical fitness today than five years ago. Seventy-four percent have made either major or minor changes to improve their lifestyle habits. The principal changes were improvements in diet and weight, learning how to manage stress, exercising on a regular basis and having annual check-ups. The middle aged are more conscientious of their diets and their ability to manage stress. Canadians are therefore becoming more concerned about their health and lifestyle habits.

#### Physical Health of Police Officers:

The police officer is a victim of his time in regard to his physical condition. There is a lack of exercise and coaching to help him keep a good shape and be apt to do a good job. (male officer)

Are the police healthy? One Canadian survey (Breen and Vulcano 1982) conducted on 571 RCMP officers reveals that 78.6% of the male respondents and 55% of the female respondents rated their health as "very good". Similarly, the National Opinion Research Centre (1978) in the United States surveyed police officers regarding their health between 1972 and 1978. The results revealed that police officers generally consider themselves to be healthy and are satisfied with their health status. Eighty-four percent rated their health as good or excellent, and 77.5% were quite satisfied with their state of health.

**Physical Fitness:**

The General Social Survey (1985) on physical activity reports that Canadians (71%) engage in some form of activity - with 44% moderately active adults and 27% active adults. The survey also states that active individuals (53%) are happier than those who lead sedentary lives (43%). Moreover, individuals who exercise on a regular basis may deal with stress more effectively than those who do not engage in any physical activity. Roth and Holmes (1985) state that individuals who experience more negative life stress and rarely ever engage in some form of physical fitness, report more problems with their physical health. These researchers assert that individuals who engage in some form of physical activity are better able to cope with stress and experience health problems at a lower rate than those who do not exercise. Jacobson (1979) also states that relief of muscle tension reduces stress; and exercise represents one of the best methods of alleviating stress. Selye (1975) observed that when organisms are exposed to stress in the form of exercise, they will be better equipped to handle other stressors more successfully.

For most people, working at a nine-to-five job every day makes coming home a pleasure in itself. Many people are either physically and/or emotionally tired after work, and therefore, are not motivated to engage in anything that is physically demanding (especially exercising). Police officers are no exception. Especially with the changing shifts, officers may be more exhausted than the average worker. Many times, police work can be very demanding on the officer (whether scheduling court appearances the next day after the graveyard shift or spending time with the family before going to sleep). As a consequence, exercising may not be a priority.

Yet, one particular occupation which requires workers to be physically fit is the police. The physical fitness components that are necessary for police officers include: cardiorespiratory endurance, muscular strength and endurance, flexibility, speed, agility and optimal body composition (Klinzing 1980, 291). Every police officer should be ready to confront various situations - whether chasing after a suspect or coming to the aid of a victim. The officer's heart and lungs need to be in good physiological condition. Physical conditioning and physical agility, according to Kaminski (1975), are important interrelated phases for performing the basic job related activities of police work (esp. running, climbing and "affecting physical arrest").

More and more scientific studies reveal that poor physical conditioning may contribute vastly to serious health problems. Physical inactivity in the police community may be more serious than ever. In nearly every incidence of diseases associated with poor physical fitness, law enforcement officers fare worse, particularly in the areas of coronary heart disease and lower back problems (Fraser 1986, 24).

One study on "the physical fitness status of police officers" was conducted on the Cleveland State University Police Force. A sample of male students from Cleveland State University were compared to the relatively young group of police officers (mean age equalled 29.3 years). The results reveal that: "police officers possessed greater body weight and fat, covered less distance in the twelve-minute run, and performed fewer pull-ups and bent knee situps" (Klinzing 1980, 293-294). The officers scored lower on the "flexibility" test, but proved to have greater handgrip strength. Klinzing (1980) concluded that the sample of male students were in better condition than the officers.

The Health Evaluation and Longevity Planning Foundation (HELPF) of Tempe, Arizona, was asked to carry out a comprehensive study on the health of 4524 California Highway Patrol officers (CHP). Included in the HELPF protocol were blood tests, height and weight measurements, skin-fold measurements for fatness, blood pressure tests, lung function tests, and a lifestyle evaluation focusing on attitudes and habits concerning nutrition, exercise, substance abuse, and stress (Wood et al 1982, 273-274). In reference to excessive body fat, HELPF reported that 57% of the officers felt that they were too fat (7% said that they were more than 20 pounds overweight). In terms of physical fitness, 71% believed that they were in good physical shape; however 80% felt that they should be in better physical condition.

These studies indicate that police officers need better physical conditioning. They do not prove that the police are more or less fit than the Canadian (or American) averages; but they do indicate that there is room for improvement. Police officers are faced with various situations (e.g. running after a suspect after hours of inactivity) and they need to be physically fit to adjust to such changes.

#### Nutrition:

A popular song by The Bangles called "Walk Like an Egyptian" states; "If you want to find all

the cops, there hangin' out in the doughnut shop." This is the opening statement in Benson and Skinner's (1988) article on "Doughnut Shop Ethics: There are Answers." All too often, we see evidence that citizens, at least as part of their perception, view uniformed officers as spending too much time "hangin' out" at doughnut shops and restaurants, drinking free coffee, or eating free or half-priced food (Benson and Skinner 1988, 32).

A recent article in The Gazette was headlined: "It's a gut issue: policemen eat too many doughnuts". The article states: "Montreal police officers eat too many jelly doughnuts and get too little exercise - but union and management representatives can't agree what to do about it". A psychologist, Shimon Dolan, from the University of Montreal who works as a consultant with the Montreal Urban Community Police declares: "They don't grow big muscles, they grow big bellies... just look where their cars are parked - Dunkin' Doughnuts, Harveys, McDonalds, Laffeurs. It's terrible." (26,12,88). The psychologist continues: off-duty, "They just sit at home, watch television and fill their bellies with beer... it's very alarming" (The Gazette. December 26, 1982). However, such gross generalizations were not supported by my research findings.

A major cause of poor nutritional intake is "time constraints". The majority of police officers do not have enough time to eat a well-balanced, nutritious meal (average 45 minutes). Many officers attend fast-food restaurants where the menu mainly consists of poorly-balanced meals. Fast-food meals are high in saturated fats, cholesterol and calories; and such meals only lead to physical problems such as indigestion, poor nutritional intake, weight gain, and heart disease. Improper nutritional consumption and consuming food at a fast pace, may affect an officer's performance. An officer who frequently visits fast-food restaurants and does not exercise at regular intervals may pay the price at a later date - i.e. digestive problems or a diagnosis of high levels of cholesterol leading to heart problems.

Changing shift work may also interfere with proper nutritional and health habits. Many officers find it extremely difficult to eat properly before, during and after their shifts. Haynes (1978) reports that the most common form of stress-related digestive dysfunction is indigestion. Shift work contributes to this particular stress-related disorder because when an officer keeps changing his eating habits (i.e. due to changing shifts), his diurnal pattern changes causing indigestion. Haynes (1978) also reports that indigestion may be caused by stress. One may suffer from queasiness, an acid stomach or heartburn on

a consistent basis and yet, when the source of stress is removed the indigestion vanishes (Haynes 1978, 54). Indigestion "becomes more important as a factor in stress-related disorders of policemen when it is recognized as a precursor in more serious digestive dysfunctions"; and it is noted as one of the "most commonly-cited minor problem of policemen" (Kroes et al 1974, 27). Kroes et al (1974) report that indigestion was the most frequently revealed health problem for 32 out of 100 police officers. Problems with indigestion include a variety of names: dyspepsia, upset stomach, nervous indigestion, acute indigestion or just plain indigestion. Indigestion may be caused by stress, gall bladder or liver disease, kidney stones, peptic ulcers, appendicitis, intestinal obstruction, food poisoning, or milk or other food intolerance (Winter 1983, 86). Moreover, eating when one is emotionally upset may include eating too quickly and swallowing air. Rapid eating and inadequate chewing of food can prod the stomach into secreting more acid to aid digestion of the food chunks; and the additional acid combined with excessive air swallowed during hurried chewing and swallowing, can irritate the stomach lining (Winter 1983,87).

To conclude, fitness and good nutritional habits are imperative in fighting the negative effects of stress. Staying in good physical shape, and exercising on a regular basis will enable officers to handle high levels of stress more effectively. Eating healthy, by eliminating foods high in fat, cholesterol, salt and sugar, may also help in combating the negative effects of stress.

**• POLICE HEALTH • • • • •  
& ILL-HEALTH**

The department must occupy itself with the health of officers...The bad conditioning of officers include stress, obesity, cardiovascular disorders, insomnia, bad moods, depression, pessimism, etc. (Male officer: 20's)

The major causes of death in Canada today are described as diseases of civilization, lifestyle or progress (Edginton 1989, 65). These are the outcome of destructive lifestyle habits such as smoking, drinking alcohol, poor nutrition intake, etc... Lapierre (1984, 32) reports: "the five leading causes of death are....diseases of the circulatory system, neoplasms, violence, diseases of the respiratory system and diseases of the digestive system". Statistics Canada (1986) also reports that cardiovascular disease remained the leading cause of death for men and women; and cancer (especially lung cancer which was responsible for one-quarter of all cancer-related deaths) was the second leading cause of death in 1986. Yet, these diseases and deaths are in one way or another associated with lifestyles, including stress.

#### **Morbidity and Mortality Rates of Police Officers:**

Selye (1952) asserts that "stress overload" may generate several illnesses including: hypertension, rheumatic reactions and allergies, gastric and duodenal ulcers and cardiovascular and kidney diseases. Job stress may also be responsible for other reactions such as asthma, hay fever, skin problems, obesity and diabetes (Selye 1976; Kroes 1976; Ellison and Genz 1983). Selye (1976) proclaims that gastrointestinal disorders (e.g. ulcers of the stomach and duodenum) have been linked to high stress situations. Hypertension, asthma, hay fever, repeated skin trouble, ulcers, troubles with gastrointestinal tract, migraine and headaches, mental illness or nervous breakdown, gout, and heart disease were more prevalent in one study on a police sample from the Northern Territories (Australia) than in the Australian male population (Davidson 1979). These stress-induced health problems are noted in occupations involving high stress situations.

Psychosomatic distresses and illnesses have been reported by several researchers in Quebec (DuBois 1975; Arsenault et al 1987; Dolan and DesRoches 1988). DuBois (1975) reports that Montreal police officers may easily experience psychological and/or psychosomatic distresses (e.g. haemorrhoids, stomach ulcers and other stomach-related problems). Moreover, police officers are admitted to hospitals at a higher rate than the population for digestive and/or circulatory problems

(Richard and Fell 1975). Kroes et al (1974, 41) also discovered that: "police officers suffer from ulcers at a significantly higher rate than the general population." In addition, "headaches (24%) were the second most frequently mentioned minor health problem" reported by officers (Kroes 1981, 19). Headaches are generally caused by tension, and tension results from stress. Tension was also responsible for problems in falling asleep, gastric problems, heart palpitations, dizzy spells and constant weariness (DuBois 1975).

Stress and health-related factors were examined among two samples of police officers from Montreal: 128 single-car patrol officers from Montreal North; and 121 officers from other regions. Dolan and DesRoches (1988) reveal that the majority of Montreal officers do not experience psychosomatic ailments. A small percentage of officers have cardiovascular problems (3% to 5%), and 12% to 15% have musculo-skeletal problems. However, these researchers observed more health problems with age, particularly digestive problems (22% to 24%).

Arsenault et al (1987) who conducted a study for the Municipal affairs section of the Association paritaire pour la sante et la securite du travail (the health and safety group that is responsible for a study conducted on 61 municipal and provincial officers in Quebec) reveal that poor nutrition and lack of exercise are problems for the officers. Other physical problems included backaches, indigestion and heart disease.

Moreover, obesity is associated with lower back disability and cardiovascular disease. Obese individuals do not eat the proper foods like fish, bran, vegetables, fruits and other low-fat products. They mostly eat "high-fat", "high-salt" and "high-calorie" foods - all of which contribute to poor nutrition and chronic diseases (e.g. coronary heart disease, diabetes, hypertension, cancer and death).

During the early 1980's, a study was conducted on police officers from Akron, Ohio, in order to examine their musculoskeletal and cardiovascular systems. Three-hundred-and-fifty-six uniformed police officers volunteered for these tests with the following results. In terms of the "cardiovascular risk assessment test", the results revealed that: "in the age group 20 -29 years, 10.8% of the officers were at above-average risk for heart disease; in the age group 30 - 39, 54% were at above-average risk; and in the age group 40 - 49, 80% were at above-average risk" (Mostardi et al 1986, 33-34). Pollock, Gettman and Meyer (1978) also concluded from their study on Dallas police officers that the police



community has a greater risk of facing heart disease than the general population.

In a Washington state survey, Milham (1983) discloses that police officers have a greater mortality risk for cancers of the liver and colon, diabetes and heart disease. Officers who belonged to a younger age group (30 to 44 years) were more prone to heart disease. Terry (1981) states that in terms of cardiovascular disease, police ranked tenth out of 130 occupations in contracting the disease when examining standard mortality rates. Police officers also ranked twenty-fourth out of 130 occupations for premature death. In Montreal, a police union official stated that: "heart attacks are becoming common among policemen". One 23 year-old officer underwent a heart attack after three years of service; and another 34-year-old police officer (male) "dropped dead" on the floor (The Gazette, December 24, 1982, A4).

Kreitner et al (1985) reveal that nine out of approximately 2,950 California Highway Patrol (CHP) officers have a "deadly combination" of high occupational stress and coronary heart disease. This number may seem small at first glance, but the probability of a heart attack is high for these officers and the potential cost to the organization is very high (Kreitner et al 1985, 129). In the early 1980's, "CHP reported 20 heart attacks, three strokes, and one case of lung cancer" (Wood et al 1982, 278).

The disease risk and mortality rates among police officers from the city of Buffalo, New York were examined by Violanti et al (1986). Between 1950 and 1979, 661 out of 2,376 police officers died. Three-hundred-and-thirty-six of these deaths involved diseases of the circulatory system (252 of these deaths resulted from arteriosclerotic heart disease), and 150 deaths were from malignant neoplasms (mainly located in digestive organs and peritoneum, especially the colon, and the respiratory system). Mortality from heart disease (especially arteriosclerotic heart disease) increased as years of service increased, but causes varied depending on the number of years of service. Officers who served 10 - 19 years, had higher risks for digestive cancer (three-fold risk), cancer of the colon (four-fold risk), and cancer of the lymphatic and haematopoietic tissues (four-fold risk). Officers who were employed for 40 years or more had higher risks for bladder cancer (four-fold risk), cancer of the digestive organs (two-fold risk), and cancer of the lymphatic and haematopoietic tissues (three-fold risk). Brain cancer (a four-fold risk) was significantly higher for officers employed between 20 to 29 years of service.

Violanti and colleagues (1986, 21) concluded that: "the significantly high mortality rate for

cancer, suicide and increasing risk of death from arteriosclerotic heart disease with increasing years of police service, are related to police occupational factors and accompanying lifestyle habituation"... where "risk factors include a high stress work environment, irregular sleeping and eating habits, poor health habits and lack of exercise".

**Sleep:**

People generally have adapted to circadian cycles of activity during morning/afternoon hours and rest during evening hours. The acute effects of phase shifts (i.e. 180 degrees turn around) are disturbances of circadian rhythms in e.g. hormone production, body temperature, metabolism, alertness, performance, mood, etc; and over time, these disturbances may be the cause of increased tiredness, uneasiness, nervousness, and decreased performance (Akerstedt and Froberg 1981).

In references to diseases that may be the direct or indirect result of erratic sleep patterns, Monk and Tepas (1985, 79) state that sleep disruptions occur in various ways: "disruptive effects of disease symptoms such as pain and coughing which arouse the person from sleep, and thus have sleep disturbances as a secondary symptom; some medicine (e.g. antihypertensive medications) can either directly or indirectly interfere with sleep; many psychiatric disorders (e.g. depression) have sleep disruption as a symptom; and drug and alcohol abuse can quite severely disrupt the sleep process". One study on the health of 4524 California Highway Patrol officers reported that slightly over 36% of the officers usually obtained less than seven hours of sleep a night with 30% admitting that they occasionally, rarely or never obtained enough satisfying sleep (Wood et al 1982, 276).

**Tobacco:**

Cigarette smoking has become a major lifestyle problem because of its causal relationship to heart disease and lung cancer. Smoking has been evidenced more in highly stressful occupations, including drug use and high fat diets (Russek 1965; Selye 1976). Kroes et al (1974) discovered that police officers smoke more than the general population. They concluded that smoking is an indicator of psychological stress, and police officers smoke cigarettes as an indirect consequence of stress that is inherent in their work. Persons who are under more stress may smoke more, and thus have more

coronary heart disease (Epstein and Jennings 1986, 297). The HELPF study on 4524 CHP officers reported that 44% smoked cigarettes, and 48% of the smokers consumed more than one package of cigarettes per day (Wood et al 1982). Moreover, Price and his colleagues (1976) discovered that 48% of police officers, aged 40 years or more, smoke cigarettes. Acquired habits such as smoking, increase one's chances of getting cancer and/or heart disease. Davidson (1979) examined the effects of smoking in relation to police work, and discovered that the percentage of police officers from the Northern Territories (Australia) was lower than the male population in the Northern Territories. However, among the police officers who smoked cigarettes, a greater percentage (approximately 50%) were "heavy" smokers.

#### **Occupational Injuries and Fatalities:**

In the United States, the overall rate of victimization of officers by homicide was 26.4 per 100,000 (based on a study of 57 of the largest cities from 1970 - 1978). In addition, the rate of job-related accidental deaths was 8.3 per 100,000 p.a. from 1970 to 1977. This gives a cumulative mortality rate of approximately 35 per 100,000 p.a. (Lester 1978a; 1978b). However, when death by disease is included (and disease is often job-related), then the overall mortality rates rise to 94 per 100,000 p.a. (Lester 1981, 63).

A similar pattern occurs in California. Between 1971 and 1975, there were 209 job-related fatalities: 48 officers were murdered, two committed suicide, 28 died in accidents (20 in motor-vehicle accidents); also 131 died from diseases, of which cardiovascular disease was the most common, afflicting 123 officers (Lester 1981).

Occupational injuries, illnesses and fatalities in police officers are considerably higher than the "national averages for all workers" (Lester 1981). In Connecticut, for example, the rates for injuries and illnesses for all employees in 1977 and 1978 were: 9.8 per 100 workers and 9.7 per 100 workers, respectively. The rates for injuries and illnesses for policemen during the same years were: 39.7 per 100 workers and 43.9 per 100 workers, respectively. The rates for police officers were, therefore, about four times higher than any other occupation.

MacLean's (January 9, 1989) reports that police officers "express a growing sense of injury".

Police officers encounter many citizens who pose a danger to their health. A badge and uniform are no protection against daily dangers that range from a drunk's wildly thrown punch to the fear of AIDS infection through contact with an accident victim's blood (MacLean's January 9, 1989, 32). The threat of contact diseases is becoming more and more a critical element in policing. Hotston (December 1989, 24) notes that hepatitis represents one major disease that can be transmitted through a person's bite.

Moreover, the Canadian Centre for Justice Statistics (Statistics Canada 1984) gives a breakdown of the number of officers killed for each year and province. Between 1961 and 1984, 86 police officers were killed. Quebec and Ontario had the highest number killed: 26 were murdered in Quebec and 32 in Ontario. The rate of victimization of officers by homicide is 2.5 times higher than the Canadian average: 6.84 per 100,000 for the police, compared to 2.73 per 100,000 for Canada (Statistics Canada 1985). Apart from the risk of homicide, there is also the risk of accidental death; and from 1976 to 1985, more officers were killed in accidents (42) than by homicide (32) (Statistics Canada 1985).

The cumulative impact of these differential patterns of mortality can be summarized briefly. The average life expectancy of police officers in Canada is 57 years, compared to the average male who lives till 73 years of age (Toronto Star, November 23, 1986).

In conclusion, the review of the literature on the health of police officers indicate that police officers are at a greater risk of contracting diseases, and being injured or killed in the line of duty. Morbidity and mortality rates of officers can be attributed to their occupation and lifestyle habits. Fitness, food consumption, inadequate sleep, mismanagement of stress, smoking cigarettes, and alcohol abuse may also determine early retirement or early death.

# • POLICE & SUBSTANCE USE



I think that management at any level should be more aware of the fact that guys are losing their jobs because of their problems. They postpone to the point where they have deeper problems due to the alcohol factor. (Male officer: 40's)

For many police officers, police work can be highly stressful. Most officers find methods of releasing tension and stress through exercising, participation in sports, acquiring various hobbies, etc. However, like other workers in varying occupations, the ability to handle stress from the job may be too difficult for some people. Work may become too overwhelming and the employee may begin to express negative feelings toward his job and colleagues. How, then, do officers cope with these negative feelings? In Maslach and Jackson's study (1979), they reveal that a beer may help at times. Thus, alcohol intake increases; and the use of tranquilizers is also more pronounced. For the cop, having a drink with his buddies after work may be a "decompression routine" offering a chance to unwind from the emotional pressures of the job, talk over worries and problems with trusted friends, and just laugh and have some fun (Maslach and Jackson 1979, 62).

Job stress may lead to drinking. Many police officers need to unwind after their shifts, and even more so after witnessing a horrifying sight. Alcohol becomes a way to unwind. Kroes (1976) lists two primary reasons why police officers resort to drinking alcohol. First, most officers, compared to other occupations, have to deal with "loud drunks", screaming citizens and violators. Officers have to maintain calm and objectivity when handling all cases. However, under such conditions, it sometimes becomes very difficult for officers to maintain such tranquillity and objectivity. As a result, the stresses and strains of being pleasing and calm, build up inside.

Second, it is extremely difficult to unwind after one's shift. If a patrolman, for example, gets off work at three in the morning, it is unlikely that he could go home, relax, have a drink with his wife, because his wife and children are fast asleep (Kroes 1976, 32). Sometimes, the all-night bar remains the only place to unwind.

An article entitled, "Police and Alcohol- Drink: an Occupational Hazard" (Police Review 1984), not only clearly defines the problem of alcohol in the police setting, but also reveals that drinking alcohol among police officers may at first be implemented as a test of an officer's masculinity and loyalty to the group. This "loyalty", however, may prevent an officer from revealing to a superior that a particular

officer has a problem with alcohol. Stratton and Wroe (1979) acknowledge this problem, and assert further that attitudes of this particular nature will probably reinforce alcohol drinking and non-medical drug use within the police culture.

The "cultures of drinking" from a "workplace perspective" were examined by Fine, Akabas and Bellinger (1982). These researchers state that alcohol-related problems within the workplace should be examined not only on the individual level, but also on the organizational level - where alcohol drinking is continuously being promoted. In our society, cultures of drinking emerge for various reasons. One of these depicts the stereotypic expectation that to drink is to be a man. This can be evidenced within ritual police gatherings, where an officer has several drinks to unwind after a particular shift. Joseph Wambaugh (1976) illustrates this 'socialization practice' in his book entitled The Choir Boys, where policemen would get together after their shift and drink in the park.

Fine et al (1982) state another reason for drinking with the "boys" -that is, conformity. Cosper (1976) states that one has to drink in order to be a part of a group. This aspect has been presented within the police fraternity - where many officers initiated new officers into the group by having a few "belts". Thus, some officers may feel pressured by other policemen, whether on or off duty. One officer explained: 'if you drank, you were accepted by other officers; if not, you were ostracized' (Kroes 1985).

Babin (1980) states that since the police force is predominantly male-oriented, there is a higher tendency for males to drink as a means of socializing and reducing stress. However, the number of female officers is increasing each year, and alcohol abuse among police women could be on the rise as well. Nevertheless, police officers, like others, drink - whether to socialize or reduce stress. Some officers drink because they cannot handle the loneliness and the depressing aspects of policing the streets. One police Captain, who is a recovering alcoholic, states that many times officers get very lonely - especially if they are single. He says that during those "lonely times":

that's when we turn an invisible corner and begin relying on the only friend that is always available -the bottle ... for many beleaguered cops, the day does come when the bottle is their only escape from the hell-pits they patrol, their only way to hold on to some sort of sanity in a crazy, mixed-up no-justice-ever world (Captain Chris 1982, 12-13).

Alcohol problems among police personnel may become evident in various ways. Territo and

Vetter (1981) put forward the following alcohol-related behavioral problems: high absentee rates; complaints of insubordination by supervisors and the public (e.g. verbal or physical abuse); drinking excessively during a work-day; motor-vehicle accidents while under the influence of alcohol; and poor performance.

Dishlacoff (1976), who works for the Denver Police Department, examined the problem of alcoholism among police officers. He states that the essential characteristics are: "(1) excessive, inappropriate and indiscriminate drinking; (2) the morning "eye-opener" - the drink before breakfast or the drink before he leaves home for his job; (3) hiding alcohol in or around the home, vehicle or office; (4) the inability to function adequately at his job; and (5) health problems affecting the liver, stomach, pancreas or any other portions of the body" (Dishlacoff 1976, 34).

In the initial phase of drinking, an officer will drink to relax his nerves. For instance, officers who experience the death of a partner, child or anyone else for that matter, are so shook up that they may feel the need for a drink. After a while, the officer may consume more alcohol at home, social gatherings; and may feel uncomfortable without the presence of an alcoholic beverage. For example, an officer at roll call is thinking about his next drink and is impatient to make the street and get a drink from a friendly bartender, or take a drink from the bottle he has hidden in his private vehicle (Dishlacoff 1976, 34).

During the middle phase, an officer drinks in order to "relax" or to "forget". He consumes a greater amount of alcohol during working hours. The officer on duty may carry a briefcase and can keep a bottle with him while on duty; or the officer may go to his private vehicle and take a drink from the bottle hidden under the front seat (Dishlacoff 1976, 36). The officer begins to experience "memory blackouts", and becomes highly irritable and aggressive.

During the final phase, the alcoholic officer places his job on the line because he cannot function properly. Blackouts become more frequent, and many times, hospitalization is required. His thinking is impaired, and his friends and family rather ignore him than watch him deteriorate. With the obsession or compulsion to drink, the officer is usually absent from work. He's used up all the excuses possible, and realizes that his life cannot continue without the alcohol. He is completely abandoned to the use of alcohol (Dishlacoff 1976,36).



**Research on Alcoholism and the Police:**

Many researchers report that alcoholism seems to be a major problem within the police departments across North America. Accurate statistics are hard to come by, since consumption patterns are usually under-reported. Most officers are afraid to admit to drinking alcohol, and more so, if alcohol-drinking becomes a major problem. Officers are afraid of departmental discipline - they fear for their jobs.

In Canada, "researchers estimate up to 10% of a workforce abuses alcohol, and the number of drug users is in addition to that" (Silburt 1986, 27). This estimate is most likely underestimated because many people try to conceal their drug and alcohol use. A director from the Alberta Alcoholism and Drug Abuse Commission (AADAC) runs several rehabilitation programs for substance abuse, and states that the caseloads increased from 12,000 in 1981 to 17,000 by 1986. United States statistics, which are often indicative of Canadian trends, show that 45% of alcoholics in the workforce are either professionals or at management level; 24% are white collar workers; and the other 30% are industrial blue-collar workers (Silburt 1986, 28). Police personnel rank somewhere between white-collar and blue-collar workers. In addition, substance abusers in the workplace, especially alcohol abusers, are estimated to have "two to three times" more accidents than nonabusers. A consultant to the Ottawa-based Addiction Research Foundation (ARF) states that an estimated "80% of all industrial accidents are caused by alcohol and drugs" (Silburt 1986, 29).

The Canadian Council of Safety Associations reveals that substance abusers perform poorly on the job; are irresponsible in fulfilling their job roles; are absent at a rate that is three times more than the average worker; and are tardy at a rate that is three times more than usual. Substance abusers also have a devastating impact on other workers (including productivity levels); and have twice as many industrial accidents than the average employee (Silburt 1986).

A statistical research programmer from ARF discloses that "lower labour productivity due to alcohol abuse alone costs about \$1.2 billion in Canada in 1981" (Silburt 1986, 30). A consultant to the British Columbia Ministry of Health's department of alcohol and drug abuse programs states that employees who use drugs and alcohol "cost a company 25% of his or her salary in lost productivity" (Silburt 1986).

Lanphier, Peskun and Somogy (1983) conducted an alcohol and drug survey for the Department of National Defense. The sample represented 8,771 members of the Canadian Armed Forces, where 6,182 of the members responded to a questionnaire on alcohol use and the non-medical use of drugs. The results revealed that 90% of the sample drank alcoholic beverages during the previous month; 13 percent of the sample drink more than three drinks per day, five percent more than five drinks per day, and six percent more than seven drinks per day (labelled: heavy drinkers).

Chris Southgate, the assistant coordinator of the Metropolitan Toronto Police Employee Assistance Program, estimated that 15% of the police force has a problem with alcohol: however, he believes that the percentage is underestimated (Lanphier, 1983). And in 1982, a police union official from the Montreal Urban Community Police Department stated that: "one in four of the Montreal's 4,600 men in blue has a serious drinking problem" (The Gazette, December 24 1982,A1).

In one incident, a sergeant from an Ontario police department revealed that "senior officers were aware of drinking sessions". The sergeant was accused of "framing a bootlegging suspect to obtain liquor for the (police) squad's clandestine drinking". Former vice-squad officers disclosed that "peer pressure" and belonging to one's peer group were primary factors for drinking in the basement of the central police station. The accused sergeant characterized these sessions as "nice" - in the sense that they represented "debriefing sessions where officers could get together at the end of a shift to talk about police work" (Globe and Mail, May 26 1988, A17).

In the United States, research on alcoholism and the police is becoming more widespread than ever before. Hitz (1973) researched the mortality ratios for alcohol-related cirrhosis of the liver, and found that police officers had a higher ratio than the general population at that time. Kroes (1976) asserts that approximately one-quarter of police officers are seriously dependent on alcohol.

Sergeant Van Raalte (1979) conducted a survey in Chicago among 200 police officers in order to examine their perceptions of drinking alcohol. Only 30 surveys (15%) were returned, but the majority of police officers stated that their drinking depended to a large degree on the particular shift. The evening shift had the highest rate for drinking. The reasons for drinking were mostly "social" (68%), and 17% drank because of stress. An astonishing factor was that out of the 67% of respondents who stated they drank, 40% of those drank while on duty (one-half of the 40% drank to

socialize). Fifty-seven percent of the officers who drank off-duty carried their guns; and 45% of those believed that there should be restrictions in carrying service revolvers while off duty. However, over the past several years from the time of the survey, there were at least six instances where officers, who were off duty, shot someone who was either injured or killed. The officers in question were all "legally drunk" (Van Raalte 1979).

Jones (1980) surveyed 70 American officers in order to examine the use of alcohol while on duty. Fifty-three officers completed the questionnaire - disclosing the following results: 53% went to work with a hangover, and 49% drank while on duty.

In their study on police "stress, coping and alcohol use", Violanti et al (1985) found that stress has a strong, direct impact on alcohol use. In other words, police officers drank alcohol as a means of coping with stress. For the police officer, alcohol appears to be the most convenient and socially acceptable coping alternative (Violanti et al 1985, 110). Similarly, Jellinek (1952) categorizes police officers as "symptomatic drinkers" because they drink alcohol to relieve the psychological stress of policing. Kroes (1976) states that the informal police subculture does not condemn alcohol use: it actually reinforces it. A former sergeant from the Canadian Police College also asserts that the "cop culture" fosters excessive drinking (Lamphier 1983).

#### **Police and Drug Use:**

Some police officers may use drugs in conjunction with alcohol. Glossick (1988) states that alcoholic police officers usually take prescription drugs, such as Valium and/or sleeping pills, in order to fall asleep. The interaction of alcohol (a depressant) and sedatives (hypnotic drugs), such as Valium or sleeping pills, can be fatal to the individual. Many alcoholic officers use sedative-hypnotic drugs in order to relieve some of the stress and anxiety found in police work. Tranquilizers, such as Valium and Librium, have been used and abused by North Americans in times of stress. Tranquilizers are not only physiologically and psychologically addictive, but they also impair one's ability to function at a normal or sober level. With increasing tolerance to drugs, the police officer will have to supplement his/her drug and alcohol dosages in order to retain the same feelings of 'euphoria'. Officers, who have used large doses of the sedative-hypnotic, may develop physical withdrawal symptoms - ranging from rest-

lessness, insomnia and anxiety, to convulsions and even death if they suddenly stop using the drugs (Glossick 1988, 88).

Moreover, police officers may have easier access to prescription drugs from their doctors. Knowing that police work is a stressful occupation, the doctor may feel obliged to fill out a prescription for officers complaining about psychosomatic symptoms such as pain, headaches and insomnia.

Nowicki (1986) wrote an article on "police officer drug abuse" and its implications regarding public safety. There are many devastating consequences which are the direct result of drug abuse. The impact on a department is reflected in reduced productivity, increased absenteeism, deteriorating job performance, excessive vehicle accidents, increased costs of medical benefits, increased incidence of theft and corruption and increased citizen complaints (Nowicki 1986, 71).

Officers using any illegal drugs are usually dismissed from the force because possession and personal use of illegal drugs is a criminal act. In addition, police officers who abuse drugs may seriously threaten the safety of the public. Nowicki (1986) states that a drug screening test was recently implemented on recruit candidates of the Chicago Police Department. Twenty-five percent of those candidates tested positive for drug use. In a survey of the Canadian Armed Forces, 37% of the sample acknowledged the use of non-medical drugs within the past year; and 7% admitted to taking drugs within the last month (Lanphier et al 1983).

Moreover, 'peer group influence' may be a major factor in alcohol and drug abuse. An officer from the Washington D.C. Metropolitan Police Department (Law Enforcement News, 1983) used drugs because other officers were taking drugs to relieve some of the problems they were experiencing. This particular officer believed that the officers who were taking drugs, were not experiencing any more problems.

In conclusion, alcohol and prescription drugs may help to alleviate the stress that may be found within one's everyday life (i.e. work, family, etc.). Police officers, like other workers in varying professions, are susceptible to substance use, especially if the stresses and strains of the job are too difficult to handle. Thus, alcohol and drug use may become coping strategies for people in highly stressful environments.

**• POLICE & BURNOUT • • • •**

Because they were work-aholics; because they were getting such negative feedback from the mass, from their co-workers, from their superiors, from the court system, from the judicial system- they got fed up. They are like a T.V.: they shut off. They don't want to know nothing any more. They don't want to work any more. (Male officer: 30's)

Most police officers try to separate their emotions from their job. If they see a dead body laying on the floor, they acknowledge the corpse merely as a dead person - not a human being. They try to examine the situation from a job perspective: "what happened to this guy; how did it happen to him; where did he get shot; did the bullet stay or did it come out - these are things you have to do" (Maslach and Jackson 1979, 61). However, police work can be highly emotional- especially when it involves the abuse or neglect of children or the elderly. "You shouldn't let anything get to you; but when it's kids or old people, you see your own mother and your own kid - it really cuts you" (Maslach and Jackson 1979, 61).

The majority of police officers learn how to cope with the realities of police work. However, there are officers who begin to feel "peopled-out": they don't want to deal with the screaming lady on the phone or the disorderly drunk at a bar. Sometimes, they feel like crawling into a box and closing the lid - breaking off all communication ties. People who can be found in "people-helping" occupations (e.g. social work, nursing, police work) are at greater risk of burning out.

#### **Definition of Burnout:**

Burnout has become a popular term over the past decade; and several researchers have contributed a great deal to the understanding of the concept. Pines, Aronson and Kafry (1981) define burnout as representing "a state of mind" i.e. feelings of 'emotional', 'psychological' and 'physical fatigue'; feelings of 'hopelessness and helplessness'; and a general lack of motivation to work and a waning zest for life. People who work constantly with other people (especially within the helping professions) may experience burnout for various reasons. Thus, "burnout is the result of constant or repeated emotional pressure associated with an intense involvement with people over long periods of time" (Pines, Aronson and Kafry 1981, 15).

Cherniss (1980, 5) defines burnout as: "a process in which the professional's attitudes and

behaviour change in negative ways in response to job strain". He asserts that people who experience a great deal of frustration in jobs that are both unrewarding and highly demanding end up with high job stress which leads to burnout. Similarly, Edelwich and Brodsky (1980, 14) define burnout as referring to "a progressive loss of idealism, energy and purpose experienced by people in the helping professions as a result of the conditions of their work". The conditions of one's particular job range from inadequate training to "client overload", and all stressful conditions in between.

Maslach (1982) defines burnout as a "syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment". According to Maslach (1982), a helper becomes emotionally exhausted when too much emotional energy is used up and the helper can no longer meet the emotional demands of the recipient. Such burned-out helpers become emotionally drained and they do not have enough energy to continue. As a consequence, they perform the bare minimum requirements when dealing with their clients and/or they become emotionally detached from recipients. "Detachment" from clients is one of the major effects of burnout. Edelwich and Brodsky (1980) argued that emotional detachment from clients signifies the final stage of apathy. A healthy detachment from clients is considered to be beneficial for those working in helping professions (Maslach and Jackson 1981; Pines and Kafry 1978). On the other hand, Freudenberger and Richelson (1980) assert that even though detachment may serve as a "self-protective device" to prevent pain, it may also interfere with positive feedback from others.

Maslach suggests that by becoming detached and even callous, the helper falls into another aspect of burnout - "depersonalization". At this point, helpers begin to see the worst in others and even learn to dislike them. Once these helpers feel negative towards their clients, they also assess poor opinions of themselves. Burned out helpers begin to feel distressed about their abilities to handle people and their problems. Feelings of inadequacy or failure take over, producing a third aspect of burnout - "reduced personal accomplishment".

According to Maslach, "overload" and "lacking a sense of control" are common factors that lead one into a burnout. For many professional helpers, "overload" occurs when there is too much information to absorb, too many clients to deal with in a limited amount of time - unable to meet the demands of others (i.e. clients, recipients, public). Burnout can also stem from "a lack of control over

the care" being provided. Supervisors have rules and methods for providing services to clients, and the professional helper has to abide by these rules and policies. A major problem arises when the worker has no input or say in establishing such policies. Any lack of autonomy may interfere with providing good care for the client. As a result, the professional feels "angry" and "frustrated", and soon after may feel like a failure.

Victims of burnout have lost the motivation and enthusiasm in their work roles. They may express statements such as: "What's it all for?", "Why am I doing this?", "I hate to go to work.", or "I have nothing to offer any more." (Reese 1982, 50). Officers who express these attitudes are evidently not functioning well: they cannot cope with the stress any longer. Their level of production has declined as a result of their stress. Many "studies have indicated that burnout correlates with other damaging indexes of human stress, such as alcoholism, mental illness, marital conflict and suicide" (Maslach 1976, 16).

Reese (1982) suggests that the symptoms of burnout can be grouped into three categories: "emotional", "behavioral" and "physical". Under the emotional category, the following symptoms may be present: apathy, anxiety, emotional exhaustion, ill-temperedness - to name a few. Officers who undergo these emotions may become highly sensitive, suspicious, unable to concentrate at any task, hostile with fellow officers and family, insecure, and they may have a very low self-esteem.

The behavioral symptoms include "withdrawal" or "social isolation". Officers who withdraw from their police roles and responsibilities, may resort to drinking excessively, gambling, drugs and other deviant activities. Administrative infractions, such as being tardy for work, poor appearance, and poor personal hygiene may (also) be observed (Reese 1982, 50).

Physical symptoms of burnout include various illnesses and minor ailments. There are many somatic indicators, which include headaches, insomnia, recurrent awakening, early morning rising, changes in appetite resulting in either weight gain or weight loss, indigestion, nausea, vomiting and diarrhoea (Reese 1982, 50-51). Freudenberger (1974) also notes the presence of somatic symptoms such as stomach ailments. These psychophysiological ailments are the products of a substantially high level of stress.

If an officer cannot handle the everyday stress that is associated with the police role, s/he may



be undergoing a burnout. "The ambiguity and conflicting values surrounding the job, the responsibility for other people's lives and their well-being, the long hours of inactivity mixed with unpredictable crisis, the frustrating encounters with the court system and the police administration, the negative public image of the cops in general" (Maslach and Jackson 1979, 59), can all contribute significantly to high job stress or burnout.

In many instances, the burned out officer may undergo emotional adjustments; and such differences in behaviour may definitely contribute to changes in relationships. For example, burned out victims may begin to isolate themselves from family, friends and colleagues. Carroll and White (1982) note that increased isolation results, thereby making the individual more distant from the social world. Anger, distrust of others (especially at work), interpersonal conflicts with colleagues, management and clients; and marital/family conflicts (spouse; children) may also be present.

Moreover, post-traumatic stress has been linked to increased health-related risks, including disability costs, health problems, increased absenteeism, staff turnover, professional burnout and personal or family problems (Black 1989, 1). According to Black (1989,1), post-traumatic stress represents a condition where an individual displays "physical, cognitive, emotional and behavioral symptoms, exacerbated by an individual's recurrent memories, reexperienced feelings and psychological distress."

#### **Research on Police and Burnout:**

Many police departments have officers who have become victims of burnout. In the United States, Daviss (1982,11) reports: "In 1981, the Los Angeles Police Department received more applications for stress-related disability pensions than it did for injury-related early retirements (104 (52.5%) out of 198 applications received, or claimed some kind of stress-related disability)".

In Canada, Burke, Deszca and Shearer (1984) examined the "career orientations and burnout" in 426 police officers from Ontario. Using Cherniss' (1980) four career orientations (i.e. "self-investors", "social activists", "careerists" and "artisans"), Burke and his colleagues discovered that police officers who fell under the "social activists" category, "exhibit significantly greater burnout" and stress than the remaining three career orientations. Social activists are idealists who want to produce "social and

institutional change". "Social investors" represent those individuals who are highly concerned with life outside of work (e.g. family, social life, self). "Careerists" focus on success and "extrinsic rewards" (e.g. prestige, upward mobility, greater responsibilities, recognition, financial gain). "Artisans" centre on professional growth challenge and the ability to master new skills.

Cherniss (1980) proposed that social activists would experience higher rates of burnout because of the conflict which exists between their values and their environments. Burke et al (1984,193) discovered that: "social activists reported significantly more psychosomatic symptoms than both careerists and artisans, they all consumed more alcohol and drugs, drank more coffee, smoked more cigarettes, and were more likely to take more medication than were the other three career orientations." Social activists experienced: greater conflict and ambiguity; lack of stimulation; greater ambiguity in institutional goals; more negative relations with supervisors; greater social isolation; more negative working environment; reduction in work goals; and scored higher on the MBI subscales (emotional exhaustion and depersonalization).

Social activists and self-investors experienced more stress from lack of fulfilment than careerist and artisans; and were less satisfied with their jobs than careerists (Burke et al 1984, 188-190). Thus, social activists were pursuing more destructive lifestyle habits than any other career orientation; and they also had a low self-esteem and exhibited more negative feelings toward others and their jobs.

The "correlates of psychological burnout phases" among 828 men and women in police work in Ontario were examined by Burke and Deszca (1986). Using the Maslach Burnout Inventory, these researchers created eight dimensions of burnout ('work setting' derived from Cherniss' model of burnout, stressful life events, sources of experienced stress, negative attitude changes, job attitudes, individual well-being and health, work/non-work conflict and lack of social support). The results reveal that: "There was a tendency for individuals in more advanced phases of burnout to drink more alcohol and coffee, to smoke more cigarettes per day, and to participate in physical exercise less regularly" (Burke and Deszca 1986, 498). One-quarter of the Ontario police sample was considered to be "most burned out", one-quarter in the "least burned out" and one-half fell in between the two extreme phases. Also, older individuals with many years of service, and in high ranks were found in the advanced stages of burnout.

Stress, car-patrol system and health-related factors regarding police officers were examined by Dolan and Des Roches (1988). Two samples of police officers were chosen: 128 single car-patrol officers from Montreal North; and 121 officers from other regions on the island, where the dual patrol system is used. Officers from Montreal North experienced less anxiety than officers in the rest of Montreal, but reported more depression. Results are therefore inconclusive. But the survey did show that officers who are separated and divorced are more depressed than officers who are single. Also, the officers prefer the two-officers patrol car system over the single officer system because of the high risks involved in the application of municipal regulations, which is considered to be the most dangerous in car-patrol. Thus, stressful situations may lead to greater anxiety and depression, which in turn may resort to experiences of burnout.

Last spring (1989), a study conducted by researchers from the University of Sherbrooke along with the Pinel Institute, revealed that one in twenty Quebec police officers suffer from symptoms of burnout. The Gazette (October 15 1989, A3) also reports that a member from the Montreal Urban Community Policeman's Brotherhood confirms University of Sherbrooke's findings with the union's own recent study on police stress.

A policeman-social worker at the Quebec Police Institute gives lectures on "battling burnout" to fellow officers. "We drink more, divorce more, beat our wives more - and kill ourselves more than most other people: one of our men shot himself in the heart yesterday" (The Gazette, December 19 1987, B4). The director from the Montreal Urban Community Policeman's Brotherhood stated that twelve of its members committed suicide between 1981 and 1986. There was also one constable within the department who was literally "eating himself to death" because of built-up emotions. Two other policemen were reported for using drugs. The policeman-social worker advises officers to use a healthy outlet, such as "crying", for relieving stress and 'bottled up emotions'. He states: "learn how to cry so you don't get depressed and crack... get help before you turn to alcohol, drugs or suicide" (The Gazette, December 19 1987).

In Canada, the president of the Confederation of National Trade Unions states that managers and employers should be made responsible for employees who burnout from their jobs. The bottom line is that employees suffering from "emotional exhaustion" may feel responsible for their lack of

motivation and productivity. The president of the Confederation of National Trade Unions asserts that it is the responsibility of unions to reintroduce the topic of burnout from an organizational point of view - not from an individual one. In order for an individual to claim workman's compensation for burnout, the individual must have experienced a "traumatizing event". The president also states that: "The present policy of the Commission de la sante et de la securite de travail, Quebec's Occupational Health and Safety Commission, forces workers to accept burnout as part of the normal work routine" (The Gazette, May 14 1989, A5).

A member of the Confederation of National Trade Unions affirms that burnout should be regarded as an "occupational hazard, not a disease". Some researchers believe that burnout may result from "inadequate training and/or education needed to do the job." Carroll and White (1982) state that those workers who are not properly educated for handling specific incidents may be more prone to burnout than those who are adequately trained. Therefore, better education may contribute to adequate training - a solution that may only be found within police academic training schools and within the organizational level of police departments and forces.

**• POLICE & SUICIDE • • • • •**

It touches you more because the suicide rate is much higher within the police. The inferences are coming from everywhere: your family, population, the administration. You have to know how to escape from that: otherwise, there will be more. (Male officer: 40's)

Suicide among police officers is not a new phenomenon, but many police departments in North America deny that the department had anything to do with an officer's suicide. This can be understandable because no one wants to be blamed for anyone's suicide. The police department usually associates an officer's suicide with personal problems outside the force (e.g. bad relations with one's girlfriend/boyfriend; or family problems). It is a misconception to say that only personal problems (esp family-related problems) outside police work are to blame for one's suicide. In many instances, it is a combination of factors (e.g. family, personal, work, financial, etc). Police departments should be more aware that officers who experience stress (especially burnout), many times do so because of their occupational roles. Sometimes officers who undergo a tremendous amount of stress, cannot handle the everyday pressures associated with policing. Especially burned out officers: they don't want to face reality; they don't want to be exposed to the harsh realities and miseries of life (e.g. mutilations, rapes, domestic violence, child abuse, murders, etc...). While other factors come into play (e.g. personal problems not associated with the job itself), one cannot eliminate the job factor.

Emile Durkheim (1969) argued that suicide rates reflect the degree and type of social integration between the self and society. He was not interested in the individual per se, that is, the subjective intentions, motives or morals of each individual; but recommended an objective approach for interpreting official suicide rates focusing on the external, social causes that are common to suicide rates. These interpretations would evidently become explanations of suicide and suicide rates. A quantitative approach of this magnitude is essential to understand the kinds of social facts involved in suicide; however, it is also pertinent to examine suicide on a more individual level. Heiman (1975a, 273) states that: "a commonsense approach would be to view police suicide phenomena from a psychological basis, emphasizing the unique and multi-determined aspects of suicide patterns, while at the same time, being fully cognizant of the role of societal influences".

Nelson and Smith (1970) adopted a Durkheimian perspective in their study of Wyoming police officers. These researchers listed six reasons for the high suicide rate of police officers. First, the

police profession is primarily male-dominated; and males have a higher successful suicide rate. Second, the availability and familiarity of guns becomes a primary method for committing suicide. Third, police officers undergo a great deal of psychological stress when exposed to violence and death. Fourth, changing schedules (i.e. shiftwork) may conflict with family and friends, thus causing more stress for the officer. Fifth, officers sometimes find it difficult to listen to the negative criticisms about the police. Finally, the judicial system, along with its incompatibility in decision-making, tends to devalue the role of the police officer. These researchers conclude that officers are weakly integrated into the profession of police work.

Edward Donovan (1981, 2), the Program Director of the Boston Police Stress Program, states: "Police officers - male and female - fear their guns, not because they fear that they will harm members of the public, but because they fear that they will use them on themselves". Donovan states that the suicide rate for police officers is underestimated; and in the majority of cases, an officer's suicide is concealed from other officers and the public. For instance, a police officer many have committed suicide by placing his "gun into his mouth and shooting himself"; however, the police report might state that the officer's gun went off accidentally while he was cleaning it. Supervisors, directors and administrators, tend to cover up an officer's suicide.

#### **Research on Police Suicides:**

The National Task Force on suicide in Canada (1989, 43) reports that: "eight Montreal and three Toronto police officers committed suicide between 1981 and 1984", including others that "may have gone underreported". The following accounts of police suicides indicate some dimensions of the problem. Research on police suicides in the United States is outlined in Appendix A.

In 1982, a police union official from the Montreal Police Department stated that job stress triggers heavy drinking, marital breakups, heart attacks, ulcers and suicide among police personnel (Gazette, December 24, 1982). One officer interviewed stated that he knew of 10 officers who committed suicide within a 10-year period (where one officer was a 21-year-old male rookie; and another, a former partner). Another officer recalled a night when his partner had shot himself (16 years prior to 1982). Suicides of fellow officers are never disclosed to other police officers. They only hear it

through the 'grapevine' (that Officer X jumped off a bridge, or Officer Y shot himself in the head, or Officer Z asphyxiated herself with carbon monoxide poisoning in her car).

In 1985, the RCMP hired eight regional psychologists to commence an in-house counselling centre project. This action was undertaken because of the increasing suicide rate of RCMP officers in British Columbia. During January, 1985 to November, 1985, five RCMP officers committed suicide. One male officer, who was 24-years-old with 4 1/2 years of service, went into the police station's locker-room and shot himself in the head with his service revolver. Another male officer, who was 34-years-old with 14 years of service, also shot himself in the head in his home. One female officer, who was 28-years-old with six years of service, confined herself to her bedroom before shooting herself in the head. One 25-year-old male constable with four years of service, shot himself in the head with his gun. A fifth male officer, who was 27-years-old with nine years of service, asphyxiated himself with carbon monoxide by placing a vacuum tube from the tail pipe and into his car (Vancouver Sun. November 27, 1985).

Richard Gallagher, an epidemiologist with the Cancer Control Agency of British Columbia reveals that: "vital statistics records show that 34 police officers committed suicide in the province of British Columbia between 1950 and 1978" (Vancouver Sun. November 27, 1985 A1, A15). He also notes that police officers have a higher mortality rate from committing suicide "than all but 29 of B.C.'s 215 other occupational groupings." The increase in suicide rates for police officers can be evidenced in the following: 1950-1959- 8 officers committed suicide; 1960-1969- 11 officers committed suicide; and between 1970 and 1978, 15 officers committed the act. This suggests that police suicides may be on the increase. Moreover, the Proportional Mortality Ratio (i.e. proportion of deaths from suicide in one occupation compared to the proportion of deaths from suicide in all occupations combined) suggests that police officers "have a 30 percent greater chance of committing suicide than individuals in other occupations" (Vancouver Sun. November 27 1985, A15).

Dr. Robert Loo, the chief RCMP psychologist from British Columbia conducted an internal study of police suicide and reports that between January, 1960 and March, 1983, 35 members (34 males; 1 female) of the RCMP committed suicide. Ten officers committed suicide while on duty; 77 percent used their service revolvers as the primary method of committing suicide; the mean age was 32 years, with an average of 11 years of service. The psychologist states: "most of the suicides were characterized



by multiple contributing factors- the most frequent of which was the distressed psychological state of the officer; and the second contributing factor was job-related concerns such as being passed over for promotion, not feeling secure in one's position, or having to testify before a court or a commission" (Vancouver Sun, November 27 1985, A15). Twenty percent (N=7) of the cases involved the use of alcohol before committing suicide.

In 1986, a 36-year-old male Toronto police officer shot himself in the head behind a North York police station. He was a physical education instructor with 14 years of service, who was considered to be in excellent shape. "He chose death before dishonour in the language of policemen: its called biting the bullet or swallowing your gun" (Toronto Star, November 23 1986, A1).

During the same period, another 22-year-old male officer killed himself with his personal gun. Both of these incidents were regarded as personally related, not job related. The Chairman of the Toronto Metro Police Commission stated that: "The stress of the job may have added a bit to it, but just a tiny bit. In both cases, if there hadn't been a relationship problem, they wouldn't have committed suicide" (Toronto Star, November 23 1986, A8). However, most studies suggest that an officers personal and professional lives are very difficult to separate -"being a cop is not a job: it's a way of life".

Statistical studies reveal that police officers have a higher suicide rate than the national average: two to six times greater than the average (Toronto Star, November 23, 1986). Between 1980 and 1986, eight police officers from the Toronto Metro Police Department committed suicide. In Montreal, a recent report from the Gazette (October 15 1989, A3) stated that a police officer (male, 44-years-old) committed suicide with his .38 calibre from inside the station. For the past two years, he was given a desk job compiling statistics. He was a twenty-five year veteran of the Montreal Urban Community Police Department, who apparently was having personal problems not directly related to police work. Another case involved an officer from the Montreal Urban Community Police department, who contemplated suicide with his .410-calibre shotgun. The officer in question was seeking professional services for family and job-related problems (The Gazette: January 26, 1990).

In 1988, eight Quebec police officers committed suicide (Gazette, October 15). In addition, an Inspector from the Winnipeg Police Department committed suicide with his handgun. The Gazette (November 5 1989, A8) reports that the Inspector took his life hours before testifying at Manitoba's

aboriginal-justice inquiry for 'his role in the investigation of the fatal shooting of a native leader.'

As a result, warnings are being relayed to change current programs for police stress and introduce or improve existing programs. One psychologist told the inquest: "Stress will cause more premature deaths than bullets within the department" (The Gazette, November 5 1989, A8). The Inspector was suffering from "chronic stress and anxiety attacks" and was taking medication (i.e. sedatives). The psychologist pointed out that the Inspector's death was a combination of factors which includes a "macho attitude" that made it difficult for him to face his problems. Also, many officers fear of getting the help they need because of supervisors finding out, thereby making it difficult to be considered for any promotions.

Thus, suicide may be linked with a combination of stressors (e.g. family, work, financial, health). Greater attention should be placed on the prevention of police suicide. With easier access to guns, it is doubtful that police officers will miss their target.

• **METHODOLOGY** • • • • •

The purpose of this study is to explore the relationships between perceived work stress and reporting of psychosomatic symptoms for two Canadian police samples (i.e. Metropolitan Toronto Police; and another police department where anonymity must be maintained [designated as Bonaventure Police Department]). The preceding literature review has suggested that work stress may lead to destructive lifestyle habits which may in turn contribute to ill-health.

According to the literature on police stress, officers who consider their profession to be more stressful are older, have more years of service, smoke more cigarettes, drink more alcohol, may resort to prescription drugs such as Valium, have poor nutritional intake, do not exercise regularly, are more prone to burnout, and report a higher percentage of psychosomatic symptoms (e.g. inadequate sleep, digestive disorders, lower back problems). Therefore, the main hypothesis proposed in this research is:

Officers who find work to be more stressful will report more psychosomatic symptoms than officers who do not find work to be stressful.

The main purpose of studying two large urban police departments is to assess if more health-related problems exist in one police force as opposed to the other. For instance, Metropolitan Toronto Police has an extensive employee assistance program, while the Bonaventure Police Department under study does not. What effect has this differential structure had on police morale, perceived stress and police health?

The methodology for this particular study is two-fold: qualitative (i.e. interview work) and quantitative (i.e. questionnaires). Each method will be discussed separately, including the sample selection.

### Interview Work

In all, there were 12 interviews: 11 interviews with police officers from the Bonaventure Police Department; and one interview with a coordinator from the Employee Assistance Program from the Metropolitan Toronto Police Department. Both sets of interviews will be discussed separately.

The aim of the interviews is to examine the health of the police body from a police officer's point of view.

The interview was standardized and non-scheduled. Gordon (1980, 46) states: "The non-scheduled interview gives the interviewer some choice as to the order of questions, freedom to attempt

alternative wordings of the same question, and freedom to use neutral probes if the first response to a question is not clear, complete or relevant". The questions asked were open-ended, allowing for more free-flow conversation with each respondent. [The present researcher had adequate knowledge regarding the subject matter before devising the questions for the interview; however, with more researching and knowledge, other questions were considered as well. Thus, the interview became a semi-structured one.]

A tape-recorder was used for all interviews except for one officer who felt uncomfortable with it. All interviews were transcribed verbatim and analyzed accordingly.

#### Characteristics of Sample:

The first sample consists of 11 police officers (8 males; 3 females) who were interviewed over a five month period (from September, 1989 to February 1990). The officers all came from a large urban police department in Canada, designated as the Bonaventure Police Department (N.B. the present research was not acknowledged by the police department in question; so anonymity is necessary. The mean age was approximately 34 years (males = 37 years; females = 27 years). The officers were mostly constables, with one year of college or more, have above five years of service (mean = 13 years of service), and are employed in various fields of police work.

Each respondent was approached and asked if they would be willing participants in the study. Therefore, the selection of subjects was conducted on a non-random basis (i.e. selected sample). The researcher was aware that not all officers would be willing to participate in the interviews (whether they were suspicious of an outsider asking questions or they feared any repercussions from participating). However, in the following research, this was not the case. Every officer which I made contact with agreed to be interviewed. Their cooperation and enthusiasm is greatly appreciated. After each interview had been completed, the officers referred the researcher to other police officers - thereby producing a "snow-ball effect". Each respondent was assured of anonymity and confidentiality.

All of the interviews were conducted at police stations and other police divisions. Each interview lasted approximately one hour (least = 30 minutes; most = 2.5 hours). The interviews were carried out during different time periods due to an officer's particular shift. The questions which were used in the interviews are presented in Appendix-B. These questions focused on lifestyle and health -

which mainly centred on perceptions of stress (primarily in the workplace), substance use, burnout and suicides within their police department. Two other important questions focused on their department's programs concerning health-related issues; and if given the opportunity, how would they improve the present health programs.

I also interviewed Mr. Jaan Schaer who is the coordinator of the employee assistance program with the Metropolitan Toronto Police Department. Information concerning the program included the definition and history of the program, services offered, professionals and cost-benefit analysis. Appendix C puts forward the questions of the EAP interview.

### Survey Work

#### Distribution of Questionnaires:

There were two samples that were given questionnaires: one sample represents the Metropolitan Toronto Police Department (average = 5375), and the second, the Bonaventure Police Department (average = 4500).

One-hundred-and-twenty questionnaires were distributed to officers from various stations of the Metropolitan Toronto Police Department. Directors from the department were given the questionnaires where each in turn would pass them out to supervisors of police stations. These supervisors were responsible for giving each questionnaire to police officers, asking them, to fill each out. One particular disadvantage was that the present researcher had no control over the sample (i.e. it may have been a selected sample, not a random sample). However, a fair representation of the police sample was considered.

For the Bonaventure police sample, 100 questionnaires were administered to police officers from different stations. I was unable to achieve a random sample of officers from the police department because permission was not granted by the upper management to carry out the study. A representative from the policemen's union distributed 55 of the 100 questionnaires to members of the department. From the 120 questionnaires distributed to Metropolitan Toronto police officers, 76 were returned

(return rate = 63.33%). However, five questionnaires were unscorable, thereby reducing the scoreable return rate to 59.2%. In the Bonaventure police sample, 76 out of 100 questionnaires were returned (76%). Only one questionnaire was unscorable, reducing the scoreable return rate to 75%.

#### Characteristics of Samples:

The demographic characteristics of Metropolitan Toronto police officers represent the following. The majority of respondents were male (N = 62). Female police officers were underrepresented even though a fair distribution of males and females was considered. Most officers were in their 30's; first marriage; less than college education; constables; 11 to 20 years of service; and worked on rotating shifts. Table 1 clearly illustrates the demographic characteristics of Toronto police officers.

Table 1 Demographic Characteristics of Metropolitan Toronto Police Officers (N = 71)

<u>Sex:</u>		<u>Years of Service:</u>	
Males	= 62	10 years or less	= 15
Females	= 9	11 to 20 years	= 42
		21 years+	= 14
<u>Age:</u>		<u>Police Rank:</u>	
less than 30	= 11	Constable	= 44
30 to 34	= 11	Sergeant	= 14
35 to 39	= 25	Sergeant-Det.	= 5
40 to 44	= 17	Staff Sergeant	= 6
45+	= 7	Inspector	= 2
<u>Marital Status:</u>		<u>Shiftwork:</u>	
Single	= 8	Rotating	= 40
First Marriage	= 40	Day	= 13
Separated	= 6	Evening	= 9
Divorced	= 1	Night	= 1
Remarried	= 15	Day/Even	= 7
Common-Law	= 1	Even/Night	= 1
Widowed	= 1		
<u>Education:</u>			
less than College	= 27		
College; Police Tech	= 13		
University/Certificate	= 31		

The majority of officers from the Bonaventure Police Department were male (males = 62; females = 13). Most officers were equally representative of 20 and 30 age groups; first marriage; college/police technology education; 10 years of service or less; constables; and worked on rotating shifts. Table 2 puts forward the demographic characteristics for officers from the Bonaventure Police Department.

The sample is representative of the Bonaventure Police Department. The majority are men (sample=82%, department=92%), constables, and married. The age groups are: <30=26%, sample=30%; 30-34=9%, sample=14%; 35-39=13%, sample=14.6%; 40-44=25%, sample=22.6%; and 45+ =26%, sample=14%. Average years of service for the department is 16 years (sample = 12 years).

Table 2- Demographic Characteristics of Bonaventure Police Officers  
(N = 75)

<u>Sex:</u>		<u>Years of Service:</u>	
Males	= 62	10 years or less	= 33
Females	= 13	11 to 20 years	= 23
		21 years +	= 19
<u>Age:</u>		<u>Police Rank:</u>	
Less than 30 years	= 23	Constable	= 55
30 to 34 years	= 12	Sergeant	= 7
35 to 39 years	= 11	Sergeant-Det.	= 7
40 to 44 years	= 17	Lieutenant	= 4
45+ years	= 10	Captain	= 1
		Supervisor	= 1
<u>Marital Status:</u>		<u>Shiftwork:</u>	
Single	= 11	Rotating	= 47
First Marriage	= 44	Day	= 12
Separated	= 1	Day-Evening	= 15
Divorced	= 5	Evening-Night	= 1
Remarried	= 2		
Common-Law	= 12		
<u>Education:</u>			
Less than college	= 16		
College; Police Tech	= 35		
University/Certificate	= 23		



### Construction of Questionnaire

The questionnaire was developed, using a few items from the Health and Welfare Lifestyle Survey "Your Lifestyle Profile" (Cat. No. H39-8/1980); and 18 items from the Maslach Burnout Inventory scale created by Christina Maslach and Susan Jackson (1981, 99-113).

A pretest was conducted on 20 officers (using "Your Lifestyle Profile") in order to determine what factors were pertinent to the study. Using the responses from these 20 questionnaires, along with the responses from some of the interviews, a new questionnaire was constructed, covering most of the essential aspects related to police work, including the physical and psychological health of police officers. A sample of the questionnaire is presented in Appendix D.

The questionnaire investigated the following principal areas: police work and stress; occupational safety; and health and welfare (i.e. exercise, nutrition, alcohol, drugs, tobacco and physiological health). Moreover, two major scales were incorporated: one on stressors related to police work; and the other on burnout. Each will be examined separately.

The scale which represents the stressors associated with police work was constructed using the most problematic factors in police work found in the literature review on police stress; and the questions were worded as not to bias an officer's response. The scale for each factor ranged from "Not Stressful" (1) to "Somewhat Stressful" (2) to "Very Stressful" (3).

The burnout scale represents a slightly modified version of the Maslach Burnout Inventory (MBI). The original MBI consists of 25 items which involve three primary (fourth optional) factors related to burnout: emotional exhaustion, depersonalization and personal accomplishment. In this research however, only 18 items were used, and some of these items were reworded in order to relate to the police samples.

According to Maslach and Jackson (1981), "emotional exhaustion" represents a subscale of burnout which consists of items depicting an individual's feelings regarding one's emotional overextension and exhaustion from one's work. The "depersonalization" subscale incorporates items which characterize impersonal feelings toward clients. The "personal accomplishment" subscale consists of items which describe "feelings of competence and successful achievement" in one's ability to work with clients.

The following items were implemented representing the "emotional exhaustion" subscale:

- a. I feel emotionally drained from my work.
- b. I feel fatigued when I get up and face another day on the job.
- c. Working with people all day is really a strain for me.
- d. I feel burned out from my work.
- e. I feel frustrated by my job.
- f. I feel I'm working too hard on my job.
- g. I feel like I'm at the end of my rope.

In reference to the "depersonalization" subscale, the items used were the following:

- a. I've become more callous towards people since I took this job.
- b. I worry that this job is hardening me emotionally.
- c. I don't really care what happens to some people.
- d. I feel people blame me for some of their problems.

The last subscale, "personal accomplishment", incorporates the following items:

- a. I can easily understand how people feel about things.
- b. I deal very effectively with people's problems.
- c. I feel I'm positively influencing other people's lives through my work.
- d. I feel very energetic.
- e. I feel exhilarated after working closely with people.
- f. I have accomplished many worthwhile things in this job.
- g. In my work, I deal with emotional problems calmly.

All the items from the three subscales were mixed around. There are two measures: frequency and intensity. Frequency has four categories (collapsed from six): "few times a year", "few times a month", "few times a week" and "every day". Intensity has three categories: "very mild", "medium" and "very strong". For the "emotional exhaustion" and "depersonalization" subscales, 'high burnout' refers

to several times a month or more; and 'low burnout' refers to several times a year or less (based on the frequency patterns of each item for each subscale). The "personal accomplishment' subscale has reverse scoring where 'high burnout' refers to less than once a week and 'low burnout' refers to several times a week or daily.

### Data Analyses

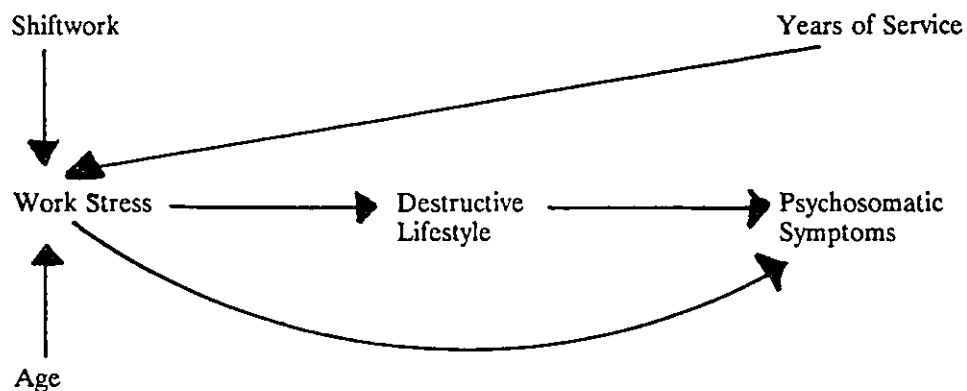
Three sections in the survey included write-in responses: 1) most desirable aspects of work; 2) least desirable aspects of work; and 3) most stressful aspects of work. Each of the sections was carefully analyzed and categorized accordingly for both samples. In addition, the comments at the end of each questionnaire were also added to the analysis.

Frequency distributions were assessed in order to achieve percentages for both samples, making it easier for comparative analyses. In addition, cross-tabulations were calculated to establish any existing relationships, and to test the significance of the variables to be measured.

The following cross-tabulation analyses (contingency analysis) will be divided into three parts. The first examines if any relationship exists between years of service and work stress; age and work stress; and shiftwork and work stress. Figure 1 clearly illustrates all the hypothesized relationships for both samples.

Figure 1

### Proposed Model of Police Stress



Years of service, age and shiftwork represent three independent variables, and work stress, the dependent variable (note: work stress is not the main dependent variable). Therefore, the purpose of this first part is to assess if any relationships exist between officers with a particular number of years of service, age or shiftwork and work stress.

The second part of the analysis focuses on the main zero-order relationships. The variable "work stress" (main independent variable) was cross-tabulated with "psychosomatic symptoms" (main dependent variable), which includes the following variables: perceptions of health, headaches, satisfying sleep, digestive problems, lower back problems, ulcers, respiratory problems, high blood pressure and heart disease. Each variable was introduced at the zero-order level (depending on the relationships in Figure-1) in order to assess the significance of each relationship.

The third part of the analysis focuses on introducing each control factor separately in order to determine if any significant relationships exist. The results for the zero-order relationships will be compared to the partial tables for each control introduced. The control factors represent mostly "destructive lifestyle habits", including: being injured while on duty; being in a motor-vehicle accident while on duty; being assaulted (i.e. punched) while on duty; mostly walking or sitting during an average workaday; average miles walked or jogged per day; participation in sports or exercise programs per week; overweight; consumption of five food groups; eating at fast food restaurants; average number of alcoholic beverages per week; and cigarettes smoked per day. The levels of significance will be indicated, using the highest cut-off point of .05 (i.e.  $p \leq .05$ ).

For multi-item scales, such as the stress scale used for both samples, the reliability of any scale has to be established. Therefore, Cronbach's alpha ( $\alpha$ ) was used in order to determine the reliability of the stress scale for each of the two samples. For the Toronto sample, the stress scale yielded a high reliability coefficient of .79 (.7912). For the Bonaventure police sample, the stress scale also produced a high reliability coefficient, .86 (.8595). Therefore, the combined stressors for both scales emitted reliable scales.

**• THE POLICE BODY • • • • •**

The thesis examines the lifestyle of the police officer, focusing primarily on perceptions of occupational stress and lifestyle, and their effects on the body. Both qualitative and quantitative data will be incorporated, in order to achieve a conceptual perspective on the social body of the police.

The first part analyzes survey data from two Canadian police forces (Metropolitan Toronto Police Department and one other large urban police department noted as the Bonaventure Police Department). The first sample includes 71 police officers from the Metropolitan Toronto Police Department; and the second sample includes 75 police officers from the Bonaventure Police Department.

The second part of the analysis focuses on the results from the 11 interviews conducted with police officers from the Bonaventure Police Department. The main topics researched are: job stress, health (i.e. fitness, nutrition), substance use, burnout, and suicide.

### The Working Body:

#### Survey Review

Overall, the majority of officers in both samples enjoy being a police officer. For Metropolitan Toronto officers, 87.3% enjoy being police officers (9.9% said "Somewhat" and 2.8% do not enjoy being police officers). For officers from the Bonaventure Police Department, 78.7% enjoy being police officers (18.7% said "Somewhat" and 2.7% do not enjoy being police officers). Officers from Metropolitan Toronto Police are more satisfied with their roles than officers from the Bonaventure Police Department.

Officers were also asked: "If you had the choice to make again, would you choose police work?" Approximately 59% (59.2%) of the Toronto sample and 68% of Bonaventure officers answered "Yes" (12.7% (Toronto), and 24% (Bonaventure) were "Uncertain"; and 28.2% (Toronto) and 8% (Bonaventure) said "No"). These results, however, are not consistent with one's enjoyment of being an officer. Although more Metropolitan Toronto officers enjoy being police officials, they are less likely to choose police work again than officers from the Bonaventure Police Department.

The majority of officers in both samples consider police work to be stressful. Table 3 (presented on the following page) reports that 91.6% (combined "Somewhat Stressful" and "Stressful")

of the Toronto sample, and 77.3% (combined) of Bonaventure officers consider police work to be stressful.

Table 3 Frequency Distribution of Officers Who Consider Police Work to be Stressful

Level of Stress	Toronto (N = 71)	Bonaventure (N = 75)
Not Stressful	8.5% (6)	21.3% (16)
Somewhat Stressful	46.5% (33)	41.3% (31)
Stressful	45.1% (32)	36.0% (27)

Although Toronto officers consider police work to be more stressful than officers from the Bonaventure Police Department, the explanation may be due to the age factor in both samples. Officers from Toronto Police are predominantly older than Bonaventure officers; and studies have noted that older police officers experience more stress than younger police officers (Dubois 1975).

Commenting on these issues of job satisfaction and stress, Toronto police officers revealed the following about their jobs as police officers:

Police work for the right people is stimulating and interesting, and as with all jobs, can be boring or stressful (female officer: 40's)

This is a great job and a fine profession, but frequently one can get the feeling that each day is an uphill battle both in the organization and public domain. But, then there are those days which bring great satisfaction and a sense of accomplishment (Male officer: 30's)

Until you've actually done this job and been faced with the situations we face, it is next to impossible to truly comprehend the stressful aspects (Male officer: 20's)

I had wanted to be a policeman ever since I can remember. When I first joined, I recall some of the older fellows telling me that being a police officer was no longer worth it, and that I had made the wrong decision. After (approximately 15 years), I often wonder if they were right....I find the laws of the land slanted in favour of the criminal. I have been told several times that I am too nice to be a police officer. I guess they were right. Many a night I have gone home wondering why a little old lady had to have her hip broken for the sake of a few dollars in a purse; or why some small child had to be beaten and abused by a so-called adult; or why someone had to blow off his head on Xmas Eve, or for that fact, any day. The dark side seems to be getting darker (Male officer: 40's).

This is a terrible job. We get no support from the public, politicians, management or fellow officers (Male officer: 40's)

For officers from the Bonaventure Police Department, the following represent several descriptions of police work and stress:

For me, the most important factor is to like what we do. (Male officer: 40's)

The police profession is not stressful as such: it's more the manner of work that renders stress. (Female officer: 20's)

For me, the stress is situated when there is pressure: management vs. officers; when an arrogant citizen files a complaint against me; when the meals are irregular. (Male officer: 30's)

#### **Most Desirable Aspects of Police Work:**

The most desirable aspects of police work for Metropolitan Toronto police officers are presented in Table 4. The results have been formulated under two categories: perceptions of work and police-community relations.

In reference to perceptions of work, four aspects were detected: job variety, job evaluation, job benefits and camaraderie. Metro Toronto police officers reported that job variety was the most desirable aspect in this category. Police work allows for greater variety such as investigative work, outdoor work, freedom of movement, non-uniform duties, different fields in policing, and autonomous work. Also, these officers rated their jobs as satisfying, being able to make a difference, challenging, proud of being an officer, having the power to correct situations, excitement of the unknown, concluding successful cases, working in a selfless role and getting respect from family and friends.

Moreover, Toronto officers were satisfied with the job benefits of police work, such as financial and job security, advancement and elevated status. Camaraderie was also a significant factor, where "belonging to a group or family" represented an internal support team.

The second major category that was very pertinent for these officers is police-community relations. To help and to serve the public designated an important desirable aspect in policing the



communities. Many police officers were more partial to giving aid to the elderly and children. Protecting the public by sending criminals to jail, and keeping society safe by enforcing the laws were also significant. Other people contacts represented meeting different people, being told one is performing well by the public, and building a greater understanding between people.

For Bonaventure officers, the most desirable aspects of police work fell under the same categories as for Metropolitan Toronto police officers: perceptions of work and police-community relations. Table 5 lists the most desirable aspects for officers from the Bonaventure Police Department.

In reference to perceptions of work, four major factors emerged for Bonaventure officers: job variety, job evaluation, job benefits and internal police relations. Job variety was highly evaluated—where working as a team, engaging in outdoor and indoor work, working autonomously, and others (i.e. interrogations, special operations, working at different hours) represented important aspects for these officers. In addition, these police officers evaluated their jobs as providing a sense of usefulness (e.g. satisfaction of completing an important job; leaving a mark by making society a better place to live in; solving day-to-day problems). Adventure of the unknown, touching all social aspects, having a better understanding of life, and having responsibility were also of interest to these officers. Job benefits, such as job and financial security, free time, advancement/promotions, and being in authority were also important. Moreover, internal police relations included: camaraderie, good co-workers, good management of operations and good supervisors.

In reference to police-community relations, serving or helping the public was of paramount interest. Protecting the public by sending criminals to jail, and preventing criminal acts were also evidenced. Other people contacts which emerged were: meeting different people, and working with the public (i.e. directing citizens; giving conferences to youths and parents; helping people prevent crimes; and working with children).

#### **Least Desirable Aspects of Police Work:**

The least desirable aspects of police work for both samples are categorized under four major

factors: external, internal, task-related and individual/personal (Terry 1981). Table 6 illustrates the least desirable aspects of police work for Metropolitan Toronto police officers.

Under external factors, Metropolitan Toronto police officers expressed the following least desirable aspects: general public, judicial system, special interest groups, minorities and media. In reference to the public, lack of support, negative views of the police, public pressure, being second-guessed by those with no expertise in police work, people you come into contact with, frivolous complaints, treated as second-class citizens, and expected perfection were reported. In terms of the judicial system, problems revolved around the courts (e.g. off-duty court appearances; leniency in sentencing criminals, waiting a lengthy period till court trial), and the laws (e.g. complacency; enforcing laws you don't agree with; laws which handicap you from doing your job; laws in general). Special interest groups include political interference; second-guessing of police actions by public agencies; inability to satisfy all pressure groups; kissing up to groups and militant group attack. Minorities represent a separate group, however they may be viewed along with the public and special interest groups. In general, minorities express negative views toward the police (e.g. lack of support and complaints). In reference to the media, misrepresentation of facts continues to mar the image of the police.

Internal factors delineated administrative incompetence, internal politics, lack of decisive leadership, nit-picking from the brass; inadequate promotional system, and paperwork (e.g. paperwork overload and reports).

In reference to task-related factors, shiftwork was considered to be the least desirable aspect for Toronto officers (e.g. working evenings/nights and attending court the next day after one's shift; working on weekends/holidays; being tired from rotating shifts; shifts interfering with family and social life; and ruining one's health). Exposure to miserable living conditions was also relevant (e.g. dealing with "scum of the earth", "dealers", seeing downside of life, domestic disputes, being exposed to death [especially dead children]).

Personal/individual aspects of police work for Metropolitan Toronto police officers depicted the following: job-related, family/social life and female-related. Job-related aspects include: boring routine; unknown situations; increasing stress; rights taken away; and others (i.e. low morale of officers;

'damned if you do and damned if you don't' attitude; patience tried by supervisors; not being able to communicate or convey one's thoughts concerning police matters; no job satisfaction; lack of accomplishment when offenders are set free into the community). Family and social life revolved around not being able to spend enough time with the family; and was evaluated as being horrible for maintaining relationships (i.e. spouse and friends). Finally, female-related aspects refers to negative attitudes of male officers toward female officers.

For **Bonaventure** officers, the least desirable aspects of police work were also categorized into four factors: external, internal, task-related and individual/personal. By examining Table 7, external factors represent the following: general public, judicial system and political interference. In reference to the public, these officers were mainly concerned with the negative public image of the police; no respect, appreciation or support from the public; complaints made by the public; and the laws are not respected by citizens. Other assessments of the public are: police are expected to be perfect; people are constantly prejudging the police (e.g. name-calling); certain people are against the police; problems communicated by citizens; aiding people but one cannot; and saving citizens regardless of their attitudes toward the police.

In reference to the judicial system, the following aspects were revealed: judicial system does not solve problems; it makes officers hate their jobs; laws and regulations limit police powers; and courts are frustrating (e.g. judges give lenient sentences; justice for poor versus justice for rich; "rotten" people always win; giving testimonies; and time lost in court). Political interference was also considered to be an undesirable aspect.

In terms of internal or organizational factors, these officers were unsatisfied mostly with management relations and internal bureaucracy. Management relations include the following problems: lack of understanding/appreciation/support from management (including being scoffed at by the department); lack of freedom; lack of communication with supervisors/superiors; pressure from superiors; and incompetent workers in upper management. Another aspect of management that was revealed is bureaucracy. Paperwork (i.e. quantity, useless, repetitive, editing reports), bureaucracy (in general), strict internal policies/directives/procedures, administrative control, disciplinary actions and budget constraints were disclosed by these officers. Other internal aspects referred to inadequate

equipment, lack of follow-up training, lack of resources, and salary.

Task-related factors include shiftwork, repression, certain tasks and other related aspects. In reference to shiftwork, these officers reported that shiftwork was highly undesirable in police work (e.g. night shift, working during holidays/weekends, problems with eating and sleeping). For instance, one female officer (20's) reveals the following problems associated with night shift: "Night shift: poor sleep; meals difficult to digest; mood swings (irritated)." Repression involves all miseries of life: being exposed to negative social aspects; announcing deaths (e.g. drowning, murder, massacres like at Ecole Polytechnique); being in scenes involving the death of a child; answering calls involving disputes (especially family disputes), violent situations, injured or dead people. Certain tasks, such as work at the end of the week; useless tasks; volume of work does not allow for a thorough investigation; particular tasks (e.g. guarding someone in a hospital); solo-patrol; issuing tickets; and routine calls (e.g. false alarms) were also regarded as undesirable. Other aspects involved: carrying out orders from superiors that are totally different from one's personal experience/or that one is opposed to; making split-second decisions and then being second-guessed by authorities who take months in deciding what proper action should have been taken; continuous changing of partners; long periods of inactivity; insults; injuries; and always faced with problems were supposed to solve.

Individual/personal factors consist of: stress (e.g. stress of a bad decision; police live with stress, anguish and fear and the reality of acts committed by criminals); lack of recognition (e.g. considered merely as a number; lack of rewards; ungrateful profession); isolation and powerlessness (e.g. frustration before the courts); cynical attitudes (e.g. always detached from calls; people use police officers because of their role as officers (e.g. excuses to beat traffic violations or avoid criminal prosecution); not allowed to make any errors; "sometimes we laugh at what we hear from officers who sit in their ivory towers"; and the unknown.

Female-related factors include officers who don't want to work with female officers; and being watched over by other officers like in a daycare. Problems with social life or relations was cited by one officer.

**Most Stressful Aspects of Work:**

Another section of the questionnaire asked the respondents to list (i.e. written responses) the first five most stressful aspects of police work. By examining Table 8, the 10 most stressful aspects of police work for Metropolitan Toronto police officers are: shiftwork, work overload, courts, public, administration, complaints, dangerous situations, media misrepresentation, political interference, laws and minorities (latter two tied). Each of these aspects will be discussed, respectively.

**Shiftwork:** Problems related to shifts include: working on weekends and during holidays; working midnight shifts and attending court the following morning/day; day shifts till 8 PM; no off-duty social life; lack of sleep; problems with adjusting to hours; and difficulties with family and child care.

**Work Overload:** This problem mainly includes a "monumental amount of paperwork"; other clerical overload; and inadequate manpower.

**Court:** Problems involving the courts comprised of: court appearances on days off; court testimonies; light sentences; attendance; and delays in scheduling.

**Public:** Problems concerning the public consisted of: lack of public support; negative criticism (unfounded); lack of understanding; anti-police publicity; branded a "low life"; being prejudged; lack of appreciation and recognition; and dealing with the public in general.

**Administration:** The most stressful aspects regarding management were: lack of support and recognition; supervisor's lack of understanding; lack of leadership from senior officers; poor administration; promotional system; pressure from the department; and politics in management.

**Complaints:** This aspect only deals with complaints made against the police or fear of receiving any complaints from citizens. Fear of being internally investigated by the department or an outside agency was also reported. Complaints were seen as politically motivated, and included special interest groups,

including the visible minority population.

**Dangerous Situations:** This aspect included the use of guns (especially being confronted with a gun); violent arrests and situations (e.g. violent family disputes); and high-speed car chases.

**Media Misrepresentation:** Problems with the media involved: media's opinion is greater than the complaint system; negative media coverage (always report negative news); and always being second-guessed by the media.

**Political Interference:** This stressor involved any political interference- whether within the department or outside of the police force (e.g. special interest groups).

**Laws:** This aspect dealt with the changing laws and regulations; lack of clearly defined laws; ineffective laws; Young Offender's Act (e.g. slap on the wrist in court); and Charter of Rights.

**Minorities:** This aspect is categorized separately although this aspect may be considered along with the public and special interest groups. Problems with minorities include: dealing with unfounded complaints; being second-guessed by minority groups and individuals; being painted a racist; racial tension from outside; and minority activists.

It was interesting to note that officer-related problems were also important for Metro Toronto police officers. Peer acceptance; peer pressure; personality conflicts between co-workers; unmotivated colleagues to work with (e.g. loss of Esprit de Corp [4 male officers reported this aspect]); "spending 10 hours in a car beside a jerk," or "a good partner can make or break one's attitude or reflection of one's job"; and colleagues that embarrass other officers by living the police stereotype were noted. Other personal reflections were: not being in control; fear of internal, criminal, civil prosecution; perception that your actions are having little success in preventing or controlling criminal behaviours; keeping one's bearings (patience and empathy); prohibition of speaking out to the media; expectation

of being a distant professional- not human; protecting yourself and other officers from lies/complaints; personal abuse; lack of recognition; feelings of not accomplishing anything; and being second-guessed by the media, senior officers, politicians, and minorities of officer's decision.

The frequency of written responses regarding the most stressful aspects of police work for **Bonaventure** officers is outlined in Table 9. The 10 most stressful written responses are: administration; shiftwork; violent situations; public; courts; unknown and work overload (tied); fellow officers and fear of making errors (tied); danger and emergency situations (tied); eating patterns; injuries, family/social life and media misrepresentation (tied).

**Administration:** Problems with the administration represent the following: lack of support (8); administration, not specified (5); superiors (e.g. incompetent superiors and pressures emitted by superiors) (5); directives of the service (5); budget constraints versus quality of work (4); department does not appreciate its members (4); lack of communication with department (3); pressure from the department (3); administrative control (3); officers in management (e.g. directors) (3); under constant scrutiny (3); second-guessing by management (e.g. always explaining actions) (2); departmental politics (2); lack of recognition (2); production versus attention for victims (1); and the department is not interested in our health (e.g. "What disgusts me a great deal is that the department goes for useless studies instead of studies that deal with the health and welfare of its members") (1).

**Shiftwork:** Problems with shiftwork included: lack of sleep, poor eating habits, poor social and family life.

**Violent Situations:** This aspect refers to scenes of extreme violence; tragic situations; hostage situations; shooting; intervention; armed suspects; tragedies like the massacre of 14 women at Ecole Polytechnique; calls for beaten children; and domestic violence.

**Public:** Problems with the public consisted of: lack of public support; public criticism (e.g. enquiry into complaints not well-founded); public pressure; public doesn't understand police work; no recognition

from public; complaints; reports on using strong language and force; lack of respect for police (e.g. stopping someone black); and always having to satisfy the public.

**Court:** This stressor refers to: court appearances; time lost in courts; court decisions (e.g. lenient sentences); giving testimonies; and police officers are treated worse than the detained.

**Unknown:** Fear of the unknown was also stressful for these officers.

**Work Overload:** Problems with the workload included: inadequate manpower and too much paperwork.

**Fellow Officers:** Problems with fellow officers centred on: incompatibility between officers; lazy attitude of police officers; submitting to decisions made by incompetent officers; and overall relations between officers.

**Fear of Making Errors:** Officers expressed their fears of making errors. Such errors may "cost you your job and your life"; and there is a strong emphasis on being perfect and never making a mistake.

**Danger:** This aspect generally represents any calls that involve danger (especially in the streets).

**Emergency Situations:** Problems with emergencies include: gun-shot victims, bad accidents, and uncertainties regarding legalities in emergencies.

**Eating Patterns:** This aspect was purposely separated from shiftwork in order to determine the importance of problems with eating. Absence of regular eating habits and health at work were reported.

**Injuries:** Fear of being injured or killed was also important for several officers.

**Family / Social Life:** Problems with family or social life geared on: difficulty of living with the stress



after hours, especially with the family; family security; and diminishing social life.

**Media Misrepresentation:** This final aspect involved constant criticism; press is always negative regarding the police; and the media is always second guessing any action taken by officers.

Moreover, the following represents the major stressors of police work for both samples taken from the stress scale. The stressors will be grouped under the four factors of occupational stress: external, internal, task-related and individual/personal. Under each factor, the stressors will be listed by order of importance for both samples. Table 10 and Table 11 put forward the most significant stressors for both samples.

Although Metropolitan Toronto police officers consider their work to be more stressful than officers from the Bonaventure Police Department, Bonaventure officers exhibit higher percentages on the stress scale than the Toronto sample. For both samples, shiftwork, courts, public and administration represented major stressors found in police work. Shiftwork was most significant for Toronto officers, while problems with the police administration was most pronounced for Bonaventure officers. Job overload ranked second for Toronto officers, and exposure to violent situations ranked third for Bonaventure officers.

For Metropolitan Toronto police officers, the major stressors of police work are presented in Table 10 (in order of importance for each factor). Under external stressors, the major problems include the public, courts, and media. In reference to the public, complaints against the police (Somewhat Stressful = 38%; Very Stressful = 54.9%); being sued (Somewhat Stressful = 22.5%; Very Stressful = 45.1%); and image of the police (Somewhat Stressful = 54.9%; Very Stressful = 25.4%) represented significant problems for Metropolitan Toronto police officers. Officers expressed the following regarding the public:

A big frustration with police work is that the community at large wants us to get the job done, but God help you if you are not perfect in the execution of your work. Very few occupations demand so very much during both low and high stress situations, yet offer so little in return (Male officer: 30's).

When a crime takes place, police are expected to take prompt effective action. This sometimes results in injury to citizens and police alike. Sometimes force has to be used to apprehend offenders. This causes much stress to officers. Decisions are made in a split-second: some right, some wrong, but always controversial....In my years on the force, I have seen the role of the police reduced from a respected position in society to that of little respect, and of a position looked upon as oppressive to society. (Male officer: 40's)

Most officers today feel that they do not have the support of anyone (i.e. peers, supervisors, commanding officers, media, politicians and especially the public). It appears that most decisions are made based on the number of votes that matter, especially when dealing with black minority situations. (Male officer: 30's).

Many officers are now avoiding arresting or having anything to do with these people (i.e. minority groups), in fear of having to report to someone about their actions when dealing with them (Male officer: 40's).

In reference to the courts, court decisions (Somewhat Stressful = 38%; Very Stressful = 42.3%); scheduling court appearances (Somewhat Stressful = 53.5%; Very Stressful = 16.9%); and cross-examinations (Somewhat Stressful = 47.9%; Very Stressful = 21.1%) were of major concern. For instance, one male officer (30's) reveals:

Working in a drug squad is probably more stressful than an officer in uniform. As an undercover officer, my biggest problem is attending court three to four days a week then working 4PM to midnight.

Problems with the media mainly involved the press coverage of the police (Somewhat Stressful = 39.4%; Very Stressful = 42.3%). An example is illustrated in the following comment:

It would benefit morale if the press used more discretion and intelligence in the manner of some of their reports on the police. Nothing is more annoying or demoralizing than to see a banner headlining front page "Cop Charged" or "Cop Shoots Woman". Front page coverage of something worthwhile is rarely seen (it doesn't sell papers). (Male officer: 40's)

Internal factors include: job overload (Somewhat Stressful = 39.4%; Very Stressful = 42.3%); adequacy of manpower (Somewhat Stressful = 40.8%; Very Stressful = 47.9%); promotions (Somewhat Stressful = 39.4%; Very Stressful = 36.6%); internal investigations (Somewhat Stressful = 35.2%; Very Stressful = 35.2%); poor equipment (Somewhat Stressful = 50.7%; Very Stressful = 23.9%);

administrative support (Somewhat Stressful = 46.5%; Very Stressful = 22.5%); and departmental policies (Somewhat Stressful = 57.7%; Very Stressful = 11.3%). Of all the variables listed in the stress scale, "job overload" proved to be the most significant for Toronto police officers (N=71), when cross-tabulated with the variable "work stress" (i.e. Do you consider your job to be stressful in the negative sense?). The results reveal that 55.3% (21) of Toronto officers who consider job overload to be "very stressful" also consider police work to be stressful compared to only 5.3% (2) who judge job overload as very stressful but not police work (.0514;  $p = .05$ ). The following comments support some of the above stressors:

Please give us more police officers (Male officer: 30's).

More stress (negative) comes from the police department than from any outside source. The work is relatively easy: the management is difficult. (Male officer: 30's)

When I first started (approximately) 15 years ago, and they talked about stress: I laughed. But as I grew older, I can see that stress is a subtle thing that creeps up on you. This and the lack of back-up from superiors is a great cause of burnout. The police department is more interested in hanging its own than solving crimes (Male officer: 30's).

I have been a police officer for (approximately) 25 years). I currently feel that our force demands too many changes too fast, without the proper training. Our training is geared more to band-aid treatment, rather than more thorough training. All our force is interested in is being able to say to an inquest jury that the officer was trained and passed. Also, I feel frustrated that our force is more interested in being involved in its public relation image. Our force is also perceived as a racist force because it now appears to be favouring visible minorities and females in so far as promotions are concerned, thus eliminating many capable officers of both genders. (Male officer: 40's)

For Metropolitan Toronto police officers, task-related problems involved: shiftwork (Somewhat Stressful = 50.7%; Very Stressful = 35.2%); and assaults on officers (Somewhat Stressful = 49.3%; Very Stressful = 32.4%):

Officers in my squad have been subjected to assaults including one officer being stabbed. (Male officer: 30's)

Personal stressors comprised of concerns over injuries, disabilities and fatalities (Somewhat

Stressful = 45.1%; Very Stressful = 22.5%); concerns over danger (Somewhat Stressful = 45.1%; Very Stressful = 19.7%); and recognition (Somewhat Stressful = 50.7%; Very Stressful = 4.2%). In reference to concerns over danger, one male officer (30's) stated:

I try hard not to think of the dangers.

For Bonaventure officers, the major stressors of police work are presented in Table 11. External stressors include: public, courts, and media. Problems with the public involve: being sued (Somewhat Stressful = 29.3%; Very Stressful = 62.7%); complaints against the police (Somewhat Stressful = 62.7%; Very Stressful = 24%); and image of the police (Somewhat Stressful = 61.3%; Very Stressful = 17.3%). Of all the variables implemented in the stress scale, the following external variables relating to the public were most significant when cross-tabulated with the variable "work stress". In reference to complaints made against the police, 61.1% (11) of the respondents deem this variable to be very stressful as well as police work in general. There were no respondents who judged this variable as very stressful and not police work (.0234:  $p < .05$ ). Also, for those who evaluated the variable "being sued" as very stressful, 40.4% (19), they also reported police work to be stressful, compared to 27.7% (13) who consider it to be very stressful but not police work (.0061:  $p < .01$ ). Moreover, officers expressed the following regarding the public:

One particular aspect which I find stressful in police work is citizen's incomprehension of our work. If the population does not understand our powers and procedures, then it should collaborate more with us, and stop blaming the organization. (Female officer: 20's)

Police officers are knocked over by criminals, citizens, administration and the Police Commission....No one has any more respect for the police. (Female officer: 30's)

A lot of prejudice from the public. Each time the public communicates with us, it's to talk about tickets or to talk nonsense or to crack indirect messages...How could you not become anti-social? (Female officer: 20's)

Since I've become a policeman, I've developed certain apprehensive tendencies toward citizens. (Male officer: 30's)

It's getting worse and worse to do our job today. The pressure is sometimes hard because we are often placed in situations which asks an immediate decision without doing any mistake, or else we will be in trouble facing our employer, laws and society. We have so many things to think about because the society is asking too much from us. (Male officer: 40's)

In reference to the courts, cross-examination (Somewhat Stressful = 54.7%; Very Stressful = 20%); court decisions (Somewhat Stressful = 33.3%; Very Stressful = 20%); and scheduling court appearances (Somewhat Stressful = 46.7%; Very Stressful = 12%) represented major problems for these officers. Of the three variables with the courts, court decisions was the most significant variable when cross-tabulated with the variable "work stress". That is, 66.7% (10) of the officers labelled this variable as very stressful and police work as stressful compared to 6.7% (1) who considers this variable to be very stressful, but not police work (.0501:  $p = .05$ ).

Problems with the media revolve around the press coverage of the police (Somewhat Stressful = 46.7%; Very Stressful = 24%). Press coverage of the police was very stressful for 61.1% (11) of respondents who also regarded police work as stressful, compared to 11.1% (2) of the respondents who evaluated this variable as very stressful but not police work (.0183:  $p < .05$ ).

Internal stressors include: administrative support (Somewhat Stressful = 32%; Very Stressful = 48%); adequacy of manpower (Somewhat Stressful = 50.7%; Very Stressful = 37.3%); internal investigations (Somewhat Stressful = 48%; Very Stressful = 38.7%); job overload (Somewhat Stressful = 40%; Very Stressful = 34.7%); departmental policies (Somewhat Stressful = 50.7%; Very Stressful = 26.7%); and relations with supervisors (Somewhat Stressful = 50.7%; Very Stressful = 22.7%). Work load was reported to be very stressful among officers with 11 to 20 years of service (.0109:  $p < .05$ ). Of all the internal stressors represented in the stress scale, inadequate manpower was depicted as very stressful for 48.1% (13) of police respondents who also evaluated police work as stressful, compared to 7.4% (2) of respondents who judged this variable as very stressful but not police work (.0045:  $p < .01$ ).

The following comments support problems with the organization itself:

The stress that is accelerated by the department comes much more than the danger on the road. Working when we're not supported by our superiors gives very little security. (Female officer: 20's)

As police officers, we have a split second to make a decision; and the courts, disciplinary boards, the media, etc, have months to decide whether in that split second we made the right decision. (Male officer: 30's)

Task-related stressors delineate: shiftwork (Somewhat Stressful = 32%; Very Stressful = 38.7%); assaults on officers (Somewhat Stressful = 45.3%; Very Stressful = 30.7%); and exposure to

miserable living conditions (Somewhat Stressful = 46.7%; Very Stressful = 21.3%). Shiftwork was depicted as very stressful for 41.4% (12) of Bonaventure officers who also regarded police work to be stressful, compared to 20.7% (6) of officers who outlined this variable to be very stressful but not police work (.0584:  $p = .05$ ). In reference to assaults, 60.9% (14) of these officers who indicated this variable to be very stressful also consider work to be generally stressful, compared to 8.7% (2) of the sample who depict this variable as very stressful but not police work (.0376:  $p < .05$ ).

Personal stressors include: concerns over danger (Somewhat Stressful = 56%; Very Stressful = 25.3%); and concerns over injuries, disabilities and fatalities (Somewhat Stressful = 40%; Very Stressful = 24%). Concerns over danger in policing represented to be very stressful for 52.6% (10) of the officers who also labelled police work as being stressful, compared to 10.5% (2) of officers who consider it to be very stressful but not police work (.0597:  $p = .05$ ). Moreover, officers also expressed their feelings toward fellow officers and the department:

The relations between officers (male and female) are not always agreeable, and many male officers do not want to work with females. That accentuates stress. (Female officer: 20's)

I find that it is difficult for a younger police officer like me to keep a positive attitude when I work in a station where the older police officers are very negative...The training we received at the police academy is not at all like the reality. (Male officer: 20's)

Your survey is good but for officers with 25 years of service or more. The department considers us as only a number. (Male officer: 40's)

After 30 years of service, I find my work to be routine and monotonous. I do not experience pleasure any more from working...Too many useless reports than arresting suspects. (Male officer: 40's)

We are offered a service that is less and less personalized, where the sole aim is to add or subtract statistics. Officers in general also lack interest in their work, which we realize and also our employer, for as long as budget constraints are respected. (Male officer: 30's)

Police today is a show. Police of statistics. What is more important (e.g. drugs, police officers who make errors and discharged; the image, the image, the image) is very important. (Male officer: 40's)

The guilt can play a role also. If we think that we made a mistake, we get the impression that we are being judged afterwards. In addition, we lose confidence in ourselves and that causes a lot of stress. (Female officer: 20's)

Although there are similarities between the two samples regarding the particular stressors, there are several differences. In reference to the public (external factors), both samples were concerned with complaints made against the police, being sued, and image of the police. However, officers from Toronto Police were more concerned with complaints against the police, while officers from the Bonaventure Police Department were preoccupied more with being sued.

In reference to the courts, court decisions were mainly stressful for Toronto officers, while cross-examinations were of primary interest for Bonaventure officers. In terms of the media, both samples were concerned with the press coverage of the police; however, Toronto officers were most concerned with this particular stressor.

For Metropolitan Toronto officers, job overload was most significant, while administrative support was most crucial for Bonaventure officers. Promotions and poor equipment also represented stressful factors for Toronto officers; while relations with superiors was of major interest for Bonaventure officers.

For both samples, task-related stressors included shiftwork and assaults on officers. Officers from the Bonaventure Police Department were also concerned with exposure to miserable living conditions.

Personal stressors incorporated concerns over danger, and injuries, disabilities and fatalities for both samples; however, recognition (or lack of) represented another personal stressor for Metropolitan Toronto police officers.

### Interviews

I never felt that being a cop I should get more money because I risk my life, no. But because I face the world's problems, yes. (male officer:30's)

Three-quarters of the respondents revealed that police work is stressful to one degree or another. The major criticisms for these police officers delineate the following: people have poor

conceptions of police work; people hold negative evaluations of police officers; poor relations exist with management; patrol work can be very stressful (e.g. exposure to miserable conditions); shiftwork; and the judicial system needs to be improved (e.g. courts). Each of these issues or stressors related to police work will be examined respectively.

### **Misconceptions of Police Work:**

Several officers were quick to point out that the general public has no idea what is involved in policing our communities. Television portrayals of police work are largely responsible for misleading the public- where fast-paced cars and constant exposure to gunfire rule the set. The reality behind police work involves a large amount of paperwork (especially filling out reports); many periods of inactivity (especially for patrol officers); settling everyday complaints (e.g. family disputes; neighbours; quarrels in bars; drunks; etc); being exposed to dangerous situations (e.g. calls involving armed suspects; robberies); and many other factors related to the job. Many officers expressed resentment toward people who are too quick to criticize the police, and yet, do not know what entails in being an officer. For instance, one male officer (30's) states:

People have a perception of the police that's really based on fiction, and that's why they criticize. If they had the real picture, then maybe they wouldn't criticize. When you join a police department, you have no idea of police work. So the first time you get cross-examined, or you have a bad case, or you lose a case, or you get reported by a citizen and you go in front of a disciplinary board, that affects you because you say I'm not the bad guy. Bad guys are walking the streets, and the good guys are working and getting charged. You fail to understand.

A female officer (20's) gives the following example:

People don't know what it's like to work on the midnight shift: having to pick people out of sewers. I don't have anything against them; but they smell, they're dirty. Am I infected now? You finish your shift in the morning; you have to go to court and sit in court till 4 o'clock PM. Then you go home, and sleep until your midnight shift again. All those things add up.

Similarly, another male officer (40's) puts forward the following:

I wish that everyone for a day or week could be a police officer: just



to realize that police officers are like anyone else. What bugs me a lot is that the police officer is not recognized for what he does outside. I've seen police officers cry. And they always make public things that go wrong in the department...Someone should be able to say something positive about police work...If I were, I'd start over again...And once we've learned not to take the job home, that helps.

#### **Evaluation of the Police:**

It is evident that officers perceive the population to have a lack of understanding regarding their roles in policing the community. It will become more predominant that officers feel that the public view the police as inhuman, robot-like, a group of men and women far removed from the "human" world. This particular subculture supposedly represents "super cops", where day-to-day life events have no impact on police officers, their families and friends. From my experience with police officers, many have expressed their feelings regarding this issue. For instance, one male officer (40's) reveals:

They have this idea that we're robotic. And that's the thing that's always bothered me. We're robots. We don't eat food. We stay in the car 24 hours a day. We don't have family lives at home. We don't have the same problems. We don't have the same preoccupations- but we do. We have to show our more human side.

Similarly, a female officer (20's) asserts:

I have to pay attention to what I'm doing all the time. Let's say I'm driving a car and I have a person with me, and I go through a yellow light. They tease me: "Cops shouldn't go through a yellow light". I'm a human. It's quite hard. Even if we go to a party, people are going to talk to me about police. We are not normal. What I mean by normal, people sometimes see us as something strange. They forget that we are human behind the uniform.

Many police departments continue to be exposed in a negative light. The media (i.e. press, television) and the public are too severe in their criticisms regarding the police. Complaints made against the police have involved verbal abuse, physical abuse (i.e. police brutality), police racism, wrongful arrest, improper implementation of police procedures (e.g. entrapment) and other related factors. As soon as one officer is charged with a misdemeanour, the entire police department and every

other police officer are reprimanded, and all suffer the negative image branded by the media. Negative assessments of the police are considered to be problematic for many officers. The following accounts clearly outline this problem:

Sometimes I feel like I have to fight for my job. They're going to say: "You are ok., but the other ones are....". It's hard because I always have to fight for the image of the police. Sometimes I'm tired of that. I like to work in uniform; but sometimes I would like someone to say work in normal clothes. Because if I walk on the street, people are going to look at me differently. The average population is going to treat us as something different. (female officer:20's)

The thing that bothers us the most is the criticism of the press. We don't like to get criticized by people who don't know what the job is all about. (male officer:30's)

Similarly, one female officer (20's) asserts that the media does not report any good news regarding the police. You never hear about police officers saving lives, or going door-to-door and discussing crime prevention. She feels that better relations need to be established, especially with the ethnic communities. She states:

I'm looking forward to working hand-in-hand with the black community; with all types of persons, and say we are a group, and we have to work together.

#### **Relations With Management:**

Relations with management continues to be a major concern for police officers. One male officer reported that the relations with management during the 70's were stressful, very militaristic. Officers used to be addressed by their badge number. You were never addressed by name; and when confronted with the Director, you had to stand up and salute. However, the relations between both parties have improved according to this officer. He reveals that you're spoken to at a more human level- and you're addressed by name.

In contrast, several other officers disclose that the relations between officers and management need major improvements. Lack of management support represents a big problem for these officers. Instead of working together, relations between the two are disintegrating, forming two groups-"us" and

"them". Thus, communication is lacking between these groups.

They're up in their ivory tower and we're down here on the streets. Not that they (officers) want power, they just feel that once you're put in an office, you kind of lose, you forget what it's like on the streets. (female officer:20's)

The higher-ups: they don't care about us. They only care about their image. Any decisions they make- make them look good. (male officer:30's)

#### **Patrol Work:**

Patrolling the streets is not an easy task for many officers. Sitting in a patrol car for nearly eight hours a day takes its toll on the body (e.g. problems with the lower back and digestive system). Periods of boredom and inactivity are prevalent in patrol work. However, constant exposure to the negatives or miseries of life may also become stressful for some officers.

One male officer (30's) states that in his field of police work, stress plays a positive role "because it makes you perform". Working on a permanent shift is less stressful for this particular officer than working on the streets. He claims:

It's very hard to expect what's going to happen. You could be drinking a coffee, and two minutes later, you have someone armed in front of you. And these things you cannot forecast or predict, make the job very hard on you when you're on the car-radio. Also, always being in a conflictual context makes it very stressful.

Several officers revealed that police work may be stressful depending on the field of police work that one is in. One male officer states that once you become a veteran in police work, you're not as stressed as a younger officer starting out who doesn't know what to expect. With experience, one becomes wiser; and today, this officer would think twice before breaking down a door knowing someone's hiding behind it. He concludes that patrolling the streets can be very stressful.

A female officer (20's) also acknowledges the role of stress in patrol work. She states:

If you see a motor-vehicle accident and somebody is dead, you're going to go home and you're going to think about this. But we have to work with this type of situation every day. So after a while, it's quite stressful.

Another female officer (20's) reveals the following:

The first thing that I saw that was very hard was a suicide. A man shot himself in the head: he didn't have a head....I remember once there was a murder of a 3-year-old. Her mother killed her with a knife. It's very hard to see, but I cried. I don't have to be strong or hide it. It's normal, we are human.

One officer (30's) states that it's also easy to get stressed because you're working with people who most of the time are undergoing problems. He asserts:

It's not a physical type of work: it's more mental and emotional, in the sense that you're trying to calm people when they're in a state of crisis. And that's where the stress may come in. That coupled with shifts; and you try to keep a balance between your family and the working hours.

In addition, working on the streets renders it more difficult for personal relations. Police officers express difficulties in discussing their job to people (e.g. spouses, family, friends) who have little to no knowledge of the work. Talking to fellow officers is easier because they understand the problems associated with the job.

Thus, several officers reported that working at a desk job is not as stressful as patrolling the streets.

#### **Shiftwork:**

Close to half of the respondents reported that shiftwork interfered with their lives. For instance, shiftwork makes it difficult to have a healthy social life. One female officer (20's) states:

If you're on an afternoon shift, you can't make it. If you're on the midnight shift, you can't make it. Often if you work day shift-by the time you get home, you're totally exhausted, and you don't want to do anything.

One male officer (30's) expressed that he'd like to do other things, but he can't because of his shiftwork. It's especially more difficult when working on the midnight shift; and according to him, it gets

harder as you grow older. Another male officer (40's) who has a permanent day shift revealed that his social, personal-family life and his eating habits have improved tremendously since he stopped working on rotating shifts.

Therefore, people are able to socialize more once they go on regular shifts. One male officer (40's) states:

With shiftwork, your social life takes a beating- e.g. go to parties Saturday night and you can't. With a few "No" replies, they tend to forget you and you forget them because you develop a whole new set of friendships...Spouses suffer from shiftwork too...It's more of a normal life if you work on a regular day shift and have weekends off.

Interestingly enough, one male officer (30's) reports that working on shifts elicits less stress than working at a desk job. Working on a permanent day schedule and desk job represents a "killing stress". He believes that you need a tremendous amount of motivation and self-discipline to work on a permanent schedule. According to this officer, police work is stressful even on shiftwork. However, there are more opportunities to alleviate stress while working on shifts.

#### **Judicial System:**

Several police officers expressed feelings of resentment toward the judicial system. Such negative attitudes toward the judicial system mainly consisted of the administration of justice by the courts and other aspects related to the court; and the constitutional laws and limitations regarding police procedures. Officers feel that the courts are too lenient in their decision-making of offender's guilt and sentencing. Some officers are frustrated because as soon as they bring offenders in, the courts are too quick in releasing them back into the community. One male officer (30's) states:

The courts are too liberal. You put criminals in; and courts, prisons put them out.

Another aspect related to the courts is attending court after one's shift or during one's day off. For instance, one female officer stated that after working the midnight shift, one is very tired. However, court schedules may interfere: where you might sit in court for hours after a shift, go home and sleep

for a couple of hours, and go back on the midnight shift. Officers feel that there is a lack of consideration regarding court schedules or appearances.

In reference to the application of laws, one male officer (30's) expressed the following:

As far as the judicial system, I have learned through the years that probably the worst job you could have is a policeman.

From this perspective, it is evident that police work can be stressful for many officers. However, according to a few officers, one has to learn not to take the job too seriously. For instance, one male officer (30's) reveals that the job itself is not stressful; however, the individual can make it stressful. According to him, you can't take the job too seriously:

If you really take everything at heart, it could become stressful. If you flow with the punches, the way I've learned to cope with it, call it being cynical, you don't get involved with what you do.

Another male officer (30's) divulges that he tries to beat stress by not taking the job home. He asserts that being too serious can only interfere with one's way of life.

You have to have a sense of humour. That's the biggest defense mechanism. The most awful thing, you got to laugh.

Similarly, another male officer (40's) states:

Police work does not cause stress. Taking the job too serious causes stress.

#### Body of Health:

#### Survey Review

Officers were asked if they consider themselves to be healthy on a general level. For both samples, the majority of officers regard themselves as being healthy (Toronto = 63.4%; Bonaventure = 61.3%). For Toronto, 32.4% believe they are "Somewhat" healthy, and only 2.8% do not consider themselves to be healthy. For Bonaventure officers, 34.7% feel that they are "Somewhat" healthy, and 4.0% consider themselves to be in poor health.

**Fitness:**

For both samples, the majority of officers (Toronto = 95.8%; Bonaventure = 94.7%) spend their workday mostly sitting, whether in a police car or at a desk. The average miles walked or jogged per day is less than one for both samples (Toronto = 59.2%; Bonaventure = 49.3%). For the Bonaventure sample, 76% (19) of officers who consider work to be stressful walk or jog less than one mile per day as opposed to 46.7% (7) who do not consider policing to be stressful (.0210:  $p < .05$ ). In reference to participation in sports or exercise programs, there was an even distribution for both samples (i.e. Toronto: "3 times a week or more" = 35.2%; "once a week" = 25.4%; "seldom" = 36.6%; and Bonaventure: "3 times a week or more" = 32%; "once a week" = 25.3%; "seldom" = 40%). Even though the three categories had even distributions, there is a slightly higher proportion of Bonaventure officers who "seldom" participate in fitness. For Metropolitan Toronto police, single officers participate the most in sports or exercise programs (100%). On the other hand, 42.5% of Toronto officers who are in a first marriage seldom participate; 50% of separated and divorced officers participate 3 times per week; and remarried officers engage in exercise three times per week (40%) and seldom (40%) (.0295:  $p < .05$ ). For Toronto, participation in sports or exercise tends to decline with age. The most active age group is less than 30 years age group (70%) and the least active, 35 to 39 years (12.5%) (.0102:  $p < .05$ ). For Bonaventure officers, participation in sports or exercise declines with increasing years of service; and is especially worse for those officers with 21 years of service or more (.0576:  $p = .05$ ). In addition, officers from both samples expressed concern for physical fitness. For example, a few officers from Metropolitan Toronto Police relayed the following:

Physical fitness should be made a condition of employment. (Male officer: 20's)

The department should give some time to get in better shape and get involved in some fitness program (while working). (Male officer: 30's)

Officers from the Bonaventure Police Department expressed the following regarding physical fitness:

We have to have, during working hours, at least one hour of physical conditioning per week. (Female officer: 20's)

There are certain responsibilities that the department does not carry

out: (1) protection of each member before the media in general; and (2) the physical condition of police officers, instead of spending money uselessly on certain equipment. There is no program for physical conditioning put forward by the department. (Male officer: 30's)

The department must occupy itself with the health of officers. In the 8.5 hours of work, there must be one hour for physical conditioning, every day...It is fundamental to see officers in good form, as much as for the citizens as for officers, because patrol officers are in a sitting position for 6 hours out of 8.5. The bad conditioning of officers include stress, obesity, cardiovascular disorders, insomnia, bad mood, depression, pessimism, etc. (Male officer: 20's)

#### **Nutrition:**

The majority of officers in both samples are either "not overweight" or "5 to 19 pounds" overweight. For Toronto officers, 38% indicated that they are not overweight compared to 44% of Bonaventure officers. Approximately 44% (43.7%) of Toronto officers and 41.3% of Bonaventure officers revealed that they are 5 to 19 pounds overweight (only 18.3% of Toronto officers and 13.5% of Bonaventure officers are 20 pounds overweight). In reference to perceptions of health for Bonaventure police officers, the following relationship was statistically significant (.0344:  $p < .05$ ): 72.7% (24) of officers who are not overweight consider themselves to be healthy; 54.8% (17) who are 5 to 19 pounds overweight consider themselves to be healthy; 40% (4) of officers who are 20+ pounds overweight consider themselves to be healthy; and 40% (4) to be somewhat healthy. Both samples also reported that they eat a wide variety of foods from the five essential food groups (i.e. (1) meat, fish, poultry, dried legumes, eggs or nuts; (2) milk or milk products; (3) breads or cereals; (4) fruits; (5) vegetables) each day (Toronto = 46.5%; Bonaventure = 41.3%) and three times a week (Toronto = 40.8%; Bonaventure = 48%).

Officers were asked if they eat at fast-food restaurants where the menu consists of hot dogs, hamburgers, french fries, pizza, etc. Both samples reveal similar results. The majority of officers from both samples stated that they occasionally attend fast-food restaurants (Toronto = 60.6%; Bonaventure = 65.3%). A smaller percentage of Toronto officers (28.2%) and a smaller percentage of Bonaventure officers (22.7%) attend "frequently".

Officers were also asked if they find it difficult to eat nourishing meals during their shifts.



Approximately 50 percent (49.3%) of Toronto officers "Frequently" find it difficult to eat properly during and after working hours (28.2% "Occasionally" find it difficult; and 22.5% do not find it difficult). The distribution for Bonaventure officers was somewhat even (not difficult = 36%; "Occasionally" difficult = 25.3%; and "Frequently" difficult = 37.3%). However, some officers from the Bonaventure Police Department expressed the following problems with nourishment:

The nourishment of officers is weak, and it is more or less our fault. Not only do we have three-quarters of an hour to eat, but we also eat between calls. That is why we opt for fast-food. It's much faster; and it's many times per week. A cafeteria service in each station offers a variety of meals, and well-balanced meals. This solution involves a lot of money, but it is the only way to improve the health of officers (mentally and physically). (Male officer: 20's)

In the area that I work, we have to eat between calls because our hours for meals (e.g. lunch is at 10:30 or 1:00 PM) and the restaurants are particularly those which serve fast-food. (Male officer: 30's)

#### **Tobacco:**

For both samples, the majority of officers do not smoke cigarettes (Toronto = 76.1%; Bonaventure = 70.7%). Only 18.3% (Toronto) and 22.7% (Bonaventure) smoke 10 or more cigarettes per day. Similarly, the majority of officers in both samples do not smoke cigars (Toronto = 91.5%; Bonaventure = 90.7%); and pipe tobacco pouches (Toronto = 91.5%; Bonaventure = 93.3%).

#### **Annual Check-Ups:**

In reference to annual visits to the doctor for a complete physical examination, both samples gave a 50-50 assessment. For Toronto police officers, 52.1% reported that they visit their doctor on an annual basis, while 47.9% said they do not. For Bonaventure officers, 52% said they go for a medical check-up once a year, although 48% said they do not.

#### **Psychosomatic Symptoms:**

Out of the seven major psychosomatic symptoms listed in Table 12, lower back problems was

the most significant for both samples. For Toronto officers, 55% (43.7% "Occasionally", 11.3% "Frequently") have problems with their lower back. For Bonaventure officers, 62.7% (38.7% "Occasionally", 24% "Frequently") reported having lower back problems. Moreover, an interesting relationship was found between physical activity and lower back problems for the Bonaventure sample: 37.8% (14) of officers who walk or jog less than one mile per day frequently experience lower back problems compared to 6.7% (2) who walk or jog more than one mile per day (.0092:  $p < .01$ ).

Although the majority of officers in both samples do not experience significant problems with the remaining listed symptoms, it is still pertinent to examine each respectively.

Digestive problems represented the next major reported symptom for both samples. For Toronto officers, 33.8% (31% "Occasionally", 2.8% "Frequently") revealed having problems with their digestion. For Bonaventure officers, 40% (24% "Occasionally", 16% "Frequently") reported having these problems. For Bonaventure officers, 82.4% (14) who frequently attend fast food restaurants frequently find it difficult to eat nourishing meals during one's shift as opposed to 12.5% (1) who does not attend fast food restaurants but finds it frequently difficult to eat nourishing meals during shifts (.0005:  $p < .01$ ).

Headaches delineated the next problem for both samples. For Toronto officers, 32.4% (28.2% "Occasionally", 4.2% "Frequently") reported having headaches. For Bonaventure officers, 36% (33.3% "Occasionally", 2.7% "Frequently") stated that they have problems with headaches.

The majority of officers in both samples do get enough satisfying sleep (Toronto = 59.2%; Bonaventure = 65.3%); however, 40.8% of Toronto officers and 34.7% of officers from the Bonaventure sample do not get adequate sleep. For Bonaventure officers, a statistically significant relationship was discovered between digestive problems and satisfying sleep: 66.7% (8) of officers who frequently have digestive problems do not sleep properly as opposed to 33.3% (4) who do sleep properly. Approximately 31% (14) of respondents who do not have digestive problems, do not sleep properly compared to 68.9% (31) who do (.0316:  $p < .05$ ). For Toronto officers, 66.7% of respondents who consume food less than once per week from the five food groups do not sleep properly (.0216:  $p < .05$ ).

Although the majority of officers do not have high blood pressure, 11.3% of the Toronto sample and 5.3% of officers from the Bonaventure sample revealed that they have high blood pressure. For the

Bonaventure sample, high blood pressure was found among four respondents who are 5 to 19 pounds overweight (.0569:  $p = .05$ ).

Respiratory problems interfered with 5.6% of Toronto officers, and 4% of Bonaventure officers.

Ulcers bothered 4.2% of Toronto officers, and 5.3% of Bonaventure officers.

Finally, heart disease inflicted 4.2% of the Toronto sample, and 1.3% of the Bonaventure sample. For Toronto, the only three officers who have heart disease are between 40 to 45 years of age (.0413:  $p < .05$ ).

#### **Occupational Safety:**

For both samples, the majority of officers do make use of clothing and equipment provided for their safety at work (Toronto = 53.5%; Bonaventure = 57.3%). However, there are marked differences between wearing a seat belt on duty as opposed to off duty. In reference to wearing a seat belt on duty, Toronto officers as well as Bonaventure officers responded equally to the three categories (Toronto: "Always" = 29.6%; "Occasionally" = 40.8%; "Never" = 29.6%; and Bonaventure: "Always" = 33.3%; "Occasionally" = 36%; "Never" = 30.7%). Differences did emerge when wearing seat belts off duty. For Toronto officers, 77.5% and 78.7% of Bonaventure officers, "Always" wear seat belts off duty.

Both samples reported that they had been injured on duty. An overwhelming 93% of Toronto officers and 72% of Bonaventure officers reported being injured on the job. The types of injuries were also noted for both samples. For Toronto officers, "Assault-punch" (64.8%) and "Motor-vehicle accident" (69%) represented the two major types of injuries. Officers from the Bonaventure sample, however, did not report any major injuries (i.e. the highest reported injury was "Motor-vehicle accident", 28%). Other reported injuries (written responses) for Toronto officers and Bonaventure officers are presented in Table 13 and Table 14, respectively.

#### **The Relationship Between Work Stress and Psychosomatic Symptoms:**

Another important part of the analyses is to assess any existing relationships between work

stress and psychosomatic symptoms, including control factors that may explain certain findings. Therefore, psychosomatic symptoms were cross-tabulated by work stress for both samples in order to determine if those respondents who consider work to be stressful also experience psychosomatic symptoms. In addition, control variables dealing with lifestyle related issues (especially regarding health), were brought into the equation in order to ascertain the relevancy of existing relationships. It is also important to state that the following data is mostly suggestive and not definitive. The small frequencies within the cells of many tables elicit interpretations that may be suggestive rather than conclusive. Moreover, it is important to keep in mind that the following research is exploratory in nature, and any interpretive findings need to be examined at greater length.

#### Metropolitan Toronto Police:

The variable "work stress" was cross-tabulated with "years of service". Although the results were not statistically significant for Toronto officers, Table 15 illustrates that police work is stressful after at least five years of experience in the field.

The variable "work stress" was cross-tabulated with "age". The results presented in Table 16 are not statistically significant; however, work represented to be more stressful for officers who are younger than 30 years of age (54.5%); declined in the 30-to-34 age group (27.3%); increased for officers between the ages of 35-to-39 (48%) and 40-to-44 (47.1%); and slightly decreased for officers in the 45+ age group (42.9%).

The variable "work stress" was cross-tabulated with the variable "shiftwork". Although the results are not statistically significant, Table 17 indicates that officers working in the evening shift (66.7%) consider police work to be most stressful. Officers working on rotating shifts (45%) also consider police work to be stressful. The least stressful group include officers who work on day shifts (30.8%).

The variable "perceptions of health" was cross-tabulated by the main independent variable "work stress". The results in Table 18 are not statistically significant for Toronto officers; however, a higher percentage of officers who consider police work to be stressful perceive their health to be good (62.5%).

Only 6.3% (2) of the sample who consider police work to be stressful also perceive their health to be poor. Fifty percent (3) of the respondents who do not consider work to be stressful perceive themselves as being healthy; and 68.8% (22) who feel that police work is somewhat stressful are satisfied with their health. Fifty percent (3) who do not consider work to be stressful feel that they are somewhat healthy. For those respondents who report their jobs as somewhat stressful and stressful, 31.3% evaluate themselves as somewhat healthy, respectively. Therefore, one's perception of work stress does not alter perceptions of one's health.

The variable "headaches" was cross-tabulated by "work stress". Table 19 illustrates that the results are not statistically significant. The majority of the respondents who consider police work to be stressful do not experience headaches (68.8%). Only 25% (8) who perceive policing to be stressful occasionally experience headaches; and a smaller percentage (6.3%) of officers who evaluate their work as stressful frequently have headaches. For officers who do not evaluate their jobs as being stressful, 66.7% (4) do not experience headaches, while 33% (2) have headaches occasionally. For officers who deem police work to be somewhat stressful, 66.7% (22) do not experience headaches; 30.3% (10) occasionally get headaches; and one (3%) frequently experiences headaches. Therefore, there is no relationship between work stress and experiencing of headaches for Toronto officers.

The variable "satisfying sleep" was cross-tabulated with work stress. By examining Table 20, the results proved to be relevant and statistically significant (.0142:  $p < .05$ ). For Toronto officers, 59.4% (19) of the respondents who consider police work to be stressful also experience inadequate sleep, compared to 40.6% (13) who evaluate work as stressful but get satisfying sleep. For officers who consider their jobs to be somewhat stressful, 72.7% (24) get adequate sleep, compared to 27.3% (9) who do not get sufficient sleep. For officers who do not perceive their jobs as stressful, 83.3% (5) get adequate sleep compared to one (16.7%) who does not sleep well. Therefore, a relationship does exist between satisfying sleep and work stress. That is, there is a tendency for officers who evaluate their work as being more stressful to sleep inadequately compared to those who do not consider policing to be stressful.

Digestive problems by work stress were cross-tabulated; however, no statistically significant relationship exists between the two variables. By examining Table 21, the results reveal that 59.4% (19)

of the respondents who consider police work to be stressful do not experience digestive problems. However, 37.5% (12) of the sample who consider police work to be stressful occasionally experience digestive disorders. Only one (3.1%) officer who considers work to be stressful also frequently experiences digestive problems. For officers who evaluate work as somewhat stressful, 72.7% (24) do not have problems with their digestion; 24.2% (8) have occasional problems; and 3% (1) have frequent problems. For officers who do not perceive their job as being stressful, 66.7% (4) don't experience digestive disorders; and 33.3% (2) occasionally have such problems. In comparing work stress and non stress categories, not one officer who doesn't consider work to be stressful has frequent experiences with digestive problems; however, it remains difficult to formulate any speculations because of the statistical insignificance of the results.

Lower back problems and work stress were cross-tabulated, although the results proved to be statistically insignificant. Table 22 presents the data, showing some relationship between lower back problems and work stress. Respondents (46.9%; N=15) who consider policing to be stressful, occasionally experience lower back problems; and 15.6% (5) frequently experience lower back problems. For respondents who consider work to be stressful, 37.5% (12) do not experience lower back problems. For officers who evaluate their jobs as somewhat stressful, 51.5% (17) do not have lower back problems; 45.5% (15) occasionally have these problems; and one (3%) has it frequently. For respondents who do not consider their work to be stressful, 50% (3) do not experience problems with their lower back; 16.7% (1) occasionally do; and 33% (2) frequently do. Therefore, although the results are not statistically significant, some relationship exists between work stress and occasional problems with the lower back.

By examining Table 23, ulcers by work stress proved to be irrelevant in assessing any relationship. Of the three respondents who experience problems with ulcers, only one officer (3.2%) who considers police work to be stressful experiences problems with ulcers. The other two respondents who suffer from ulcers consider work to be somewhat stressful (3%), and not stressful (16.7%). Therefore, no relationship could be established between these two variables.

Respiratory problems was cross-tabulated with work stress; however, the results proved to be statistically insignificant. Table 24 illustrates that 93.8% (30) of the sample who consider police work

to be stressful do not have respiratory problems. It is interesting to note however, that two (6.3%) of the four officers who experience respiratory problems consider police work to be stressful, and the remaining two (6.1%) evaluate police work to be somewhat stressful.

Blood pressure and work stress were cross-tabulated, however the results were not statistically significant. Similarly to respiratory problems, we do not expect the majority of the respondents to have respiratory problems, high blood pressure and heart disease. Table 25 reveals that 90.3% (28) of the respondents who consider police work to be stressful do not have high blood pressure. However, it is interesting to note that the respondents who do have high blood pressure also evaluate police work as somewhat stressful (15.2%) and stressful (9.7%).

The variable heart disease was cross-tabulated with work stress; and by looking at the results in Table 26, the relationship proved to be not statistically significant. Even though 90.6% (29) of the respondents who consider police work to be stressful do not have heart disease, the only three (9.4%) respondents who do have heart disease evaluate police work as stressful.

Satisfying sleep and work stress were cross-tabulated controlling for eating at fast food restaurants. By examining Table 27 (a.b.c.), the results reveal that eating at fast food restaurants does not really change the original relationship between work stress and satisfying sleep. In Table 27b, 58.8% (10) officers who occasionally eat at fast food restaurants consider work to be stressful and do not get adequate sleep, compared to 41.2% (7) of respondents who consider work to be stressful but do get adequate sleep. For officers (within the same partial table) who evaluate their job as somewhat stressful, 85.7% (18) do sleep properly, while 14.3% (3) do not. For officers who do not consider their work to be stressful, 80% (4) sleep adequately while only 20% (1) do not. The results for this partial table are statistically significant at an alpha level of .05 (.0117). Moreover, 63.6% of Toronto officers who frequently attend fast food restaurants also evaluate police work as stressful and do not sleep properly compared to 36.4% (4) of officers who consider police work to be stressful but do sleep properly. By comparing Tables 27a and 27b with Table 20, one may assume that a relationship exists between perceptions of work stress and satisfying sleep when controlling for eating at fast food restaurants on a frequent basis. That is, eating at fast food restaurants (especially frequently) slightly increases the relationship between the two variables. Although the results for Table 27c are not

statistically significant, one cannot eliminate this possible relationship to exist. By comparing Tables 27b and 27c to the original relationship between work stress and satisfying sleep (Table 20), one can determine that the control variable "eating at fast food restaurants" does not really have a major impact on the original relationship. Therefore, eating at fast food restaurants does not substantially increase/decrease the relationship between work stress and satisfying sleep.

Table 28 examines the relationship between satisfying sleep and work stress, while controlling for consumption of five food groups. By examining Table 28b, the results reveal that 73.3% (11) of officers who eat from the five food groups at least three times per week perceive police work to be stressful and do not get satisfying sleep compared to 26.7% of officers who do get adequate sleep. For those officers who depict their jobs as being somewhat stressful, 69.2% (9) get adequate sleep compared to 30.8% (4) who do not sleep properly. Only one person in this partial who does not consider work to be stressful sleeps properly. Moreover, the results are statistically significant (.0459:  $p < .05$ ). However, it is interesting to note the results in Table 29a, even though they are not statistically significant. Only 33.3% (4) of officers who consume food from the five food groups evaluate work as being stressful and do not get adequate sleep, compared to 66.7% (8) of officers who consider work to be stressful but do get adequate sleep. Table 29c continues to show a pattern between work stress and satisfying sleep. For those officers who consume food from the five food groups less than once per week, 80% (4) consider policing to be stressful and do not get adequate sleep compared to 20% (1) who sleep properly. The results are similar for those who consider work to be somewhat stressful. Therefore, the relationship between satisfying sleep and work stress strengthens with less nutritional foods consumed per week. By comparing Table 28 (a,b,c) to Table 20, one can suggest that eating regularly from the five food groups does help in alleviating sleeping-related problems.

The variables satisfying sleep and work stress were cross-tabulated controlling for miles walked or jogged per day. By examining Table 29b, the results reveal that 65% (13) of officers who walk or jog less than one mile per day consider police work to be stressful and do not get satisfying sleep, compared to 35% (7) who do get adequate sleep. For those officers who consider their job to be somewhat stressful, 66.7% (12) sleep adequately, and 33.3% (6) do not have adequate sleep. All four officers (100%) who do not consider policing to be stressful get satisfying sleep. The results are statistically



significant at an alpha level of .05 (.0237). Therefore, by comparing Tables 29a and 29b with Table 20, a relationship does exist between work stress and satisfying sleep when controlling for less than one mile walked or jogged per day for Toronto officers. Less activity in a day may increase the relationship between work stress and satisfying sleep, especially when comparing the two extreme categories.

Tables 30a and 30b, examine the relationships between work stress and satisfying sleep when controlling for workday activity. The same relationship exists between this zero-order equation when controlling for sitting throughout one's workday. That is, 59.4% (19) of the Toronto sample who mostly sit throughout their workday consider police work to be stressful and do not sleep adequately, compared to 40.6% (13) who consider policing to be stressful but do get satisfying sleep. For those officers who evaluate police work as somewhat stressful, 70% (21) sleep adequately, while 30% (9) do not. For officers who do not depict their job as stressful, 83.3% (5) sleep satisfactorily compared to one (16.7%) who does not. The results are also statistically significant at the .05 alpha level (.0263). However, if one compares the results to Table 20, one can state that the control "workday activity" does not have an effect on the original relationship between work stress and satisfying sleep.

Satisfying sleep was cross-tabulated with work stress, controlling for being injured on duty for Toronto officers. By examining Tables 31a and 31b, the results reveal that for officers who have been injured while on duty, 58.1% (18) depict police work as stressful and do not get satisfying sleep, compared to 41.9% (13) of injured officers who consider policing to be stressful but do get adequate sleep. For officers who deem police work to be somewhat stressful, 72.4% (21) get satisfying sleep compared to 27.6% (8) who do not get satisfying sleep. Also, for officers who consider police work as not stressful, 83.3% (5) get satisfying sleep compared to 16.7% (1) who do not. By comparing the two extreme categories for this control, officers who consider police work to be stressful do not sleep sufficiently compared to those officers who do not evaluate work as stressful. The results are also statistically significant (.0252;  $p < .05$ ). However, if one compares these tables to Table 20, one can determine that this control does not have an effect on the original relationship between satisfying sleep and work stress.

The variables work stress and satisfying sleep were cross-tabulated controlling for being in a motor-vehicle accident while on duty. By examining Table 32 (a and b), the results reveal that a

relationship exists between satisfying sleep and work stress when controlling for officers who have been in a motor-vehicle accident during working hours. Table 32b reveals that 63.2% (12) of Toronto officers who have been in a vehicle accident while on duty evaluate police work as stressful and do not get satisfying sleep, compared to 36.8% who do get satisfying sleep. For those officers who consider policing to be somewhat stressful, 72% (18) get satisfying sleep compared to 28% (7) who do not sleep properly. For officers who do not perceive work to be stressful, 80% (4) get adequate sleep while only one person (20%) does not get satisfying sleep. The results are statistically significant for Table 32b (.0383:  $p < .05$ ). Table 32a shows a smaller percentage of officers who have not been in a motor-vehicle accident on duty, but nevertheless evaluate police work as stressful and do not get satisfying sleep (53.8%) vs 46.2% who do get satisfying sleep. However, the results are not statistically significant, and the frequencies are too small to ponder possible relationships. Therefore, no real differences emerge within Table 32a, but prove to be valid when controlling for officers who have been in a motor-vehicle accident while on duty. By comparing the two tables for the stress category, a higher percentage of officers who have been in a motor-vehicle accident do not get satisfying sleep. If one compares Table 32b to the original relationship between work stress and satisfying sleep, then one can assess a slight increase between the two variables when controlling for being in a motor-vehicle accident.

Table 33 (a,b,c) examines if any relationship exists between satisfying sleep and work stress, when controlling for the number of cigarettes smoked per day. For officers who do not smoke any cigarettes, 54.2% (13) consider their jobs to be stressful and do not sleep properly, compared to 45.8% (11) of officers who do sleep properly (.0119:  $p < .05$ ). The results are very close to statistical significance in Table 33c; and it is interesting to note that 83.3% (5) of officers who smoke more than 10 cigarettes per day consider work to be stressful and do not get adequate sleep, compared to one (16.7%) person who does. Therefore, it may be speculated that a relationship may exist between work stress and satisfying sleep when controlling for smoking more than 10 cigarettes per day. By comparing the results in these tables with Table 20, one may suggest that 10 or more cigarettes increases the relationship between work stress and satisfying sleep.

#### Bonaventure Police:

The variable work stress was cross-tabulated with years of service for the Bonaventure sample.

Although the results are not statistically significant, it is interesting to note in Table 34 that officers with 6 to 10 years of service evaluated police work as being most stressful (66.7%).

The variable work stress was cross-tabulated by the variable age. Table 35 demonstrates that the results are not statistically significant; however, officers in the 30 to 34 age group (50%) consider police work to be stressful more than any other age group. It was also interesting to note that officers who are 30 years of age and younger are next in line in evaluating police work as stressful (43.5%). Officers who are 40 years and older evaluated work to be mostly somewhat stressful.

Work stress was also cross-tabulated with shiftwork. Table 36 presents results that are not statistically significant for any particular shiftwork. Officers who work on rotating, day, and evening shifts evaluate work as being somewhat stressful and stressful.

The variables perceptions of health was cross-tabulated with work stress. By examining Table 37, the results proved to be statistically insignificant for Bonaventure officers. For officers who evaluated police work as stressful, 51.9% (14) reported themselves to be in good health. A smaller percentage of officers (44.4%: 12) who consider police work to be stressful consider themselves to be somewhat healthy. Only 3.7% (1) of the sample who consider police work to be stressful consider themselves to be in poor health. For those officers who evaluated police work as somewhat stressful, 58.1% (18) consider themselves to be healthy; 35.5% (11) evaluate themselves as being somewhat healthy; and 6.5% (2) do not consider themselves to be healthy. For officers who do not perceive policing as stressful, 87.5% (14) evaluate their health as good; and 12.5% (2) feel that they are somewhat healthy.

By examining Table 38, headaches also proved to be statistically insignificant. Sixty-three percent (17) of officers who consider police work to be stressful do not experience headaches. Only 29.6% (8) who evaluate police work as stressful occasionally experience headaches; and 7.4% (2) who reported police work to be stressful also frequently experience headaches. For officers who consider work to be somewhat stressful, 58.1% (18) do not have problems with headaches; and 41.9% (13) occasionally have them. For officers who do not evaluate policing as stressful, 75% (12) do not experience headaches, while 25% (4) occasionally have headaches.

Satisfying sleep was cross-tabulated by work stress, and the results reached a close statistical

significance (.0620). However, by examining Table 39, there is no major difference between work stress and inadequate or adequate sleep. For these officers, 51.9% (14) who consider police work to be stressful do not sleep properly, compared to 48.1% (13) who do get satisfying sleep. For officers who evaluate police work as somewhat stressful, 77.4% (24) get satisfying sleep and 22.6% (7) do not. For officers who do not consider police work to be stressful, 68.8% (11) get satisfying sleep and 31.3% (5) do not.

Digestive problems was cross-tabulated by work stress; however, the results indicate this variable to be statistically insignificant when combined with work stress. By examining Table 40, 44.4% (12) of the sample who consider police work to be stressful do not experience digestive problems; 29.6% (8) occasionally experience digestive problems; while 25.9% (7) of the respondents frequently experience digestive problems. For officers who evaluate police work as being somewhat stressful, 61.3% (19) do not have problems with their digestion; 25.8% (8) occasionally have problems; and 12.9% (4) frequently do. For officers who do not depict policing as stressful, 81.3% (13) don't have digestive problems; 12.5% (2) occasionally have such problems; and only one (6.3%) frequently does. By comparing the two extreme categories, one can speculate that work stress may contribute to digestive problems; however, the results are not statistically significant, and any interpretations need to be carefully examined.

Lower back problems, however, proved to be statistically significant and relevant for Bonaventure officers. By examining Table 41, 44.4% (12) of the respondents who depict police work as stressful occasionally experience lower back problems. An additional 40.7% (11) who consider police work to be stressful frequently experience lower back problems. For those officers who consider police work to be somewhat stressful, 41.9% (13) do not experience lower back problems; 38.7% (12) occasionally experience such problems; and 19.4% (6) frequently have lower back problems. For those officers who do not depict their work as being stressful, 68.8% (11) don't experience lower back problems; 25% (4) occasionally experience such problems; and 6.3% (1) frequently have lower back problems. As one compares the two extreme categories, one can determine that work stress does have an impact on lower back problems. That is, officers who perceive their work as stressful experience more lower back problems than officers who do not evaluate policing as stressful (.0060:  $p < .01$ ).

The variables ulcers and work stress were cross-tabulated for the Bonaventure sample; however, by examining Table 42, the results proved to be statistically insignificant. Even though 88.5% (23) of the sample who deemed police work to be stressful do not have problems with ulcers, 11.5% (3) of the sample who evaluated policing as stressful do experience problems with ulcers. One person (3.3%) who considers police work to be somewhat stressful also has problems with ulcers. Therefore, although the results are not statistically significant, it is interesting to note that the four officers who do have problems with ulcers also report police work to be at least "somewhat stressful" to "stressful". Not one officer who does not consider work to be stressful reported any problems with ulcers.

By examining Table 43, the variable respiratory problems was cross-tabulated with work stress; however, once again, the results are not statistically significant. Although 92.6% (25) of the sample who evaluated police work as stressful do not experience respiratory problems, 7.4% (2) of the sample do. Similar to the results reported in Table 42 on problems with ulcers, the three individuals who experience respiratory problems consider police work to be stressful (7.4%: N=2); or somewhat stressful (3.2%: N=1). Not one officer who evaluates police work as being unstressful experiences respiratory problems.

High blood pressure and work stress were cross-tabulated; however, the results in Table 44 indicate no existing relationship.

Finally, heart disease was cross-tabulated with work stress; although the results in Table 45 are statistically insignificant. However, the only individual who reported having heart disease also evaluated police work as stressful.

Satisfying sleep and work stress were cross-tabulated, controlling for consumption of five food groups. By examining Table 46b, the results reveal the following for officers who eat from the five main food groups at least three times per week. For those respondents who consider police work to be stressful, 43.8% (7) get satisfying sleep compared to 56.3% (9) who do not get adequate sleep. For those officers who evaluate work to be somewhat stressful, 85.7% (12) get satisfying sleep, while 14.3% (2) do not. For those respondents who do not depict their work as stressful, 60% (3) sleep adequately, and 40% (2) do not. By comparing the two extreme categories for Table 46b, it can be speculated that officers who evaluate their work as stressful get less satisfying sleep than officers who do not believe their work to be stressful, when controlling for five food groups (i.e. consuming food from the five major

food groups at least three times per week). The results are also statistically significant at the .05 level (.0595). By examining the three tables (46a,b,c), the results show that poor nutritional intake may have an effect on one's ability to sleep properly. Although the results are not statistically significant for Table 46a, it may be suggested that good nutritional intake may combat poor sleep even though work is depicted as stressful (especially when comparing this partial to Table 46b). By comparing these results with those in Table 39, there is a slight increase in the relationship between work stress and satisfying sleep. Even though this control may not be the best indicator, it may still be important to analyze this relationship a little further.

The variables lower back problems and work-stress were cross-tabulated, controlling for one's weight. By examining Table 47b, the results connote the following for police officers who are between 5 to 19 pounds overweight. For those officers who deem police work to be stressful, 55.6% (5) occasionally experience lower back problems; and 44.4% (4) experience lower back problems on a frequent basis. For officers who evaluate police work as somewhat stressful, 50% (7) do not experience lower back problems; 28.6% (4) occasionally do; and 21.4% (3) frequently do. Among those officers who do not depict police work as stressful, only 28.6% (2) have occasional problems with their lower back. By comparing the two extreme categories, one may suggest a relationship exists between work stress and lower back problems, when controlling for those respondents who are 5 to 19 pounds overweight. The results are also statistically significant (.0356:  $p < .05$ ). By examining Table 47c, the results support the trend between work stress and lower back problems when controlling for 20+ pounds overweight; however, the frequencies are too small and the results are not statistically significant. Table 47a shows a smaller percentage of respondents who experience lower back problems than the other two tables. For those respondents who are not overweight but consider police work to be somewhat stressful, 50% (6) occasionally experience such problems. However, the cell frequencies are very small and the results are not statistically significant.

The variables lower back problems and work stress were cross-tabulated, controlling for eating at fast food restaurants. By examining Table 48b, the results indicate the following for those officers who occasionally eat at fast food restaurants. For those respondents who consider police work to be stressful, 50% (8) occasionally experience lower back problems; 43.8% (7) frequently have such

problems; and one (6.3%) does not. For those respondents who evaluate police work as somewhat stressful, 31.8% (7) occasionally have lower back problems; 18.2% (4) frequently do; and 50% (11) do not. For those respondents who do not consider their profession to be stressful, 30% (3) occasionally have lower back problems; and 70% (7) never do. By comparing the two extreme categories for Table 48b, it may be stated that officers who deem police work to be stressful experience lower back problems more than those respondents who do not consider policing to be stressful, when controlling for officers who occasionally attend fast food restaurants. Therefore, a statistically significant relationship exists among the variables (.0074:  $p < .01$ ). Moreover, the results in Table 48c reveal more problems associated with lower back when controlling for officers who frequently eat at fast food restaurants, especially when comparing these results to Table 41. Although these particular results are not statistically significant, there remains a continuity between these three variables. That is, consumption of fast foods increases the relationship between work stress and lower back problems.

Lower back problems was cross-tabulated with work stress, controlling for workday activity. By examining Table 49b, the results reveal that sitting throughout a workday does not change the relationship between work stress and lower back problems. For those respondents who evaluate police work as being stressful, 42.3% (11) frequently experience lower back problems, while 42.3% (11) occasionally experience such problems; and only 15.4% (4) do not experience lower back problems. For those respondents who evaluate police work as somewhat stressful, 39.3% (11) do not experience lower back problems; and 21.4% (6) frequently do. For those officers who do not evaluate policing as stressful, 68.8% (11) do not experience these problems; 25% (4) occasionally do; and one (6.3%) frequently does. By comparing the two extreme categories, it may be suggested that officers who evaluate work as being stressful experience more lower back problems than officers who do not consider police work to be stressful. The results for this table are statistically significant (.0078:  $p < .01$ ). Thus, no differences exist when comparing these results to Table 41. However, most respondents sit throughout their workday, and as a result they may experience lower back problems.

Lower back problems and work stress were cross-tabulated, controlling for miles walked or jogged per day. By examining Table 50b, the results reveal the following for those officers who walk or jog less than one mile per day. For those respondents who depict work as stressful, 52.6% (10)

frequently experience lower back problems; 36.8% (7) occasionally experience such problems; and 10.5% (2) do not experience them. For those officers who evaluate work as being somewhat stressful, 40% (4) frequently experience lower back problems; 20% (2) occasionally do; and 40% (4) never experience them. For those who do not depict work as stressful, 57.1% (4) do not have lower back problems; and 42.9% (3) occasionally have them. By comparing the two extreme categories for Table 50b, it is evident that there exists a statistically significant relationship (.0566:  $p = .05$ ) between work stress and lower back problems, when controlling for less than one mile walked or jogged per day. That is, there exists a relationship between one's evaluation of work as being stressful and the experiencing of lower back problems at a much higher rate than those who do not evaluate work as stressful, when controlling for those respondents who engage in little to no physical activity or movement. If one compares the results in Table 50b to Table 41, one finds a difference between those officers who evaluate work as stressful. That is, respondents who walk or jog less than one mile per day experience more lower back problems. Therefore, walking or jogging less than one mile per day increases the relationship between work stress and lower back problems.

Lower back problems and work stress were cross-tabulated, controlling for the average of alcoholic beverages consumed per week. By examining Table 51b, the results reveal the following for those respondents who drink anywhere between 4 to 13 alcoholic beverages per week. For those respondents who consider police work to be stressful, 62.5% (5) occasionally experience lower back problems; and 37.5% (3) frequently do. For those respondents who evaluate police work as somewhat stressful, 40% (2) never have lower back problems; and 60% (3) occasionally do. For those respondents who do not consider police work to be stressful, not one reported having lower back problems. Although the frequencies within the cells are small, there still exists a statistically significant relationship between the variables when controlling for the consumption of 4 to 13 alcoholic beverages per week (.0093:  $p < .01$ ). By examining the results in Table 51c, it may be speculated that 14 or more alcoholic beverages may have an impact on the relationship between work stress and lower back problems, even though the frequencies are very small in number and the results statistically insignificant. Therefore, it may be suggested that drinking more than three alcoholic beverages per week increases the relationship between work stress and lower back problems, especially when comparing Table 51 to



Table 41.

Lower back problems and work stress were cross-tabulated, controlling for being assaulted (i.e. punched) on duty. By examining the results in Table 51b, one can determine that being punched in line of duty may have an impact on the relationship between work stress and lower back problems. For those respondents who consider police work to be stressful, 71.4% (5) frequently experience lower back problems; one (14.3%) occasionally does; and one (14.3%) does not. For those respondents who evaluate police work as somewhat stressful, one (25%) frequently experiences these problems; 50% (2) occasionally do; and one (25%) does not have problems with the lower back. Although the frequencies are very small, these results are still statistically significant (.0449:  $p < .05$ ), allowing for a suggestive relationship to exist between the variables. The results in Table 51a reveal that 55% (11) of police officers, who evaluate police work as stressful, occasionally experience lower back problems as opposed to 30% (6) who frequently do. A higher proportion of officers who consider police work to be stressful experience lower back problems compared to those who do not evaluate their profession as stressful. Although these results in Table 51a are not statistically significant at the .05 level, they are still close to significance and should not be ignored. The results prove to be more significant when they are compared to the results in Table 41. Therefore, being assaulted (i.e. punched) in the line of duty increases the relationship between work stress and lower back problems.

#### Interviews

The majority of police officers (10 out of 11) consider themselves to be in good health. Only one male officer felt that he was in poor physical standing.

The majority of officers reported that shiftwork interfered with their health. Rotating shifts were conceptualized as bad for sleeping and eating patterns. One male officer (30's) stated: "On a regular shift, you eat three regular meals a day and sleep at night, instead of waking up to dinner." Another male officer (40's) was being treated for high blood pressure. His doctor informed him that shiftwork was responsible for elevating his blood pressure. Changing eating schedules along with the types of foods consumed were responsible for poor health. The same officer states: "I'm not working

on the car 3 o'clock in the morning and eating a smoked meat." Since his permanent day shift, his health has improved. Eating smoked-meat, pizzas; and eating on the run, and not being able to digest your food represented significant problems for this officer.

Another male officer (30's) states: "With shiftwork, it's very hard. You eat a lot at fast-food restaurants because you get good prices." He reveals the following joke which most officers in the department are familiar with: "After six days at home, you want to come back to work because your cholesterol level is below 200." Finally, approximately half of the respondents have digestive and sleeping problems because of shiftwork. The following quotes reinforce the nature of this problem:

Officers under 30 years are in good physical shape. But over that, they still live in the old way. They're gonna eat pizza at one o'clock at night. They won't sleep during the day. (female officer: 20's)

....officers complain about heartburn. A lot of them complain of having trouble with digesting their food right. (female officer: 20's)

They don't have time to eat the right food. When you have only 45-minute lunches, you eat fast and you have to be on the road as soon as possible. Just working on shift, it's bad for the human body. Just can't get used to it, especially if you work on night shift and you like to eat in the morning. Nobody gets used to that. (male officer: 40's)

In reference to changing personal habits in order to improve one's health, the results revealed the following:

1. One-quarter of the officers indicated that they would like to stop smoking.
2. One-quarter of the officers would like to participate more in exercises.
3. One-quarter of the officers would like to concentrate more on other social activities outside of police work, and stop taking their jobs too seriously. One female officer indicated that she would change her workload: "It's too heavy."
4. Several officers reported that they would like better nourishment.

### Body of Substance:

#### Survey Review

For both samples, the majority of officers reported that they either do not drink or drink up to three alcoholic beverages per week (Toronto = 49.3%; Bonaventure = 66.7%). Approximately forty-one percent (40.8%) of the Toronto sample drink "4 to 13" alcoholic beverages per week, while a smaller portion of Bonaventure officers do (22.7%). For the Bonaventure sample, alcohol intake (4 to 13 drinks per week) is highest among officers with 6 to 10 years of service (41.7%) and declines with increasing years of service (.0214:  $p < .05$ ). Only 7% of Toronto officers and 9.3% of Bonaventure officers drink 14 or more alcoholic beverages per week. If the results from the two samples are compared, then one can determine a larger proportion of Toronto officers who reported drinking 4 to 13 alcoholic beverages a week.

Moreover, one particular male officer (40's) from Metropolitan Toronto Police disclosed the importance of abstaining from alcohol:

I think it is important to avoid drinking with coppers all the time. Too much shop-talk. I have not drank liquor for over 5 years, and now I see how hard I was on myself in regards to booze, shiftwork and the lack of a good diet. Of course none of it occurred to me until I quit drinking and worrying about being "one of the boys".

In reference to the use of prescription/ or illegal drugs, both samples reveal that they do not consume any drugs. For both samples, the use of illegal drugs was not an issue (Toronto = 98.6% and Bonaventure = 98.7% do not consume illegal drugs). Only 2.8% of the Toronto sample reported using prescription or over-the-counter medication improperly or excessively. And only 1.3% of Bonaventure officers reported that they consume drugs with alcohol.

#### Interviews

The officers interviewed expressed conflicting views regarding alcohol use. Some reported that officers, like many others, drink to socialize, but do not necessarily have a problem with alcohol. Some

stated that alcoholism exists within the department: however, police work is not primarily responsible. A few officers related alcohol intake to the job- blaming the job itself for an officer's drinking-problem.

Social drinking is not uncommon; and police officers like to go for a drink after a shift.

The best shift for drinking more is if you finish at 11 at night. Then the boys say: "Ah, let's go for one". And they stay for two to three. It's innocent drinking. It's not like others who will go from their regular little hang-out; after that they will go for the disco, for the topless, for the restaurant, and they still continue to drink. It's not all the time. I don't see a lot of guys do that. (male officer: 30's)

Police officers, when they socialize, they tend to socialize with police officers. When they go out, after a shift, they like to go out for a couple of beers. But alcoholism is not necessarily related to police work. Alcoholism is a social problem. You can have that anywhere. No one's immune to that. That's the same as drugs....We're more aware of the police officer becoming an alcoholic because it's made public a lot faster. If a police officer gets arrested for shop-lifting, his name is going to be in the paper. If the guy across the street gets arrested, he's not going to be in the paper. If the police officer has an accident for impaired driving, he's going to be in the paper. I guess people involved in shiftwork, there's a lot more drinking involved. But not on the job. I've known alcoholics on the police force. I'm sure there's a problem in the police force with alcohol abuse because we have a counsellor now. (Male officer: 40's)

One male officer (30's) revealed that there are two pre-retirement precincts where alcoholism may be problematic. Officers who are representative of those precincts have 25 years of service or more.

He discloses:

In both those precincts, there is a predominant tendency to drink. They would drink just enough so they're conscious of what they're doing.

Another male officer (40's) discusses the problem of alcohol use:

I think that management at any level should be more aware of the fact that guys are losing their jobs, because of their problems. They postpone to the point where they have deeper problems due to the alcohol factor. I know it's from the alcohol factor. I worked with these guys and alcohol was important for them. Starting a shift would be getting a six-pack and let's get to it now.

The same officer gives an account of socializing and excuses for drinking:

I think they want to dissimilate their problems into a social aspect of drinking. Let's say you prepare a meal at the station with wine. You could have one glass of wine, and the other one could have two

bottles. It's easier for these people to get at two bottles when the others are having one glass. It keeps them where they're accepted.

The same male officer disclosed that when he started working slightly over a decade ago, he knew of two officers who continuously drank alcohol. He reveals:

Maybe they felt apart from what was happening; and they wanted to get some self-esteem through that. They wanted to get some recognition because they were "hard cops"; because they could drink; they could do their work; they could do everything.

A female officer (20's) feels that alcoholism is a problem in the police department. She gives the following account:

For example, someone works in a drug squad. They have to go to bars, places like that to meet the suspect who sells drugs. When you go to the brasserie in a job like that, you don't take a 7-UP. So you take a beer; and after that, it goes higher and higher. I think that the department does not do anything to help these policemen after. The policemen start to drink because of their job.

I know many police officers who do have a drink sometimes; not only sometimes, on a regular basis. Everyday; and even come to work with their problems. They have someone working which is taking care of that sort of problem. So if they have someone, it must give you a good idea that we have problems with it. (Male officer: 40's)

The same officer knows a few officers who have come into work intoxicated, but none of them are seeking any help:

They don't feel that they have those kind of problems. They must realize it for themselves. I know a few of them that asked for help, and they had it. They're better now. But they must always be careful. With alcohol, it might come back anytime.

Drug use and abuse (i.e. prescription and non-medical drugs) did not represent to be a critical factor within the police subculture. Only a few officers reported that medications for winding down, for falling asleep and for stomach problems delineated a major concern. In reference to prescription drugs, one male officer (40's) believes it to be a problem:

If you're talking about Valium and things like that, I'm sure that that's a problem. I think that that's a problem not associated with the job per se, but with shiftwork: because I got involved with Valium. As a matter of fact, I could go see that doctor and he'll give me the Valium to take. I haven't taken it. But it was getting home in the morning

(8 AM) and I couldn't get to sleep. I had to take something to calm me down.

Similarly, one female officer (20's) reports:

I know at least four officers who were taking Valium to be able to sleep properly; or sleeping pills; and many taking medication for the stomach. At the beginning of the summer, I had to take pills for my stomach. It was probably the stress.

In reference to non-prescription drugs, the majority of officers were not aware of any officers taking drugs. The consequences for using illegal drugs are severe (e.g. fines, dismissal from the department). One officer (30's) knew a couple of policemen who did consume illegal drugs during working hours; and as a major consequence, they were dismissed from the force. He states:

They got bounced out. Basically, they got reported by their own partners. There are those that are deviants, and have no business being a policeman.

### The Burned-Out Body:

#### Survey Review

By implementing the Maslach Burnout Inventory Scale, the foregoing results reveal that both samples (i.e. Metropolitan Toronto police officers (N = 71) and Bonaventure officers (N = 75) are not experiencing high levels of burnout. The results for both samples are presented in Table 53 and in Table 54.

For Metropolitan Toronto police officers, the results report that both the Emotional Exhaustion and Depersonalization subscales have low burnout rates. The results for the Emotional Exhaustion subscale are: 83.2% (low burnout = few times a year + few times a month); and 16.8% (high burnout = few times a week + every day). The intensity of the Emotional Exhaustion subscale ranges from "very mild" (39.9%) to "medium" (37.2%). The total of responses which were marked in the "Never" category for this subscale is 138: meaning that respondents who never felt a particular way toward a particular statement answered this category. The results for the Depersonalization subscale are: 73.9% (low burnout = few times a year + few times a month); and 26.2% (high burnout = few times a week + every day). The intensity of the Depersonalization subscale is "medium" (40.7%). The total of

"Never" responses for this subscale is 74. Although the results for the Personal Accomplishment subscale delineate a low burnout rate (i.e. few times a week + every day [reverse scoring]), 57.6%, the high burnout rate is not too far off, 42.5%. The intensity for the Personal Accomplishment subscale ranges from "medium" (41%) to "very strong" (42.7%); with 12 as the total of "Never" responses. At this point, it may be plausible to assert that close to 50% of Metropolitan Toronto police officers in this sample do not experience a high level of personal accomplishment. This factor has been noted by several officers who have expressed a lack of personal accomplishment when dealing with the public, media, organization (e.g. lack of support; work overload) and courts. For instance, one male officer (40's) from Metropolitan Toronto Police stated the following:

I feel the compressed work week is causing early burnout and is unhealthy. The Toronto force is very under-staffed, and as a result, overworked.

For Bonaventure officers, the results delineate an overall low burnout rate; however, the results also disclose a 100% higher burnout rate when compared to Metropolitan Toronto police officers. In reference to the Emotional Exhaustion subscale, Bonaventure officers experience low burnout, 64.5% (few times a year + few times a month). However, the high burnout rate is 35.5%, which is a 100% increase from the Toronto sample (16.8%). The intensity for the Emotional Exhaustion subscale is "very mild" (53.6%); and the total of "Never" responses is 200. The results for the Depersonalization subscale also reveal an overall low burnout rate, 56%; however, there is an increase in the high burnout rate, 44.0% (approximately 75 percent increase from the Toronto police sample, 26.2%). The intensity for the Depersonalization subscale is also "very mild" (47.8%); and the total of "Never" responses is 97. In reference to the Personal Accomplishment subscale, Bonaventure officers experience low burnout, 72.7%. However, the high burnout rate is 27.4%, approximately 70 percent less than Toronto police officers (42.5%). The intensity for the Personal Accomplishment subscale is "medium" (45.3%), with a total of 11 "Never" responses. Therefore, Bonaventure officers have an overall low burnout rate, although they also have higher percentage values for high burnout in the Emotional Exhaustion and Depersonalization subscales than the Toronto sample. Personal Accomplishment, however, is higher for Bonaventure officers, where they experience greater personal fulfilment. One officer (Female: 20's)

from the Bonaventure police sample states:

Several colleagues demonstrate signs of burnout. We have to have internally not only a "help centre" but also a service for detection and prevention.

Moreover, both samples are aware of at least one counselling service should they ever need professional help; however, the Bonaventure sample had a higher percentage of officers who did not know any counselling service than the Toronto sample (Toronto: "yes" = 94.4%; "No" = 5.6%; Bonaventure: "Yes" = 76%; "No" = 24%).

In reference to seeking professional services offered by their police department, Toronto officers were more affirmative in their response than Bonaventure officers. For instance, 59.2% of Toronto officers stated that they would seek professional aid from their particular department. However, a smaller percentage of Bonaventure officers (45.3%) were willing to do so. Forty percent of Bonaventure officers were unsure, while 26.8% of Toronto officers felt this to be the case. Only 14.1% of the Toronto sample and 14.7% of Bonaventure officers stated "No".

For both samples, the majority have not used services offered by their particular department (Toronto = 80.3%; Bonaventure = 89.3%). However, a slightly higher percentage of Toronto officers (19.7%) did use the services when compared to the Bonaventure sample (10.7%). For the Bonaventure sample, 57.1% (4) of officers who are separated and divorced have used the services offered by the department (.0486:  $p < .05$ ).

### Interviews

Burnout is not a new phenomenon for police officers. Over half of the respondents revealed that they knew officers who experienced burnout. The following quotes represent their perceptions of burnout:

Most of the burnouts that I knew of were cured because these people were work-aholics. Because they were work-aholics, because they were getting such negative feedback from the mass, from their coworkers, from their superiors, from the court system, from the judicial system- they get fed up. They are like a T.V.: they shut off. They don't want to know nothing any more. They don't want to work any more. He's totally untuned to what is going on in the world. He



comes in and does his shift and that's it. Does the littlest as possible. No communication. The ones that I know haven't sought professional help. They transferred out to a softer job: behind the desk or a quieter precinct. (Male officer: 30's)

Another male officer (40's) gave the following description:

I know some officers who did go through a very bad period. One fellow that I knew created himself a cocoon. He didn't want to see anybody. Everybody was against him. He had money problems. Although he had a lot of money, he was trying to gain more money: but he was losing and gaining.

One male officer (30's) reveals the following story of an officer who underwent a burnout:

As soon as he became depressed, he had problems. Sometimes he worked with his partner without putting any bullets into his gun; and not telling his partner about it.

Another male officer (30's) perceives burnout to be a problem for officers with 10 to 15 years of service. He divulges:

Especially for those constables who go to write their sergeant's exams and flunk. That really hurts. And they're tired of the same thing. They're tired of shiftwork. They see that there's no way out of it. Don't forget, they have a macho image. If you have a problem, you keep it to yourself. If you can't cope with it, you're kind of a wimp. Hey, you get me a job that pays the same money, I'll knock off. I can't stand it- especially the shiftwork.

Another female officer (20's) reveals the following:

I do know some officers who in my book are in burnout. They are tired all the time: do not care about living. They don't eat properly. They don't care about anything.

According to another female officer (20's), burnout is not a "phenomenon which the department has come to recognize". She discloses that the police department has been criticized a great deal over avoiding this problem.

However, the problem of burnout has been introduced in the Nicolet Police Academy by a policeman social worker. This social worker proposes healthy outlets for alleviating stress (e.g. talking, crying, etc). The major concern for some officers is if the social worker is not in a burnout himself.

One male officer (40's) asserts:

I heard articles on him. He's a social worker. He's going through heavy sessions. There he is in front, crying and everything. Maybe it's very hard for the officers: very emotional. And we don't know if the guy is real or he's not trapped himself in a burnout. Dealing with a police officer who having had problems, or knowing about problems: you're still in that police circle. And we have to learn to get to other people than police officers. And this is something that has to be done. Let's not keep the things within the officers. Let's get around and talk to others about what's happening. Let's get professionals. I'm not saying that this guy is not a professional: but he's still wearing the suit like I'm wearing.... After all, you get to know that everybody has problems. Some of the cops will hide their problems through certain behaviours- whether they get to the macho: deep inside these guys are so weak.

#### The Suicided Body:

All the officers interviewed knew or heard of an officer who tried to or successfully committed suicide. Information regarding an officer's suicide is not publicized by the police department. Officers only hear through the grapevine that a particular officer committed suicide; or on the odd occasion, it is published in the newspapers. One male officer (30's) puts forward the following descriptions regarding police suicides in his department:

I've known 6 or 7 in the past. One girl used carbon monoxide on herself: she was two years on the force. Another one shot herself. In the car, she parked the car and blew herself. Two or three young girls, and it's been very recently. They were in their twenties and on the force for less than 4 or 5 years. There was one that got arrested and thrown off the force; got rehired; and got thrown off the force again. He took it really bad and blew himself off. There was one who went down to change in the locker room and blew himself off. He was an older one: he's been on the force for over 20 years. He was in his early 40's. The department doesn't keep statistics on how many committed suicide. So these are all cases that we hear of. And we hear of them because there is a bulletin that comes out and it will just say 'dead'. It doesn't say the cause, but the word obviously gets around. When you see a young girl and she dies, you sort of ask yourself 'dead?' Then it goes through the grapevine, and you find out that she took her own life.

After a recent incident involving the suicide of an officer, one female officer (20's) revealed that she thought about it and how such news affects officers:

We have to question ourselves. Everyone was sort of under shock because we have to rethink about our life. We should say "it's only

a job". But it's not only a job. We think police 24 hours a day, 7 days a week.

She feels that she cannot talk to anyone outside of police regarding a tragic event because "who is going to understand you?" She evaluates her job positively, yet also difficult at times for her to cope.

Similarly, one male officer (40's) states:

It touches you more because the suicide rate is much higher within the police. The inferences are coming from everywhere: your family, population, the administration. You have to know how to escape from that: otherwise, there will be more.

One female officer (20's) discusses the suicide of a fellow female officer:

I think she had emotional problems. She needed love and attention and no one could give it to her. She lived with a guy, and he said that sometimes she would come back from work, and she can't stand what she sees at work. She can't admit it or everything she sees is too hard for her.

One male officer (30's) discusses suicide among the younger officers:

The young ones: the girl who committed suicide two years ago, that happened New Years Night. I was working the midnight shift. Maybe the young ones cannot face the responsibility of being a cop. I think that right now, going to college, doing your police technology, go to the academy and become a cop- it's a mistake.

The same officer states that the young officers are not adequately prepared for the realities of police work; and the T.V. and movie theatres do not portray the correct image of the police: the "super cop", the "macho cop", the "female super cop". He reports that "Angie Dickinson", and "Hunter" and his partner do not convey the real-life image of police work. He describes the realities of calls: (e.g. man and wife are drunk and he's beating his wife; or a neighbourhood quarrel). He continues:

There's no big stuff. Once in a while, it gets something big. It's routine. It's a car accident. It's someone who goes to a bar and somebody hits him: friends, and they go to court. You go on a cruiser eight hours a day. Let's say days and evenings are busy. But at 3 o'clock in the morning, it's you and the cats outside. But there's nothing happening. What the hell they're teaching, I don't know.

Another male officer (40's) declares that although he knows officers who have committed suicide, he doesn't believe that the job is responsible:

I know officers who have committed suicide, not work-related. Work-related is such a cheap excuse.

From the foregoing accounts, it becomes clear that whether suicide is job-related or personally-related, suicide among police officers remains a major problem that needs to be rectified. Several officers revealed that more preventive methods need to be quickly considered before the suicide rate will increase within the police subculture. The following quotes emit the feelings expressed by the officers:

They are well-informed for seeking help if it's for alcohol or if they have been shot at. But that's it. They're not counselled if they're burned out. They're not counselled if they want to commit suicide. (female officer: 20's)

They want to keep it taboo. They don't want to talk about it. This is a big problem why they don't talk about it. It touches everybody, the family. I think that's one way where we are very weak in the organization. They're not conscientious of the personnel: how to manage the personality; self-evaluation of the personality. They're not building a concept where the police officer will be proud of being an officer. (male officer: 40's)

I think it's too big, and they don't know how to approach the policemen. (female officer: 20's)

They should try to detect it. It's very easy for a policeman to suicide himself. You got the wheel, you got the means, you got the tools. It's not the easiest...Some people say you have to be a coward to suicide yourself. I say the opposite: it could take a lot of courage to suicide yourself. (male officer:30's)

### The Body Synthesis

From the foregoing results, it may be beneficial to briefly outline the major findings for both samples.

Police work is perceived by the police as stressful (i.e. distress).

In the two survey samples, police work was assessed as being a stressful profession. For Metropolitan Toronto Police, 45.1% said police work is stressful; 46.5% reported somewhat stressful; and 8.5% stated not stressful. For the Bonaventure sample, 36% said stressful; 41.3% stated somewhat stressful; and 21.3% reported not stressful. A possible explanation for these results may focus on the fact that the Toronto sample is much older and experience more stress than the Bonaventure sample, which consisted

of a high number of officers who are less than 30 years of age.

In the interviews, 3/4 of the officers stated that work is stressful. Many aspects that contribute to this stress will be examined next.

Complaints against the police, job overload, adequacy of manpower, court decisions and press coverage (tied) and shiftwork were most significant for Toronto officers. Another section included write-in responses regarding the most stressful factors of policing. Toronto officers reported the following: shiftwork, overload, court, public and administration. These responses are consistent with the stress scale for Toronto officers. For Bonaventure officers, being sued, administrative support, adequacy of manpower and internal investigations (tied), complaints against the police, and job overload and shiftwork (tied) were most stressful. Write-in responses included: administration, shiftwork, violent situations, public and courts which were most stressful. These responses are also consistent with the findings from the stress scale for the Bonaventure sample. Therefore, the results in both samples are not that different from the other; however, some factors are more pronounced in the Bonaventure sample than in the Toronto sample (e.g. being sued, administrative support). Problems with nutrition and fitness were of major concern for both samples; however, these factors were more pronounced for Bonaventure officers.

Officers who were interviewed also outlined several stressors that were inherent in their work: administration, public relations and comprehension of police work, patrol work, shiftwork, judicial system, nutrition, fitness, alcohol, psychosomatic symptoms, burnout, and suicide.

Officers who are younger reported more job stress than older officers.

Although the results in both samples are not statistically significant, there are some interesting findings. For the Toronto sample, the youngest age group (less than 30 years of age) reported the most stress; and in the Bonaventure sample, the 30 to 34 age group reported the most stress. However, for both samples, officers in the 35 to 39 age group and 40 to 44 age group (including 45+) also reported high levels of stress (somewhat stressful and stressful).

Officers with less years of service find work to be more stressful than officers with greater years of experience. For the Toronto sample, officers with 6 to 10 years of service reported the most stress. Perceptions of stress slightly declined for officers with 11 to 20 years of service, and rose again for

officers with 21+ years of experience. For the Bonaventure sample, officers with 6 to 10 years of service also reported the most stress; however, there was no major distinction among the other categories, only for perceptions of work as being somewhat stressful. These results, however, were not statistically significant.

Officers who find work to be more stressful reported more psychosomatic symptoms than officers who do not find work to be stressful.

For Toronto officers, reporting of headaches, unsatisfying sleep, digestive problems, respiratory problems, high blood pressure and heart disease were indicative of officers who evaluate police work as being stressful. The only statistically significant factor, though, was unsatisfying sleep for Toronto officers. For Bonaventure officers, headaches, unsatisfying sleep, digestive problems, lower back problems, ulcers, respiratory problems and heart disease were mainly reported by officers who perceive work to be stressful. However, only lower back problems was statistically significant and unsatisfying sleep was close to statistical significance.

Several control factors had an effect on the zero-order relationships between occupational stress and psychosomatic symptoms. The most statistically significant results for Toronto officers are: satisfying sleep by work stress, controlling for the following factors, respectively: eating at fast food restaurants, eating food from the five major food groups, walking or jogging one mile per day, cigarettes smoked per day, and being in a motor-vehicle accident on the job. For the Bonaventure sample, satisfying sleep by work stress included eating food from the five major food groups as a control variable. Lower back problems by work stress was significant for these officers, while controlling for the following variables: eating at fast food restaurants, miles walked or jogged per day; alcohol intake and being assaulted (i.e. punched) while on duty.

From this perspective then, the preceding results indicate several similarities and differences between the two samples. Metropolitan Toronto police officers reported similar problems when compared with officers from the Bonaventure sample; however, officers from the latter (i.e. Bonaventure) reported more problems in several instances, especially the impact of occupational stress on the physical and mental health of the individual officer.

Moreover, Toronto officers had problems with sleeping, while Bonaventure officers experienced

more lower back problems. What could explain such differences? For Toronto officers, the following factors may contribute to unsatisfying sleep:

1. The Toronto sample was older, and some speculate that problems with sleeping increase with age.
2. 60.6% of Toronto officers occasionally eat at fast food restaurants, and fast foods may contribute to poor sleeping habits.
3. 50% frequently find it difficult to eat nourishing meals during shiftwork.
4. 33.8% revealed that they have problems with their digestion.
5. 66.7% of respondents who consume food less than once per week from the five food groups do not sleep properly.

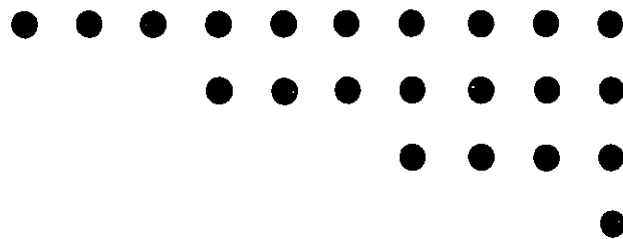
For Bonaventure officers, the following factors may contribute to lower back problems:

1. A slightly higher proportion of Bonaventure officers seldom participate in fitness exercises or programs; and lack of exercise may lead to lower back problems.
2. 76% (19) of officers who consider work to be stressful walk or jog less than one mile per day.
3. 37.8% (14) of officers who walk or jog less than one mile per day frequently experience lower back problems.
4. 40% have problems with their digestion; and such problems may lead to lower back problems.

These factors (especially the types of foods consumed/indigestion; and lack of exercise) could explain some of the findings and differences between the two police forces; however, these aspects need to be researched more carefully before concluding any significant findings.

Finally, there were several other control factors which were introduced; however, no relevant data emerged. Appendix E presents the tables for these controls.

- **AN OUNCE OF  
STRESS PREVENTION**





Many companies, including police departments, are implementing health programs for their employees: from smoking cessation programs to stress management courses. The availability and utilization of such programs is contingent on many factors (e.g. programs offered, anonymity and confidentiality). This chapter, therefore, examines the following aspects: utilization of existing services; promoting health programs; improving one's lifestyle; improving nutrition and physical fitness; programs for substance abuse; and burnout programs. Moreover, the most commonly cited stressors inherent in police work will be discussed. The last topic will focus on the existing employee assistance programs put forward by the Metropolitan Toronto Police Department and the Bonaventure Police Department.

#### Utilization of Existing Services

Many officers refuse to use any "help programs", such as drug and alcohol recovery/rehabilitation programs and counselling services. In many cases, resistance to seeking professional assistance stems from the officer's stereotyped beliefs that people who seek professional help are seriously ill, out of control, unmanly, or unfit to work (Klyver 1983, 66). Loo (1987,19) notes: "Employees with mental health problems might also fear that they could be dismissed, denied promotion, or subjected to other types of negative actions" (e.g. being labelled "crazy" by their coworkers and supervisors). For example, in 1982, a police union official from the Montreal Urban Community Police Department interviewed a few officers about the utilization of health services. These officers stated that most officers never seek any health, medical or mental health services for fear of being ostracized and labelled by fellow officers and supervisors. One particular officer stated the following:

I'd be black-balled. If I came in with a mental problem, I'm a cuckoo. If I came in with a drinking problem, I'm a drunk. The bottom line is, they don't care about your physical and mental being. Just as long as your hair is short, your socks are clean, your shoes are shiny, and you don't smell of booze (The Gazette. December 24, 1982, A4).

Similarly, the officers I interviewed said:

They never say "I'm in a burnout", because you can't say that. You can't say to your supervisor that you think you got a problem. Let's take me for an example. I would like to have some promotion. Let's say in a year or two, I have some problem. Let's say I tell the officer that I'm in a burnout. First thing, he takes the revolver in case he thinks

I'll commit suicide. Let's say I take two to three weeks off. Everything is alright when I get back. Two days later, I'm asking for a promotion. I'm going to the exam, and this is going to be in my file. I will never be able to get a promotion....If I were to ask someone for help, I would never go through the program (department). I would go outside. I wouldn't go inside because it would put an "X" in my file. (female officer: 20's)

Another female officer (20's) states that officers are also afraid of getting 80% of their medication paid for by departmental insurance for fear of being discovered with a physical or mental problem. She recalls an officer who was taking medication:

He doesn't want to collect because he doesn't want anybody to know that he has problems. I don't know why, but it is a problem within the department. A guy can't cry.

The message is clear: officers are suffering because they're unwilling to use any health services offered by their department. Some officers would prefer to get some help, although it sometimes occurs too late: when the officer becomes an alcoholic, resorts to drugs, is completely burned out, or becomes another suicide statistic. The relations between management (administration) and police officers need to improve desperately, according to my informants. More information should be made available for the officers regarding the types of services accessible for officers with particular problems.

The police department should also advise their officers that it's "OK" to experience problems- whether these problems are directly or indirectly related to work (e.g. family, financial problems). Management should encourage their officers to seek professional assistance whenever needed. Several officers expressed the need to change the present "macho" image, and revealed that police officers are also human: they can undergo problems like the rest of the population.

You can have a problem and still be a good officer. And you could talk about it without thinking that the other officers are going to laugh at you, or think that you are weak. I would say 'you could go and talk about your feelings. It doesn't mean that you're not better than the other one'. Sometimes this is the way we feel. You have to be better and stronger than the other one. (female officer: 20's)

Change their attitudes toward it. Instead of being weaker, get it through their heads that: "Hey, you got a problem, we all do. It's no big deal." Cut out this nonsense- this macho image. (male officer: 30's)

Officers repeatedly informed me that they want help, improvements, and better access to health services, with a guarantee of anonymity and confidentiality.

### Promoting Health Programs

Before examining the importance of stress management within the organizational setting, it is necessary to look at how officers manage stress, and their ideas on how to improve health programs within the police department.

For several of the officers interviewed, not taking the job too seriously was crucial for preventing stress from interfering with their lives:

If you have a safety valve that you can open: either talk with someone; have a beer with someone; have sex; do skiing, whatever- something to open up the valve, then you're ok. If people take their job a bit too seriously- police, police, police- then I'm afraid that they might be hit by a burnout. You have to be able to do something else. (male officer: 30's)

I've learned to cope with stress by exercising, by eating better. That's my way of fighting stress. Plus my cultural activities also contribute. (male officer: 40's)

They know that we have to do some activity to evacuate the stress. The organization is trying to get this on a personal basis rather than institutional. I think that they should give a certain period of time for training for education on the food you eat. We have all the material for it. We have audiovisual equipment; but I haven't seen any document on that. (male officer: 40's)

Most of the officers from the Bonaventure Police Department said that they wanted more information on the availability of health services:

There are no documents. We have a certain internal communication that covers other subjects. But sometimes it will have an article, a checklist: "if you do this, you don't sleep, maybe you're subject to this. You should consult." It's very on the surface. We're not going and talking to the guys, promoting something. There are no videos going around on that subject. They feel that every officer should know about these things. It's a societal factor, societal phenomenon. Learn about it whatever is offered to you. I guess nobody looks at these aspects because it's still there. (male officer: 30's)

Information is not the strongest point around here. Should be, but it's not....It was one of their main concerns: police suicide. But I'm still here, and I never received any information. That's the problem

with the force: they always talk, but no action.... It's a huge organization, and everything they do is costly. It's a big problem in the police force: they run as a private enterprise. They don't run anymore as a public service. Their priorities are upside down. (male officer: 30's)

Only one officer from the Bonaventure sample declared that officers are well-informed of seeking professional assistance:

They are now, sure they're well-informed here. As a matter of fact, we're all briefed as to what's available in the service: we have guidelines. So if there's a problem, it's easily detected. Because one officer will say: "I don't want to work with him because he's starting to talk a little funny". It would be confidential, but we could actually have that person sent down for a medical evaluation or a psychological evaluation. Five years ago, you were under the impression that nobody gives a shit. But now they care a lot more. Our Service is a lot more human than it was. They're a lot more in tune with what's going on because studies have been done: stress studies have been done. (male officer: 40's)

Many police officers feel that health programs should be a high priority for management. Budget constraints are usually responsible for the inability to promote or introduce new health programs. However, management has to be more cognizant of the fact that their police officers are exposed to the social problems of everyday life, and may experience problems (personal or job-related or both) themselves. Stressors may be directly or indirectly related to the job. Several officers proposed the following for improving and promoting health programs:

I think one way of doing it would cost a lot of money and a lot of manpower. We're doing a lot with the education in the family, with police officers who have experience....I think that when cadets are in the academy, they should teach them what shiftwork is....Ok, we're going to get five or six couples and we're going to have an information meeting one night. Police officers who have a lot of experience, psychologists, and make the wife aware what the shiftwork is all about. (male officer: 40's)

I recommend that we have more specialists. Not just one: we are 4000. We need to have a lot of information: where we can go. Maybe a seminar or have someone give information on a regular basis in the stations. I think they're afraid and they want to hide it. I don't know why. We need specialists and it has to be confidential. (female officer: 20's)

From what I've experienced, of talking to the new officers, they know more about the symptoms of stress; or how to evacuate stress; or

what burnout is. They have a certain way of facing life. Let's not maybe blame the organization but the education system....If you are going to promote a certain career, and you know difficulties are such and such, let's work on these things right now. In the academy, more education on this phenomenon....The organization should be equipped with, and right at the beginning, to follow the officers in a certain progress report: how they cope with the job on these factors; and supply officers with whatever they need to be comfortable with the job. It's like a support program. (male officer: 40's)

I would make some videos. I would make some posters. I would make some seminars with the police officers asking them to come with their families. I think we should do it for burnout, alcohol, stress. Sometimes, guys may think about it. Because you're a police officer, you deal with all kinds of problems daily. Maybe you think sometimes that you're stronger than everybody. But it's not the case you know. When you deal all the time with these problems, maybe you can affect yourself too. So you have to learn how to deal with it. Maybe, sometimes they don't know how to deal with it. (male officer: 40's)

I'd try to bring people in: it's better than videos. A human being relates more to someone than to a film....The budget is going down every year....I would make people aware that society is changing: the way about eating is changing. "Why don't you just think about it". Maybe if you come hard on them, and stress it, maybe you will get a negative reaction. I would stress more on drugs and alcoholism than on nutrition itself. If there was a drug problem, I'd try to do something about that. If they do it, that means that the department accepts that there is a problem. Police is very, very secret. (male officer: 30's)

I think the department has to recognize burnouts. There are burnouts in the police department; with doctors; in every profession. But I think they have to recognize the fact that as a profession, we're the profession that has the highest suicide rate. I think our suicide rate is six times higher than the leading professions. That's a problem. There should be no need for it. I think that officers have to be made aware that when they come in the police force, shiftwork is not for two to three years. Shiftwork is until they retire. ....Donovan's doing this program for police officers for burnout, suicide, family problems. There has to be something done the same way here. The way I would do it, I'd research by going to all the major police forces in the United States and Canada to see what they're doing to help their employees....Do they have to wait till the suicide rate or the burnout rate is so outrageous to do something? (female officer: 20's)

Better education. But if they get too much education, they won't want to be a policeman. It might scare them away. (male officer: 30's)

Therefore, a strong emphasis is placed on providing more information and education in areas concerning referral centres, specialists, on specific aspects of work (especially shiftwork), and health-

related problems (especially alcohol, drugs, burnout and suicide).

The majority of officers were eager in expressing their opinions on improving the quality of life at work. However, there are those officers who rather not rely on police stress studies because the department won't change the present quality of life at work:

Surveys with police officers are a waste of time because no one really gives a .... (Male officer: 30's: Metro Toronto Police)

There have been many studies conducted on this subject (police stress); however, they are discouraging because they don't change anything. Here, there are many interesting studies which help police officers, however, they all end up in the garbage (Female officer: 30's: Bonaventure).

Moreover, promoting health improvement programs within the police department proved to be a significant question, especially for the Bonaventure sample. The question: "Do you think that your police department is doing a good job in terms of promoting health improvement programs?", yielded the following results: Toronto: Good Job = 15.5%, Average Job = 38.0%, Poor Job = 46.5%; and Bonaventure: Good Job = 2.7%, Average Job = 9.3%, Poor Job = 88.0%. It is quite clear that for both samples, the police department is perceived as doing a poor job mostly in health promotions; however, the case for Bonaventure officers is much worse.

### Improving One's Lifestyle

Lifestyle plays a critical role in the maintenance of good health. Alcohol abuse, smoking, over-eating or consuming the wrong foods, and lack of exercise all contribute to an individual's health status (Lalonde 1974). The Canadian and American governments have paid closer attention to lifestyle reform. Both governments have realized that many illnesses and diseases are the result of poor lifestyle habits. From this perspective, the governments have introduced many preventive measures- programs that try to improve individual lifestyles. Wikler (1980) acknowledges this aspect of lifestyle reform and governmental intervention and proposes that the government should be responsible for promoting better lifestyle programs. Government officials may find that lifestyle reform is one of the most cost-effective ways of delivering health, especially if more effective change-inducing techniques are developed (Wikler 1980, 200). Kreitner and his colleagues (1985) suggest more governmental and organizational (business)

intervention to improve "the quality of organizational work life for employees." Programs that examine preventive measures for lifestyle improvements may forestall premature deaths and disability claims resulting from occupational stress-related diseases and illnesses.

Sewell, Ellison and Hurrell (1988, 94) are concerned with the kinds of lifestyle changes that have been undertaken by police officers as a result of stress management training. They argue:

The issue is whether training aimed at the individual has led to behavioral changes, and more important, whether behavioral change has led to a reduction in those physical and psychological problems believed to be stress-related. We need to know if the various components of stress-management training programs have had the impact they have claimed. We must evaluate specific components of training, including those aimed at improving nutrition, general physical and particularly cardiovascular fitness, and emotional well-being.

They also suggest that we need to know if nutrition and fitness programs designed to improve an officer's state of health have resulted in improved eating habits and regular exercising.

Disability claims related to the job are also examined by Sewell and his colleagues (1988). If there is a close relationship between the job and its stress, then it would seem to follow that heart attacks, ulcers, cardiovascular disease and similar illnesses held to be stress-related must be also job-related (Sewell et al 1988, 97).

Policies and programs that may prevent or minimize the negative consequences of job stress for Canadian police officers are examined by Loo (1987). Law enforcement organizations need to develop these policies and programs to help their fellow colleagues. It is important that such organizations appreciate that mental health or illness is not only a function of the individual employee's psychological make-up and lifestyle choices, but also of job demands and more generally, organizational/social demands (Loo 1987, 18). For instance, a "health services policy centre in the RCMP headquarters" was established in 1980, along with eight health centres across Canada to help RCMP officers (Loo 1987). The policy centre's staff includes senior specialists (e.g. psychologist), health specialists and others who are responsible for policies, and program "directions" and "consultations". Therefore, programs that may benefit all officers should include the following, as proposed by Loo (1987):

1. Occupational health and safety: the organization should be aware of hazards such as

exposure to and handling of hazardous materials in forensic labs, and lead levels on firing ranges.

2. Lifestyle and health promotion: healthy lifestyle should be of major importance (e.g. nutritional awareness programs and exercise programs with physical fitness instructors).
3. Stress management techniques.
4. Peer support networks.
5. Counselling services.
6. Health research projects.
7. Treatment services: including medical facilities.

Macleod (1985,188) lists the proper guidelines for an effective employee assistance program:

1. Top management support and a written policy statement.
2. A policy statement to the effect that the company wants to help employees to relieve anxiety, and to improve job performance; and that the company will not discriminate against any person (officer) seeking professional help with emotional or psychological problems.
3. Supervisors able to recognize job performance problems and the skills to help an employee to recognize such a problem.
4. A high degree of confidentiality.
5. An appropriate package of employee benefits, especially health insurance coverage.

### **Improving Nutrition and Physical Fitness**

Police officers have greater risks of diseases, injuries and mortalities; and as we have seen, occupational stress and poor lifestyle significantly contribute to cardiovascular disease, diabetes and death. Whether or not an officer belongs to a physical fitness program at a health club is not the most important issue. The point is that police officers, like everyone else, should engage in regular, everyday (or every other day) physical activity that will positively benefit the heart, lungs, circulatory system, body weight and muscle tone. In addition, good health habits, such as balanced nutritional meals, no smoking, and moderate intake of alcohol and caffeine, are all essential to maintain a healthy body.

Two intervention measures based on physical fitness and proper nutritional habits are recommended by Gundersen (1985). The first measure would include officers "at nutritional risk":



individuals who are overweight with or without additional risks (such as high blood pressure, smoking and alcohol abuse). These particular officers should be placed under medical supervision in order to recommend proper individual treatment programs. Once evaluated and given a specific treatment program to follow, the officer will learn the various ways or techniques to limit his risk of poor health. The second measure involves educating family members, fellow officers and supervisors to act as support groups, making sure that the particular officer is not alone throughout the treatment program. The officer undergoing treatment needs positive reinforcement from others in order for his treatment to be successful. The support groups should learn: "how critical proper nutrition habits are to the overall health of the officer" (Gundersen 1985, 42).

There are many health programs, such as the one suggested by Gundersen (1985), that may benefit the police department. However, it is up to the individual police departments or administrators to determine the importance of fitness and nutritional habits. The majority of officers tend to disregard the role of nutrition and how it affects their health. Officers attend fast-food restaurants- where hamburgers, hot dogs, pizza and fries become all too familiar. These foods all contribute to ill-health. Thus, dietary changes are needed for many officers. They are not getting the proper nutrients that are essential to maintain good health. Therefore, it is essential for police departments to implement programs based on nutrition, fitness and health. It is hypothesized that the educational cost of these programs would be minimal if one compared it to the costs of poor health.

Nutritional awareness programs may designate the first important step in guiding officers to better nutrition. In 1989, the Montreal Urban Community had decided to pay a consultant \$5,000 to implement programs on nutrition and exercise. However, no programs are in effect as of yet. The MUC has also taken some measures in improving the physical status of police officers. For instance, microwave ovens were installed in several police stations; and work-out rooms (including stationary bicycles and weights) were introduced in two new police stations (these stations represented sample stations to examine the effects/benefits).

Moreover, Benson and Skinner (1988) suggest two ways of eliminating the POLICE = DOUGHNUT SHOP image. First, every officer should alternate his choices when selecting restaurants or coffee shops. If an officer is often being spotted at a particular coffee shop filling out his report,

then s/he may give the perception that this is police work. Many people, especially officers, know that such a perception is mainly false: however, there are some individuals who would claim it to be the truth.

A second way of eliminating such perceptions is to avoid accepting any gratuities from waitresses or other restaurant personnel. It is important that police officers pay their bills, as most officers do, and "add a smile and a thank-you, and leave with class" (Benson and Skinner 1988).

The National Advisory Commission on Criminal Justice Standards and Goals put forward the following physical fitness proposal:

1. Every agency should immediately establish realistic weight standards that take into account each officer's height, body build and age.
2. Every agency should require for each officer a physical examination administered bi-annually, annually or semi-annually to determine the officer's level of physical fitness. The frequency of the examinations should increase with the officer's age. If the officer fails to meet the predetermined standards, a program should be prescribed to improve his physical condition.
3. Every agency should provide or make available facilities and programs that enable every officer to maintain good physical condition, to monitor his condition, and to meet pre-determined physical standards through program enforcement measures. Consideration should be given to intramural athletics, exercise, weight reduction, and other physical fitness programs (Kaminski 1975, 40).

Lindell (1975) discusses a program that may benefit police officers and their departments all across North America. The program is called "The New Aerobics" and its founder, Dr. Kenneth H. Cooper. This particular program focuses on many aspects of physical conditioning- especially physical endurance. The object of aerobics conditioning is to increase the intake of oxygen and forcefully increase blood flow throughout the body for a sufficient period of time to achieve a "training effect" (Lindell 1975, 38).

In order to motivate officers to sign-up for the program, an incentive program was implemented and approved by the police administration. The incentive program involves extra days off based on a semi-annual 12 minute test. The 12 minute test precisely examines the physical endurance by the distance that can be completed within 12 minutes. The ratings range from "excellent" to

"very poor"- where those who fall in the excellent category receive three (3) extra days off within the next six months; a "good" rating entitles an officer to two (2) extra days off within the next six months. Those who are rated "poor" or "very poor" will be required to attend supervised exercise sessions one hour each per week, off-duty, until improvement is noted (Lindell 1975, 64).

Therefore, motivation is very important to continue exercising on a regular basis. Police departments should encourage their officers to maintain good optimal body weight, enhance the cardiovascular and respiratory systems, and improve muscle tone. Police departments should also put forward fitness programs (including education and qualified physical fitness instructors). Police departments may invest in their own facilities or they may examine the availability of local gymnasiums. Bi-annual evaluations of physical fitness would be essential. The evaluations should include proper test items such as: skin-folds, handgrip strength, bent-knee situps, flexibility, 12 minute run and agility run (Klinzing 1980, 295).

Physical exercise aids in combating sleeping problems. Individuals who exercise on a regular basis may experience less fatigue, anxiety and sleep regularly and efficiently (i.e. deep sleep).

Aerobic exercise, including running, jogging, brisk walking, swimming, cycling, or any activity that is rhythmic and leads to a sustained increase in breathing and heart rate, is valuable for relieving stress and at the same time maybe helpful for the heart (Winter 1983, 188). However, people who have any history of medical problems or who rarely engage in any physical activity should consult their family physician on improving one's body through physical fitness. Also, "anyone over 35 should take no sudden leap into full-fledged, vigorous activity" (Winter 1983, 190) without consulting one's physician.

#### **Programs For Substance Abuse**

Good, qualified and experienced officers should be recognized and helped, if they in fact have a serious drinking problem or are alcoholics: these people should not be ignored, dismissed or hidden within the organization (Dishlacoff 1976, 38). This reflects a very important statement in the sense that alcoholic officers have a chance of becoming recovering alcoholics. Several programs exist for individuals with drinking problems. These programs range from alcoholic rehabilitation centres which are affiliated with or located within hospitals, to programs such as Alcoholics Anonymous. Every police

department has the responsibility of learning the facts of alcoholism, and treating alcoholism as a disease that may be arrested. These departments should also have the responsibility of establishing a detoxification unit. Also, any programs that may educate police officers of the dangers of alcoholism may benefit the department. Administrators, who provide these "detox" programs, benefit the entire department in the following ways. Firstly, good officers who have become recovering alcoholics remain with the department. In this sense, good officers are not lost- they are 'recovered'. Secondly, recovering alcoholic officers can also give lectures on the dangers of alcohol abuse, and give preventive measures for officers who have not reached the alcoholic phase yet. Finally, with such programs, officers may express a greater admiration for their administrators for showing that the department cares about its police personnel.

An effective employee assistance program, such as the Regina Police Service's employee assistance program, aids officers with alcohol-related problems, and provides "proper avenues" for rehabilitative health programs (Reiman 1983). In this particular employee assistance program, officers go through various therapy stages: self-awareness, surrender phase, and an officer's ability to carry out his/her responsibilities that go with the new lifestyle. Out of 338 uniformed officers from the Regina Police Service, approximately 60 employees are estimated to have a chronic drinking problem. Reiman (1983, 70) asserts further: "problem drinkers cost two-and-a-half times the average employee wages in terms of absenteeism, grievance, safety and poor productivity". Therefore, employee assistance programs are favourable because of their "budget-cost efficiency". Such programs educate and help officers to stop relying on the bottle and to start focusing on becoming recovering alcoholics.

In reference to drug abuse programs for officers, similar steps may be taken as those undertaken in alcohol abuse programs. Prescription drugs are legal, and if officers are psychologically and physiologically dependent on using these drugs, their chemical dependency should be treated as a disease. However, non-medical use of drugs is basically illegal, and officers know the severity of the punishment for using illegal drugs. Nevertheless, police officers should be aware of substance abuse programs. For instance, Nowicki (1986) focuses on the following principles that represent an effective employee substance abuse program. First, inform the department on the relationship between job performance and drug use. Second, devise a program for drug abuse- including legal advisors, medical

directors, union personnel, and managers/administrators in carrying out such a program. Third, all employees must be informed of the program and policies- stating that any officer found using non-medical drugs will be dismissed from the force. Fourth, all disciplinary actions must remain consistent throughout the program. Fifth, samples containing any drug substance must be verified. Sixth, positive results from the tests should be disclosed to the officer in question, and s/he must be given a chance to explain the results of the tests. Seventh, the accused officer will have to undergo an administrative hearing. Finally, all records and tests must remain confidential.

Employee assistance programs and support groups are being implemented in various police departments. The supervisors of these programs focus on helping the officer to overcome his addiction to alcohol and/or drugs, and may even prevent suicides from occurring. Supervisors and the administration should understand that chemical dependency is a disease. They should also be educated on the types of drugs- including their effects in order to understand an officer's psychological and physiological dependency. In addition, carefully-selected and effective referral agencies must be implemented into the program for more professionally-oriented individual or group treatments.

#### **Burnout Programs**

Burnout programs are essential, and they need to be supported for the benefit of all officers. Initial support and continued development of mental health programs can be facilitated if a step-wise approach is used, starting with easily accepted, small-scale policies and programs, and progressing to more costly and more sensitive mental health areas (e.g. alcohol and drug abuse). Every officer should be aware of the mental health programs offered by the department. Thus, it is the responsibility of the administration to distribute information regarding these programs; and encourage officers to use the services if ever needed. Counselling services, medical and health-related treatment services, and self-help groups or support groups can benefit practically every employed officer: from marital problems or financial to alcohol-drug abuse or burnout/suicide; from psychiatric help to support groups.

According to Cherniss (1980), burnout intervention in the work setting consists of four aspects: staff development and counselling, job structure, leadership and supervision, and organizational goals, methods and norms.

In reference to staff development and counselling, Cherniss (1980) states that orientation programs that focus on the job and the strains associated with the job, should be implemented in order for the new professional to be more prepared in his/her ability to handle the job more effectively on an emotional level. Such orientation programs may prevent the worker from "reality shock"- a condition whereby the worker's expectations are incongruent with the reality of the job.

The second aspect focuses on restructuring the job. Job or work overload has become one of the most stressful aspects of many professions. The worker may experience difficulty with handling too much work; and in essence, may become burned out. An increase in manpower may alleviate some of the problem; however, most organizations do not have adequate funding for hiring more personnel.

Good leadership and supervision represents a third aspect which is crucial in preventing burnout. Supervisors play a critical role in "providing information and technical instruction" to workers in order to perform effectively in their job. In addition, the supervisor can also help the new professional in the transition from student to professional, by discussing role expectations and goals of the organization. According to Cherniss (1980,240), "supervisors can influence the degree of role conflict, ambiguity, and strain experienced by the professional staff person". Supervisors should also provide important constructive feedback to the new professional. The new professionals need to know how well they are doing in their roles. However, new professionals soon realize that effective feedback is not always a strong point within their particular organization.

Cherniss (1980) also encourages "social support", where new workers look up to their supervisors for help and support. Workers who are able to discuss their problems with their supervisors may be less prone to burnout than those who remain frustrated, or terribly stressed from their jobs, and feel that they cannot talk or relate to their supervisors.

A final aspect focuses on the organization's philosophy- the goals, methods and traditions that may prevent burnout from occurring in the work setting. It is important for the organization to clearly outline the goals and methods for new professionals because it is during this initial phase that new workers look to the organization for proper guidance. Otherwise, "conflict in program goals will inevitably lead to conflict in professional roles, and role conflict is a major source of stress and burnout" (Cherniss 1980, 243).

This particular researcher agrees with others that the use of social support groups may have a positive impact on people who come from various helping professions. Social support teams try to aid members in understanding the particular stressors one may be experiencing, and may try to redirect the experience in a more positively-oriented manner. Scully (1983) proposes a work-setting support group for preventing burnout. The goal of the support group is to increase staff effectiveness, and to build a sense of competence; to help participants feel that they can deal with the stresses they encounter in their work situation (Scully 1983, 188). Support groups help employees find the middle ground between feeling highly sensitive and emotional in particular situations and feeling completely insensitive to anyone's pain or discomfort.

Benner (1984, 11) acknowledges the positive influence of a social support team, "as a resource that protects the person from the negative impact of stress". Benner (1984) depicts social support as a "coping process", and cites that other research studies (Cassel 1976; Cobb 1976) have concluded that participation in social networks or social support groups may positively enhance one's health.

There are several other stress management programs that may benefit police officers, and prevent them from contracting diseases, or from becoming victims of burnout. Fitness programs, various techniques in meditation, progressive relaxation, deep muscle relaxation, imagery training, biofeedback and behaviour modification therapies are some of the currently prescribed stress management programs used in contemporary society.

Daviss (1982) proposes an "Early Warning Program", which was started by Reiser in 1980 for the Los Angeles Police Department. In this program, sergeants are trained how to "recognize the early warning signs of emotional upset" (e.g. accidents, withdrawal from work responsibilities and colleagues, drinking alcohol, depressive moods and others). Sergeants are also trained in "emergency counselling". Sergeants should be sincere, empathic individuals and be able to develop a friendship with the officer seeking help. Officers undergoing counselling "may be granted time-off, a transfer, or an assignment that involves less stress, while they learn new ways to cope with their troubles" (Daviss 1982, 17).

Early Warning Programs also involve support groups and family counselling. Officers are trained in counselling other officers who have been involved in shooting incidents to those attempting their own suicides. In this sense, counsellors (officers) and troubled officers can develop an empathic

relationship- since both have been involved in some traumatic, emotional situation or are simply burned out. Counselling sessions of this nature function on a weekly basis, allowing troubled officers to express their emotions.

It has been suggested and clearly stated by many researchers that experiences with police have led to the major conclusion that police officers are more at ease with other police officers when discussing stressful problems. Klyver (1983,66) notes: "since police organizations tend to foster a highly cohesive "in-group" feeling among their officers, it's common for an officer who is experiencing personal problems to feel more comfortable and trusting discussing matters with a fellow officer than with a professional". The Los Angeles Police Department has launched a peer counselling program to aid troubled police officers (Klyver 1983). The program was designed by professionals and it is run by para-professionals who are effective in counselling. Each peer counsellor had to undergo a three-day intensive training workshop. The major part of the training program focused on counselling skill development, behavioral orientations, communication, program issues and operational problems. In terms of counselling skills, "the main areas covered include reflective listening, general assessment skills for distinguishing chronic from short-term problems, problem-solving skills, alcohol and drug abuse problems, dealing with death and dying and with relationship termination, suicide risk assessment and management, and when and how to refer" (Klyver 1983, 68).

Moreover, a police psychologist or counsellor can serve a significant role within a police department. Officers, who undergo emotional problems and psychosomatic disorders, can have direct access to an internal police psychologist. These officers can seek counselling if undergoing any work-related problems, substance use, emotional problems, marital or other family-related problems, financial problems, sexual problems, and other individualized stressors. However, police officers seeking help must be guaranteed total anonymity and confidentiality: otherwise officers will refuse to use the services offered by their department.

#### **Reexamining Specific Stressors**

Greater concentration must be paid on the most frequently cited stressors inherent in police work. Throughout the literature, as well as in the present research, the most common problems



associated with policing are: relations with the public, media; shiftwork; courts; certain tasks (e.g. abundance of paper work); and management relations. This paper will briefly look at these specific stressors, and how they may be improved.

#### Police - Public Relations:

Poor relations with the public is not a new phenomenon. There are several ways, however, that may benefit the image of the police department. In my research, it was continuously noted by police officers that the public is naive regarding the reality of policing communities. Watching portrayals of policing on prime time television deludes real police work. Therefore, improving relations with the public may include: police awareness week (several times per year); and more beat patrol.

Police awareness week may involve setting up kiosks in shopping centres, metros, and public schools (elementary, high-school, college, university). The representatives would be comprised of two to three police officers (officers with at least ten years of experience; male and females; and visible minorities). These representatives would explain the role of the police officer to the public. Literature provided for the public on the police would be essential. In this sense, communication between the police and the public may be enhanced.

Offering advice to the public is not a new phenomenon. For instance, officers continue to visit schools offering advice on the consequences of drug use. Other police departments have set up information booths on police work in shopping malls, discussing the role of the police with the public.

Increasing beat patrol would also enhance relations with the community. Getting involved with one's district, by interacting with the people of a particular area or community would be increasingly beneficial. In the United States, Trajonowicz and Banas (1985) examined the impact of community policing on minority and caucasian perceptions of police performance in Flint, Michigan. By using the foot patrol method, they proposed that blacks would become as favourably disposed to the police as would whites. The results indicate that the difference in perceptions of police performance were highly reduced between visible minorities and caucasian respondents. In 1981, the Flint residents were asked if they were satisfied with the foot patrol program: 79.1% of visible minorities said yes; and 82.6% of caucasian said yes. In 1983, when asked the same question: 78.7% of minorities said yes; and 76.5% of

whites said yes. Therefore, the majority of respondents were satisfied with the Flint foot patrol program. The foot patrol program allowed more positive contact between the citizens and the police.

In reference to the media, newspaper and any electronic news gathering corporation should examine the facts carefully before submitting any final reports to the public. Journalism is based on facts, news- not distortions of information, sensationalism or what the public wants to hear or read. Front page headlines seem to benefit the sales of newspapers, and many times, mar the image of police departments. It is a fact that some police officers are not adequately trained to handle certain situations; or they're incapable of dealing positively or effectively with citizens in the community. There are factual cases of police racism or brutality: however, the entire police personnel should not be blamed for the actions of one person. Positive accounts of police actions are never to rarely ever publicized to the community. Good actions do not sell newspapers. This aspect needs to be changed.

#### Shiftwork:

Shiftwork is an inevitable part of police work. Rotating shifts (especially three shifts) contribute to rhythmical biological changes, and there is no way of escaping these changes unless one is put on a permanent shift. The important thing is to secure a relatively long continuous free time after a relatively short period of night shift, to minimize and make up for a sleep deficit (Levi 1981, 42). For instance, after a night shift, one has to be able to unwind slowly without the use of any medication by reading, engaging in a hobby or even watching a little television (slow-paced programs). After one's shift, meal consumption should be very light (e.g. bran bread with a salad and cheese, and one or two fruits for desert). Exercises may be light for twenty to thirty minutes after one's shift, however before eating.

#### Courts:

No doubt, the judicial system needs to be improved. Lenient sentencing of offenders contributes to a tremendous amount of stress experienced by many police officers. The famous quote: "Police put criminals in, courts put criminals out" is shared by many officers. The job becomes frustrating - leaving some officers with a lack of purpose and fulfilment in one's role. Fair play needs to be brought back into the judicial system. A re-evaluation of the existing laws need to be considered.

**Tasks:**

Many officers continue to express negative assessments of certain tasks. If certain tasks are considered to be essentially pertinent, supervisors/ superiors need to provide explanations for the purpose and importance of executing these tasks. In terms of paper work, many officers feel that there is a growing preoccupation with useless paperwork (i.e. filling out and editing reports). Irrelevancy may be noted in certain paper work duties; however, in the majority of cases, paperwork is essential. Reports are needed for statistical use, back-up information; and clarity in writing reports accelerates an officer's performance level. Therefore, useless paperwork needs to be curtailed, and relevant paperwork duties need to be examined in a more positive light.

**Relations With Management:**

For many years, officers have complained about the poor relations which exist between management and police officers (notably constables: patrol officers). Officers have expressed that there is a lack of support from management, including supervisors. For example, in reference to negative contacts with supervisors, officers feel that they are not recognized by their supervisors as performing a good job (Breen and Vulcano 1982). These officers felt that their performance is only recognized when they are "in trouble". Many officers believe that their supervisors lack interpersonal and managerial skills. The role of social support among 121 police officers from a Midwestern state was explored by Kaufmann and Beehr (1989). These researchers were interested in examining the relationships between supervisory status (supervisor vs nonsupervisor), social support and stressors inherent in their work. One of the findings revealed that police officers who are in a nonsupervisory role, experience more "job stress but less instrumental social support than the police supervisors" (Kaufmann and Beehr 1989). Thus, support, understanding and good leadership qualities are obligatory in effective supervisory roles. A good human relations supervisor provides emotional, informational, instrumental and appraisal support (House 1981, 95).

### Employee Assistance Programs

The employee assistance program offered by the Bonaventure Police Department consists of a drug and alcohol addiction counsellor (a 20 year veteran of the police department); and a police psychologist. In 1989, the employee assistance program was relocated from police headquarters to a location far removed from headquarters. A major problem that existed was the poor location of the program. Anonymity was nonexistent; therefore, the majority of officers were very hesitant in using the services if ever needed.

The Metropolitan Toronto Police employee assistance program has been in effect since 1985. The areas which are covered include: work, legal, family, marital, financial, retirement, substance abuse, emotional/psychological and post-shooting/incident trauma. In 1986, 18 peer counsellors were chosen to supplement the employee assistant program. The work is on a voluntary basis and peer counsellors are there to "assist troubled members" whenever needed, and give referrals for professional services. With its success, the EAP committee decided to implement a total of 80 peer counsellors. By 1989, 100 volunteers were working within the EAP. All volunteers have undergone special training with professional psychologists and the coordinator of the EAP. Many of the volunteers have had personal experiences with "the bottle", family problems, gambling or financial problems and other life-related issues.

Jaan Schaer, the coordinator of the EAP in Metropolitan Toronto Police, defines the EAP in the following: "The EAP is there to help any uniform or civilian member of the force and their dependents with any life difficulty or frustration they might have." The referral centre is completely away from the police force, and guarantees strict anonymity and confidentiality. The only time breach of confidentiality occurs if the person shares information regarding child abuse, committing a homicidal offense, or when exhibiting homicidal or suicidal tendencies. During those times, the coordinator is obliged to take action.

One area that is most predominant in seeking services centres around family-related problems. In 1981, 63% of the force was divorced or separated. At the time, it was double the national average. This concern led to the construction of the EAP program.

The method used in assessing problems involves the Heimler Scale of Human Social

Functioning, which takes a look at the person's feelings that create anxiety. Once the problem is assessed, the coordinator refers the client to a psychologist who is familiar with law enforcement officers.

The majority of officers who have received professional services have assessed the program positively; where over 75% rated the program "good" or "better." This has helped other officers to come to terms with their own problems, not being embarrassed by the turmoil going on in their lives. Many officers have improved their work performance; especially cases involving alcoholism, where the supervisor needs to monitor the client.

In reference to the financial costs of the program, Metropolitan Toronto Police's philosophy is: "We care about our people". Therefore, the costs are not of major concern. The funding for the EAP is provided by the Police Commission. Mr Schaer states: "If this program can prevent one officer from committing suicide, or assist in an alcoholic recovery, then it's more than paid for".

Peer counsellors have the responsibility to put flyers and pamphlets in the work setting, and union members put them up on their bulletin boards as well as the regular workplace bulletin boards. Brochures on the program are passed around and even sent to homes, including advertisements in the internal police newsletter. Lectures are given to all new employees as part of their orientation program. The coordinator deals with all the recruits before they go to the Ontario Police College, including awareness sessions with supervisors and new members of the police organization. Some of the issues covered are alcoholism, drug abuse, critical incident stress (how to deal with it), and what happens after you pull the trigger. In the colleges, this has been in effect four-and-a-half years.

According to Jaan Schaer, employee assistance programs are a necessity in any law enforcement agency. For the 1990's, organizations have to be more cognizant of what is happening to their employees; and they have to start looking at prevention programs (e.g. looking at the fitness levels, and introducing fitness programs; and more education on aspects of police related stress). Bringing the families in and educating them benefits not only the officer and the immediate family, but the organization as a whole.

## CONCLUSION

The social body of the police has been explored in relation to occupational stress, lifestyle, and accompanying psychosomatic symptoms. The present research discovered several significant relationships between work stress and psychosomatic symptoms, especially when controlling for conventional lifestyles.

Lifestyle plays a significant role in the health of individual police officers. Proper nutrition, health habits and fitness contribute tremendously to the well-being of officers. Personal reactions to stress vary; however, stress, poor nutrition, poor habits (e.g. smoking and consuming alcohol), and lack of exercise may contribute to the onset of disease (e.g. cardiovascular disease, diabetes and cancer) and even death. Gundersen (1985, 40) reminds us that: "the body is a mirror of the individual's habits."

Moreover, programs that try to prevent stress from occurring, or those that try to teach individuals how to cope with stress, will only succeed if officers would feel free to use them. Officers not only fear the repercussions in using health services, but they also feel inhibited in using these programs because of:

The goddam John Wayne image, the idea that society's problem-solvers can't have any problems themselves. In our programs (i.e. Early Warning Programs), we make them know it's not a sign of weakness. It's a sign of strength to be able to admit you have a problem. A cop who's been in therapy is better than the average cop. He's turned his life around: he's in touch with his feelings (Daviss 1982, 17).

The social organization of police forces vary from one department to the next. For instance, the Metropolitan Toronto Police Department has an extensive employee assistance program compared to the Bonaventure Police Department. From the preceding analysis, Bonaventure police officers reported more problems with their jobs and health than Metropolitan Toronto police officers. Therefore, employee assistance programs may be highly beneficial.

Employee assistance programs focus on employee's personal or emotional problems, which may interfere with job performance or are a direct or indirect cause of occupational stress. In general, the programs involve appropriate counselling services, referrals and other programs (i.e. fitness, nutrition) that may benefit every officer. Programs will focus on helping recruits in learning to cope well with work-related stressors; aid them in their personal lives when anxiety becomes the precipitating factor; learn to understand and be more sensitive to officers who experience problems after shooting incidents;

and implement programs for supervisors. A British Columbia coroner, who is also a former R.C.M.P. officer (with 22 years of service), recommends "a confidential counselling service" for officers in order to learn "symptoms of stress" and "mental illness" (especially the symptoms leading to suicide).

Police organizations are mainly responsible for providing helpful assistance in combating the social and psychological consequences of occupational stress (e.g. the implementation and utilization of employee assistance programs). Victims of stress may resort to alcohol abuse, drug abuse and in certain cases, put an end to a stressful lifestyle by committing suicide. Preventive measures may be taken, thereby, benefiting the entire department. As one officer stated: "Police work is not just a job: it's a way of life".

Table 4 - Most Desirable Aspects of Police Work  
for Metropolitan Toronto Officers (N = 71)  
(Males = 62; Females = 9)

Most Desirable Aspects of Police Work	Frequency of Responses	
	Males	Females
<u>Perceptions of Work:</u> (134)	(114)	(20)
<u>Job variety:</u>		
- variety in job (not specified):	21	5
- variety in job (specified):		
- investigative work	6	1
- outdoor work	5	-
- freedom of movement	4	1
- non - uniform duties	2	
- different fields in policing	2	2
- concluding a successful court case	2	-
- autonomous work	2	-
<u>Job Evaluation:</u>		
- job satisfaction	7	-
- making a difference	7	
- challenge	6	1
- proud of being an officer	4	
- having power to correct situations	2	-
- excitement of unknown	2	2
- a selfless role	-	1
- respect from family/friends	1	
<u>Job Benefits:</u>		
- financial security (including pension/benefits)	17	3
- job security	10	2
- advancement	3	1
- elevated status	2	-
<u>Internal Police Relations:</u>		
- camaraderie	9	1



Table 4 continued...

<u>Police - Community Relations:</u> (64)	(55)	(9)
<u>Serve Public:</u>		
- helping / serving citizens (especially children/elderly)	25	5
<u>Protect Public:</u>		
- sending criminals to jail	9	-
- keeping society safe by enforcing laws	4	1
<u>Other People Contacts:</u>		
- meeting different people	12	1
- mention of good performance by public	4	-
- building better relations between people	1	2

Table 5 - Most Desirable Aspects of Police Work for  
Bonaventure Officers (N = 75)

Most Desirable Aspects of Police Work	Frequency of Responses	
	Males	Females
<u>Perceptions of Work:</u> (123)	(114)	(19)
<u>Job Variety:</u>		
- variety in job (not specified)	28	4
- variety in job (specified)		
- work as a team	4	1
- outdoor work	4	-
- autonomous work	2	-
- indoor work	2	-
- interrogations	1	-
- special operations	-	1
- varying work hours	1	1
 <u>Job Evaluation:</u>		
- police work provides a sense of usefulness	15	1
- adventure of not knowing what is next	7	-
- touching all social aspects	3	-
- greater perception of life	3	-
- responsibility	2	-
- challenge	1	-
- feeling of belonging to one's working area	-	1
- personal initiative	1	-
- action	1	-
- good working conditions	1	-
- calculated risks	1	-
- image we project	1	-
- police work is like a sport: you feel terrific when you stop a criminal; and you feel bad when you lose one	1	-

Most Desirable Aspects of Police Work	Frequency of Responses	
	Males	Females
<u>Job Benefits:</u>		
- job security	6	1
- financial security	5	2
- free time	4	-
- advancement/promotions	2	1
- authority	2	-
<u>Internal Police Relations:</u>		
- camaraderie	3	2
- good co-workers	2	2
- good management operations	-	2
- good supervisor	1	-
<u>Police-Community Relations:</u> (97) (80) (17)		
<u>Serve Public:</u>		
- helping citizens (esp. children/elderly)	27	8
<u>Protect People:</u>		
- sending criminals to jail	7	2
- protecting citizens	5	1
- preventing criminal acts	2	1
<u>Other People Contacts:</u>		
- meeting different people	27	2
- working with the public	12	3

Table 6 - Least Desirable Aspects of Police Work  
for Metropolitan Toronto Officers (N = 71)  
(Males = 62; Females = 9)

Least Desirable Aspects of Police Work	Frequency of Responses	
	Males	Females
<u>External Factors:</u> (89)	(82)	(7)
<u>General Public:</u>		
- no support from public	11	-
- negative views of the police	8	1
- public pressures	3	-
- being second-guessed by those with no expertise in policing	2	1
- people you deal with	2	1
- frivolous complaints	2	-
- treated as second class	2	-
- police expected to be perfect	1	-
<u>Judicial System:</u>		
- court (not specified)	7	-
- court (specified):		
- off-duty court appearances	4	-
- leniency of courts (in sentencing and "revolving door")	4	1
- judicial system (frustrating; lengthy time till trial)	4	-
- laws	4	-
<u>Special Interest Groups:</u>		
- political interference	8	1
- agencies second-guessing	3	-
- inability to satisfy all pressure groups	1	1
- kissing up to groups	1	-
- militant group attack	1	-
<u>Minorities:</u>		
- negative views of police	5	-
- complaints from minorities	4	1
- minorities have undermined police authority	1	-

Table 6 continued...

<u>Media:</u>		
- media misrepresentation	3	-
- press opinions have undermined police authority	1	-
<u>Internal Factors:</u>	(18)	(0)
- administrative incompetence	5	-
- internal politics	4	-
- lack of decisive leadership	3	-
- nit-picking from the brass	2	-
- promotional system	2	-
- paperwork	2	-
<u>Task-Related Factors:</u>	(61)	(11)
<u>Shiftwork:</u>		
- shiftwork (unspecified)	19	3
- shiftwork (specified):		
- working long hours (e.g. work evening/night and in court next day)	4	-
- work weekends and holidays	3	-
- fatigue from rotating shifts	3	-
- separates you from family and friends	2	-
- ruins health	1	-
<u>Exposure to Miseries:</u>		
- dealing with "scum of the earth"; "dealers"; "dregs"	4	-
- seeing down side of life	3	4
- domestic disputes	2	-
- reality of what people do (e.g. robbers/robberies)	1	-
- dead bodies (especially children)	1	2
- babysitting drunks	1	-
<u>Other Task-Related Aspects:</u>		
- notifying family of death	1	1
- demanding jobs	1	-
- traffic law enforcement	1	1
- leaving investigation incomplete	1	-
- threats of lawsuits	1	-
- attending places where living conditions are poor	1	-

Table 6 continued...

<u>Personal-Individual Factors:</u>	(23)	(20)	(3)
<u>Job Related:</u>			
- boring routine	4	-	-
- unknown situations	3	-	-
- increasing stress	2	-	-
- rights taken away	2	-	-
- low morale of officers	-	1	-
- dammed if you do and dammed if you don't attitude	1	-	-
- patience tried by supervisors	1	-	-
- not being able to speak your mind	1	-	-
- easy to become negative toward people	-	1	-
- no job satisfaction	1	-	-
- lack of accomplishment when offenders are set free	1	-	-
<u>Family/Social Life:</u>			
- don't see family enough	2	-	-
- horrible for maintaining relationship with spouse	1	-	-
- loss of friends	1	-	-
<u>Female-Related:</u>			
- male attitudes toward female officers	-	1	-

Table 7 Least Desirable Aspects of Police Work For  
Bonaventure Officers (N = 75)

Least Desirable Aspects of Police Work	Frequency of Responses	
	Males	Females
<u>External Factors:</u> (52)	(40)	(12)
<u>Public:</u>		
- negative public image of police	7	3
- no respect/appreciation/support from the public	5	2
- people don't understand police work	4	1
- complaints made by the public	3	-
- laws not respected by public	3	-
- police in uniform are always being surveyed by the public: cannot make any errors	1	-
- prejudged by the public (e.g. dog, pig, beef)	-	1
- certain people against police	1	-
- all problems communicated	1	-
- certain people in need of help	1	-
- serving citizens regardless	1	1
<u>Judicial System:</u>		
<u>General System:</u>		
- doesn't solve problems	2	-
- makes officers hate their job	1	-
- laws and regulations limit our powers of intervention	1	-
<u>Courts:</u>		
- courts in general (e.g. judges give lenient sentences; justice for poor vs. justice for rich; "rotten" people always win)	5	2

Table 7 continued...

- giving testimony	2	-
- time lost in courts	1	1
<u>Political Interference:</u>		
- political aspects	1	1
<u>Internal Factors: (33)</u>	(23)	(10)
<u>Management Relations:</u>		
- lack of understanding/support/ appreciation from management	5	2
- incompetent workers in upper management	2	-
- lack of communication/feedback	1	1
- pressure from superiors	-	1
<u>Bureaucracy:</u>		
- paperwork	5	2
- strict internal policies	2	1
- bureaucracy (unspecified)	2	1
- administrative control	1	-
- disciplinary actions	1	-
- budget constraints	1	-
<u>Other:</u>		
- inadequate equipment	1	1
- lack of follow-up training	-	1
- lack of resources	1	-
- salary	1	-
<u>Task-Related Factors: (75)</u>	(64)	(11)
<u>Shiftwork:</u>		
- shiftwork (unspecified)	15	4
- night shift	6	-
- working during holidays	1	-
- no regular shift	1	-
<u>Repression:</u>		
- repression (unspecified)	12	3
- having to announce a bad accident/death	4	1



Table 7 continued...

- being in scenes where dead children are involved	3	1
- family disputes	3	-
- disputes	1	-
- all violent situations	1	-
- people injured in accidents	1	-
<u>Certain Tasks:</u>		
- work at the end of the week	2	-
- useless tasks (e.g. dead cat)	1	-
- volume of work does not allow for thorough investigation	1	-
- tasks (e.g. guarding someone at hospitals)	-	1
- solo-patrol	1	-
- giving out tickets	1	-
- routine calls (e.g. false alarms)	1	-
<u>Others:</u>		
- carrying out orders from superiors that are totally different from our personal experience/opposed to	3	-
- making split-second decisions; and then being second-guessed by authorities who take months in deciding what proper action should have been taken	2	-
- continuous changing of partners	1	-
- long periods of inactivity	-	1
- insults	1	-
- injuries	1	-
- always faced with problems we're supposed to solve	1	-
<u>Personal Factors:</u> (24)	(22)	(2)
<u>Individual Aspects:</u>		
- stress	6	-
- lack of recognition	6	-
- isolation/powerlessness	3	-
- cynical attitude	2	-

Table 7 continued...

- not allowed to make errors: otherwise severely reprimanded by citizens, press, superiors	1	-
- sometime we laugh at what we hear from officers who sit in their ivory towers	1	-
- unknown	1	-
<u>Female-Related:</u>		
- officers who don't want to work with female officers	1	1
- being watched over by officers like in a daycare	-	1
<u>Social Life:</u>		
- social relations are at minimum	1	-

Table 8 Frequency of Most Stressful Aspects of Police Work  
(written responses) for Metropolitan Toronto  
Police Officers (N = 71)

1.	<u>Shiftwork:</u> (35)	
	males = 30	
	females = 5	
2.	<u>Work Overload:</u> (24)	
	males = 24	
	females = -	
3.	<u>Courts:</u> (23)	
	males = 20	
	females = 3	
4.	<u>Public:</u> (22)	
	males = 20	
	females = 2	
5.	<u>Administration:</u> (20)	
	males = 19	
	females = 1	
6.	<u>Complaints:</u> (15)	
	males = 15	
	females = -	
7.	<u>Dangerous Situations:</u> (13)	
	males = 11	
	females = 2	
8.	<u>Media Misrepresentation:</u> (12)	
	males = 12	
	females = -	
9.	<u>Political Interference:</u> (11)	
	males = 11	
	females = -	
10.	<u>Laws:</u> (10)	<u>Minorities:</u> (10)
	males = 9	males = 9
	females = 1	females = 1

Table 9 Frequency of Most Stressful Aspects of Police Work  
(written responses) for Bonaventure Officers (N = 75)

1.	<u>Administration:</u> (59)	
	males = 57	
	females = 2	
2.	<u>Shiftwork:</u> (26)	
	males = 24	
	females = 2	
3.	<u>Violent Situations:</u> (22)	
	males = 17	
	females = 5	
4.	<u>Public:</u> (20)	
	males = 18	
	females = 2	
5.	<u>Courts:</u> (15)	
	males = 13	
	females = 2	
6.	<u>Unknown:</u> (14)	<u>Work Overload:</u> (14)
	males = 9	males = 13
	females = 5	females = 1
7.	<u>Fellow Officers:</u> (12)	<u>Fear of Making Errors:</u> (12)
	males = 10	males = 11
	females = 2	females = 1
8.	<u>Danger:</u> (8)	<u>Emergency Situations:</u> (8)
	males = 7	males = 7
	females = 1	females = 1
9.	<u>Eating Patterns:</u> (6)	
	males = 6	
	females = -	
10.	<u>Injuries:</u> (5)	<u>Family/Social Life:</u> (5)
	males = 4	males = 5
	females = 1	females = -
	<u>Media Misrepresentation :</u> (5)	
	males = 4	
	females = 1	

Table 10 Frequency of Major Stressors of Police Work in Order of Importance For Metropolitan Toronto Police Officers (N=71)

Stressors	Not Stressful	Somewhat Stressful	Very Stressful
<u>External Factors:</u>			
<u>Public:</u>			
- complaints against police	7.0% ( 5)	38.0% (27)	54.9% (39)
- being sued	32.4% (23)	22.5% (16)	45.1% (32)
- image of the police	18.3% (13)	54.9% (39)	25.4% (18)
<u>Court:</u>			
- court decisions	18.3% (13)	38.0% (27)	42.3% (30)
- scheduling appearances	29.6% (21)	53.5% (38)	16.9% (12)
- cross-examination	31.0% (22)	47.9% (34)	21.1% (15)
<u>Media:</u>			
- press coverage of police	18.3% (13)	39.4% (28)	42.3% (30)
<u>Internal Factors:</u>			
- job overload	15.5% (11)	31.0% (22)	53.5% (38)
- adequacy of manpower	11.3% ( 8)	40.8% (29)	47.9% (34)
- promotions	22.5% (16)	39.4% (28)	36.6% (26)
- internal investigations	29.6% (21)	35.2% (25)	35.2% (25)
- poor equipment	25.4% (18)	50.7% (36)	23.9% (17)
- administrative support	29.6% (21)	46.5% (33)	22.5% (16)
- departmental policies	31.0% (22)	57.7% (41)	11.3% ( 8)
<u>Task-Related Factors:</u>			
- shiftwork	12.7% ( 9)	50.7% (36)	35.2% (25)
- assaults on officers	16.9% (12)	49.3% (35)	32.4% (23)
<u>Personal Factors:</u>			
- concerns over injury, disability, death	32.4% (23)	45.1% (32)	22.5% (16)
- concerns over danger	35.2% (25)	45.1% (32)	19.7% (14)
- recognition	45.1% (32)	50.7% (36)	4.2% ( 3)

Table 11 Frequency of Major Stressors of Police Work in Order of Importance For Bonaventure Officers (N=75)

Stressors	Not Stressful	Somewhat Stressful	Very Stressful
<u>External Factors:</u>			
<u>Public:</u>			
- being sued	6.7% ( 5)	29.3% (22)	62.7% (47)
- complaints against police	13.3% (10)	62.7% (47)	24.0% (18)
- image of the police	21.3% (16)	1.3% (46)	17.3% (13)
<u>Court:</u>			
- cross-examination	25.3% (19)	54.7% (41)	20.0% (15)
- court decisions	45.3% (34)	33.3% (25)	20.0% (15)
- scheduling appearances	40.0% (30)	46.7% (35)	12.0% (9)
<u>Media:</u>			
- press coverage of police	29.3% (22)	46.7% (35)	24.0% (18)
<u>Internal Factors:</u>			
- administrative support	18.7% (14)	32.0% (24)	48.0% (36)
- adequacy of manpower	12.0% ( 9)	50.7% (38)	37.3% (28)
- internal investigations	13.3% (10)	48.0% (36)	38.7% (29)
- job overload	25.3% (19)	40.0% (30)	34.7% (26)
- departmental policies	22.7% (17)	50.7% (38)	26.7% (20)
- relations with supervisors	26.7% (20)	50.7% (38)	22.7% (17)
<u>Task-Related Factors:</u>			
- shiftwork	29.3% (22)	32.0% (24)	38.7% (29)
- assaults on officers	22.7% (17)	45.3% (34)	30.7% (23)
- exposure to miserable living conditions	32.0% (24)	46.7% (35)	21.3% (16)
<u>Personal Factors:</u>			
- concerns over danger	17.3% (13)	56.0% (42)	25.3% (19)
- concerns over injuries, disabilities, fatalities	36.0% (27)	40.0% (30)	24.0% (18)

Table 12 A Comparative Analysis of Psychosomatic Symptoms

SYMPTOMS	NO		YES		OCCASIONALLY		FREQUENTLY	
	T*	B**	T	B	T	B	T	B
Headaches	67.6%	64%	-	-	28.2%	33.3%	4.2%	2.7%
Digestive Problems	66.2%	60%	-	-	31%	24%	2.8%	16.0%
Lower Back Problems	45.1%	37.3%	-	-	43.7%	38.7%	11.3%	24.0%
Sleep	40.8%	34.7%	59.2%	65.3%	-	-	-	-
Ulcers	94.4%	92%	4.2%	5.3%	-	-	-	-
Respiratory	94.4%	96%	5.6%	4.0%	-	-	-	-
High Blood Pressure	87.3%	93.3%	11.3%	5.3%	-	-	-	-
Heart Disease	95.8%	96%	4.2%	1.3%	-	-	-	-

\* = Toronto

\*\* = Bonaventure

Table 13 - Other Injuries Reported (On-Duty) For Metropolitan  
Toronto Police Officers (order of frequency)

Specified Injuries	Males	Females
Injured chasing on foot (e.g. hit by car; dragged by car)	6	-
Firearm pointed at	2	-
Falls	2	-
Kicked (e.g. groin)	2	-
Bitten (e.g. dog)	1	1
Hit and run	1	-
Dragged by car	1	-
Sprains	1	-
Knee injury	1	-
Broken ankle	1	-
Bruised ribs	1	-
Cuts	1	-
Burns	1	-
Spit on	1	-
General injuries (not specified)	-	1

Table 14 - Other Injuries Reported (On-Duty) For Bonaventure  
Police Officers (order of frequency)

Specified Injuries	Males	Females
Falls (e.g. slipped ice; pulled muscle in shoulder)	10	1
Pain in back	2	1
Bitten	2	-
Pursuing after someone on foot	-	1
Sprained ankle	1	-
Fracture	-	1
Cuts	1	-
Broken thumb	-	1
Knees	1	-
Pulled ligament	-	1
Minor injury of arm	1	-
Intoxication (gas)	-	1
Struck down by car	1	-



Table 15 Work Stress By Years of Service For Metropolitan Toronto Police (N=71)

		Years of Service			
		1 - 5	6 - 10	11 - 20	21+
Work Stress	Not Stressful	16.7% (1)	-	11.9% (5)	-
	Somewhat Stressful	66.7% (4)	44.4% (4)	42.9% (18)	50% (7)
	Stressful	16.7% (1)	55.6% (5)	45.2% (19)	50% (7)
<u>Chi-Square:</u>		5.08			
<u>df:</u>		6			
<u>Significance:</u>		.5342			

Table 16 Work Stress By Age For Metropolitan Toronto Police (N=71)

		Age				
		< 30	30 - 34	35 - 39	40 - 44	45+
Work Stress	Not Stressful	9.1% (1)	27.3% (3)	4% (1)	5.9% (1)	-
	Somewhat Stressful	36.4% (4)	45.5% (5)	48% (12)	47.1% (8)	57.1% (4)
	Stressful	54.5% (6)	27.3% (3)	48% (12)	47.1% (8)	42.9% (3)
<u>Chi-Square:</u>		7.42				
<u>df:</u>		8				
<u>Significance:</u>		.4922				

Table 17 Work Stress By Shiftwork For Metropolitan Toronto Police (N=69)

		Shiftwork			
		Rotate	Day	Evening	Day-Evening
Work Stress	Not Stressful	7.5% (3)	15.4% (2)	11.1% (1)	-
	Somewhat Stressful	47.5% (19)	53.8% (7)	22.2% (2)	57.1% (4)
	Stressful	45% (18)	30.8% (4)	66.7% (6)	42.9% (3)

Chi-Square: 4.41

df: 6

Significance: .6211

Table 18 Perceptions of Health By Work Stress For Metropolitan Toronto Police (N=70)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Perceptions of Health	Yes	50% (3)	68.8% (22)	62.5% (20)
	Somewhat	50% (3)	31.3% (10)	31.3% (10)
	No	-	-	6.3% (2)

Chi-Square: 3.27

df: 4

Significance: .5141

Table 19 Headaches By Work Stress For Metropolitan Toronto Police (N=71)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Headaches	No	66.7% (4)	66.7% (22)	68.8% (22)
	Occas.	33.3% (2)	30.3% (10)	25% (8)
	Freq.	-	3% (1)	6.3% (2)
<u>Chi-Square:</u>		0.91		
<u>df:</u>		4		
<u>Significance:</u>		.9230		

Table 20 Satisfying Sleep By Work Stress For Metropolitan Toronto Police (N=71)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	83.3% (5)	72.7% (24)	40.6% (13)
	No	16.7% (1)	27.3% (9)	59.4% (19)
<u>Chi-Square:</u>		8.52		
<u>df:</u>		2		
<u>Significance:</u>		.0142 p < 0.05		

Table 21 Digestive Problems By Work Stress For Metropolitan Toronto Police (N=71)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	66.7% (4)	72.7% (24)	59.4% (19)
	Occas.	33.3% (2)	24.2% (8)	37.5% (12)
	Freq.	-	3% (1)	3.1% (1)

Chi-Square: 1.56  
df: 4  
Significance: .8167

Table 22 Lower Back Problems By Work Stress For Metropolitan Toronto Police (N=71)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	50.0% (3)	51.5% (17)	37.5% (12)
	Occas.	16.7% (1)	45.5% (15)	46.9% (15)
	Freq.	33.3% (2)	3% (1)	15.6% (5)

Chi-Square: 6.96  
df: 4  
Significance: .1378

Table 23 Ulcers By Work Stress For Metropolitan Toronto Police (N=70)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Ulcers	No	83.3% (5)	97.0% (32)	96.8% (30)
	Yes	16.7% (1)	3.0% (1)	3.2% (1)

Chi-Square: 2.45  
df: 2  
Significance: .2932

Table 24 Respiratory Problems By Work Stress For Metropolitan Toronto Police (N=71)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Respiratory Problems	No	100% (6)	93.9% (31)	93.8% (30)
	Yes	-	6.1% (2)	6.3% (2)

Chi-Square: .39  
df: 2  
Significance: .8219

Table 25 Blood Pressure By Work Stress For Metropolitan Toronto Police (N=70)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
High Blood Pressure	No	100% (6)	84.8% (28)	90.3% (28)
	Yes	-	15.2% (5)	9.7% (3)

Chi-Square: 1.32  
df: 2  
Significance: .5169

Table 26 Heart Disease By Work Stress For Metropolitan Toronto Police (N=71)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Heart Disease	No	100% (6)	100% (33)	90.6% (29)
	Yes	-	-	9.4% (3)

Chi-Square: 3.82  
df: 2  
Significance: .1483

Table 27a Satisfying Sleep By Work Stress Controlling For Fast Foods (i.e. no) For Metropolitan Toronto Police (N=8)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	-	75% (3)	50% (2)
	No	-	25% (1)	50% (2)
<u>Chi-Square:</u>		-	<u>df:</u> -	<u>Significance:</u> -

Table 27b Satisfying Sleep By Work Stress Controlling For Fast Foods (i.e. occas.) For Metropolitan Toronto Police (N=43)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	80% (4)	85.7% (18)	41.2% (7)
	No	20% (1)	14.3% (3)	58.8% (10)
<u>Chi-Square:</u>		8.89	<u>df:</u> 2	<u>Significance:</u> .0117 (p<.05)

Table 27c Satisfying Sleep By Work Stress Controlling For Fast Foods (i.e. freq.) For Metropolitan Toronto Police (N=20)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (1)	37.5% (3)	36.4% (4)
	No	-	62.5% (5)	63.6% (7)
<u>Chi-Square:</u>		1.58	<u>df:</u> 2	<u>Significance:</u> .4535

Table 28a Satisfying Sleep By Work Stress Controlling For Five Food Groups (i.e. each day) For Toronto Police (N=33)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	75% (3)	82.4% (14)	66.7% (8)
	No	25% (1)	17.6% (3)	33.3% (4)
<u>Chi-Square:</u>		.94	<u>df:</u> 2	<u>Significance:</u> .6238

Table 28b Satisfying Sleep By Work Stress Controlling For Five Food Groups (i.e. 3 times/week) For Toronto Police (N=29)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (1)	69.2% (9)	26.7% (4)
	No	-	30.8% (4)	73.3% (11)
<u>Chi-Square:</u>		6.16	<u>df:</u> 2	<u>Significance:</u> .0459 (p<.05)

Table 28c Satisfying Sleep By Work Stress Controlling For Five Food Groups (i.e. &lt; once per week) For Toronto Police (N=9)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (1)	33.3% (1)	20.0% (1)
	No	-	66.7% (2)	80.0% (4)
<u>Chi-Square:</u>		2.40	<u>df:</u> 2	<u>Significance:</u> .3012



Table 29a Satisfying Sleep By Work Stress Controlling For Miles Walked Jogged/Day (i.e. one+) For Toronto Police (N=24)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	50% (1)	84.6% (11)	55.6% (5)
	No	50% (1)	15.4% (2)	44.4% (4)
<u>Chi-Square:</u>	2.63	<u>df:</u> 2	<u>Significance:</u>	.2682

Table 29b Satisfying Sleep By Work Stress Controlling For Miles Walked Jogged/Day (i.e. < one) For Toronto Police (N=42)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (4)	66.7% (12)	35.0% (7)
	No	-	33.3% (6)	65.0% (13)
<u>Chi-Square:</u>	7.49	<u>df:</u> 2	<u>Significance:</u>	.0237 (p<.05)

Table 30a Satisfying Sleep By Work Stress Controlling For Workaday Activity (i.e. mostly walking) For Toronto Police (N=2)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	-	100% (2)	-
	No	-	-	-
<u>Chi-Square:</u>		-	<u>df:</u> -	<u>Significance:</u> -

Table 30b Satisfying Sleep By Work Stress Controlling For Workaday Activity (i.e. mostly sitting) For Toronto Police (N=68)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	83.3% (5)	70.0% (21)	40.6% (13)
	No	16.7% (1)	30.0% (9)	59.4% (19)
<u>Chi-Square:</u>		7.28	<u>df:</u> 2	<u>Significance:</u> .0263 (p<.05)

Table 31a Satisfying Sleep By Work Stress Controlling For Being Injured On Duty (i.e. no) For Toronto Police (N=5)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	-	75.0% (3)	-
	No	-	25.0% (1)	100% (1)
<u>Chi-Square:</u>	-	<u>df:</u>	-	<u>Significance:</u> -

Table 31b Satisfying Sleep By Work Stress Controlling For Being Injured On Duty (i.e. yes) For Toronto Police (N=66)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	83.3% (5)	72.4% (21)	41.9% (13)
	No	16.7% (1)	27.6% (8)	58.1% (18)
<u>Chi-Square:</u>	7.36	<u>df:</u>	2	<u>Significance:</u> .0252 (p<.05)

Table 32a Satisfying Sleep By Work Stress Controlling For Being In  
A Vehicle Accident On Duty (i.e. no) For Toronto Police  
(N=22)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (1)	75.0% (6)	46.2% (6)
	No	-	25.0% (2)	53.8% (7)
<u>Chi-Square:</u>		2.43	<u>df:</u> 2	<u>Significance:</u> .2967

Table 32b Satisfying Sleep By Work Stress Controlling For Being In  
A Vehicle Accident On Duty (i.e. yes) For Toronto Police  
(N=49)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	80.0% (4)	72% (18)	36.8% (7)
	No	20.0% (1)	28% (7)	63.2% (12)
<u>Chi-Square:</u>		6.52	<u>df:</u> 2	<u>Significance:</u> .0383 (p<.05)

Table 33a Satisfying Sleep By Work Stress Controlling For Cigarettes Smoked Per Day (i.e. none) For Toronto Police (N=54)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (3)	81.5% (22)	45.8% (11)
	No	-	18.5% (5)	54.2% (13)
<u>Chi-Square:</u>	8.85	<u>df:</u> 2	<u>Significance:</u>	. 0 1 1 9 (p<.05)

Table 33b Satisfying Sleep By Work Stress Controlling For Cigarettes Smoked Per Day (i.e. < 10) For Toronto Police (N=3)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	-	-	50% (1)
	No	100% (1)	-	50% (1)
<u>Chi-Square:</u>	-	<u>df:</u> -	<u>Significance:</u>	-

Table 33c Satisfying Sleep By Work Stress Controlling For Cigarettes Smoked Per Day (i.e. 10+) For Toronto Police (N=13)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (2)	20% (1)	16.7% (1)
	No	-	80% (4)	83.3% (5)
<u>Chi-Square:</u>	5.33	<u>df:</u> 2	<u>Significance:</u>	.0695

Table 34 Work Stress By Years of Service For Bonaventure Officers (N=74)

		Years of Service			
		1 - 5	6 - 10	11 - 20	21+
Work Stress	Not Stressful	23.8% (5)	16.7% (2)	22.7% (5)	21.1% (4)
	Somewhat Stressful	42.9% (9)	16.7% (2)	45.5% (10)	52.6% (10)
	Stressful	33.3% (7)	66.7% (8)	31.8% (7)	26.3% (5)
<u>Chi-Square:</u>		6.34			
<u>df:</u>		6			
<u>Significance:</u>		.3864			

Table 35 Work Stress By Age For Bonaventure Officers (N=72)

		Age				
		< 30	30 - 34	35 - 39	40 - 44	45+
Work Stress	Not Stressful	26.1% (6)	8.3% (1)	40% (4)	17.6% (3)	20% (2)
	Somewhat Stressful	30.4% (7)	41.7% (5)	30% (3)	58.8% (10)	50.0% (5)
	Stressful	43.5% (10)	50.0% (6)	30% (3)	23.5% (4)	30.0% (3)
<u>Chi-Square:</u>		7.13				
<u>df:</u>		8				
<u>Significance:</u>		.5226				

Table 36 Work Stress By Shiftwork For Bonaventure Officers (N=74)

		Shiftwork			
		Rotate	Day	Evening	Day-Evening
Work Stress	Not Stressful	27.7% (13)	16.7% (2)	7.1% (1)	-
	Somewhat Stressful	34.0% (16)	50.0% (6)	57.1% (8)	100% (1)
	Stressful	38.3% (18)	33.3% (4)	35.7% (5)	-
<u>Chi-Square:</u>		5.41			
<u>df:</u>		6			
<u>Significance:</u>		.4927			

Table 37 Perceptions of Health By Work Stress For Bonaventure Officers (N=74)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Perceptions of Health	Yes	87.5% (14)	58.1% (18)	51.9% (14)
	Somewhat	12.5% (2)	35.5% (11)	44.4% (12)
	No	-	6.5% (2)	3.7% (1)
<u>Chi-Square:</u>		6.37		
<u>df:</u>		4		
<u>Significance:</u>		.1729		

Table 38 Headaches By Work Stress For Bonaventure Officers (N=74)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Headaches	No	75.0% (12)	58.1% (18)	63.0% (17)
	Occas.	25.0% (4)	41.9% (13)	29.6% (8)
	Freq.	-	-	7.4% (2)

Chi-Square: 5.07

df: 4

Significance: .2799

Table 39 Satisfying Sleep By Work Stress For Bonaventure Officers (N=74)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	68.8% (11)	77.4% (24)	48.1% (13)
	No	31.3% (5)	22.6% (7)	51.9% (14)

Chi-Square: 5.56

df: 2

Significance: .0620



Table 40 Digestive Problems By Work Stress For Bonaventure Officers (N=74)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	81.3% (13)	61.3% (19)	44.4% (12)
	Occas.	12.5% (2)	25.8% (8)	29.6% (8)
	Freq.	6.3% (1)	12.9% (4)	25.9% (7)
<u>Chi-Square:</u>		6.34		
<u>df:</u>		4		
<u>Significance:</u>		.1752		

Table 41 Lower Back Problems By Work Stress For Bonaventure Officers (N=74)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	68.8% (11)	41.9% (13)	14.8% (4)
	Occas.	25.0% (1)	38.7% (12)	44.4% (12)
	Freq.	6.3% (1)	19.4% (6)	40.7% (11)
<u>Chi-Square:</u>		14.43		
<u>df:</u>		4		
<u>Significance:</u>		.0060 (p < .01)		

Table 42 Ulcers By Work Stress For Bonaventure Officers (N=72)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Ulcers	No	100% (16)	96.7% (29)	88.5% (23)
	Yes	- (1)	3.3% (1)	11.5% (3)
<u>Chi-Square:</u>		3.00		
<u>df:</u>		2		
<u>Significance:</u>		.2234		

Table 43 Respiratory Problems By Work Stress For Bonaventure Officers (N=74)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Respiratory Problems	No	100% (16)	96.8% (30)	92.6% (25)
	Yes	-	3.2% (1)	7.4% (2)
<u>Chi-Square:</u>		1.51		
<u>df:</u>		2		
<u>Significance:</u>		.4697		

Table 44 High Blood Pressure By Work Stress For Bonaventure Officers (N=73)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
High Blood Pressure	No	93.8% (15)	93.3% (28)	96.3% (26)
	Yes	6.3% (1)	6.7% (2)	3.7% (1)

Chi-Square: .264

df: 2

Significance: .8762

Table 45 Heart Disease By Work Stress For Bonaventure Officers (N=72)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Heart Disease	No	100% (16)	100% (30)	96.2% (25)
	Yes	-	-	3.8% (1)

Chi-Square: 1.79

df: 2

Significance: .4078

Table 46a Satisfying Sleep By Work Stress Controlling For Five Food Groups (i.e. each day) For Bonaventure Officers (N=31)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	75% (6)	69.2% (9)	60.0% (6)
	No	25% (2)	30.8% (4)	40.0% (4)
<u>Chi-Square:</u>		.48	<u>df:</u> 2	<u>Significance:</u> .7865

Table 46b Satisfying Sleep By Work Stress Controlling For Five Food Groups (i.e. 3 times/week) For Bonaventure Officers (N=35)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	60% (3)	85.7% (12)	43.8% (7)
	No	40% (2)	14.3% (2)	56.3% (9)
<u>Chi-Square:</u>		5.65	<u>df:</u> 2	<u>Significance:</u> .0592 (p=.05)

Table 46c Satisfying Sleep By Work Stress Controlling For Five Food Groups (i.e. &lt; once per week) For Bonaventure Officers (N=6)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	50% (1)	66.7% (2)	-
	No	50% (1)	33.3% (1)	100% (1)
<u>Chi-Square:</u>		1.33	<u>df:</u> 2	<u>Significance:</u> .5134

Table 47a Lower Back Problems By Work Stress Controlling For Overweight (1.e. not overweight) For Bonaventure Officers (N=33)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	66.7% (4)	41.7% (5)	26.7% (4)
	Occas.	16.7% (1)	50% (6)	40.0% (6)
	Freq.	16.7% (1)	8.3% (1)	33.3% (5)
<u>Chi-Square:</u>	4.93	<u>df:</u> 4	<u>Significance:</u>	.2944

Table 47b Lower Back Problems By Work Stress Controlling For Overweight (i.e. 5 to 19 lbs.) For Bonaventure Officers (N=30)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	71.4% (5)	50.0% (7)	-
	Occas.	28.6% (2)	28.6% (4)	55.6% (5)
	Freq.	-	21.4% (3)	44.4% (4)
<u>Chi-Square:</u>	10.30	<u>df:</u> 4	<u>Significance:</u>	.0356 (p<.05)

Table 47c Lower Back Problems By Work Stress Controlling For Overweight (i.e. 20+ lbs.) For Bonaventure Officers (N=10)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	66.7% (2)	-	-
	Occas.	33.3% (1)	50% (2)	33.3% (1)
	Freq.	-	50% (2)	66.7% (2)
<u>Chi-Square:</u>	6.657	<u>df:</u> 4	<u>Significance:</u>	.1546

Table 48a Lower Back Problems By Work Stress Controlling For Fast Food Restaurants (i.e. no) For Bonaventure Officers (N=8)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	100% (2)	-	50.0% (2)
	Occas.	-	100% (2)	50.0% (2)
	Freq.	-	-	-
<u>Chi-Square:</u>	4.00	<u>df:</u> 2	<u>Significance:</u>	.1353

Table 48b Lower Back Problems By Work Stress Controlling For Fast Food Restaurants (i.e. occasionally) For Bonaventure Officers (N=48)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	70% (7)	50.0% (11)	6.3% (1)
	Occas.	30% (3)	31.8% (7)	50.0% (8)
	Freq.	-	18.2% (4)	43.8% (7)
<u>Chi-Square:</u>	13.97	<u>df:</u> 4	<u>Significance:</u> .0074 (p<.01)	

Table 48c Lower Back Problems By Work Stress Controlling For Fast Food Restaurants (i.e. frequently) For Bonaventure Officers (N=17)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	50% (2)	16.7% (1)	14.3% (1)
	Occas.	25% (1)	50% (3)	28.6% (2)
	Freq.	25% (1)	33.3% (2)	57.1% (4)
<u>Chi-Square:</u>	2.92	<u>df:</u> 4	<u>Significance:</u> .5713	

Table 49a Lower Back Problems By Work Stress Controlling For Workday Activity (i.e. mostly walking) For Bonaventure Officers (N=2)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	-	50.0% (1)	-
	Occas.	-	50.0% (1)	-
	Freq.	-	-	-
<u>Chi-Square:</u>	-	<u>df:</u> -	<u>Significance:</u>	-

Table 49b Lower Back Problems By Work Stress Controlling For Workday Activity (i.e. mostly sitting) For Bonaventure Officers (N=70)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	68.8% (11)	39.3% (11)	15.4% (4)
	Occas.	25.0% (4)	39.3% (11)	42.3% (11)
	Freq.	6.3% (1)	21.4% (6)	42.3% (11)
<u>Chi-Square:</u>	13.85	<u>df:</u> 4	<u>Significance:</u>	.0078 (p<.01)



Table 50a Lower Back Problems By Work Stress Controlling For Miles Walked /Jogged Per Day (i.e. one+) For Bonaventure Officers (N=30)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	75.0% (6)	43.8% (7)	33.3% (2)
	Occas.	12.5% (1)	50.0% (8)	66.7% (4)
	Freq.	12.5% (1)	6.3% (1)	-
<u>Chi-Square:</u>	4.94	<u>df:</u> 4	<u>Significance:</u>	.2931

Table 50b Lower Back Problems By Work Stress Controlling For Miles Walked/Jogged Per Day (i.e. < one) For Bonaventure Officers (N=36)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	57.1% (4)	40.0% (4)	10.5% (2)
	Occas.	42.9% (3)	20.0% (2)	36.8% (7)
	Freq.	-	40.0% (4)	52.6% (10)
<u>Chi-Square:</u>	9.19	<u>df:</u> 4	<u>Significance:</u>	.0566 (p=.05)

Table 51a Lower Back Problems By Work Stress Controlling For Average Alcoholic Beverages/Week (i.e. 0 to 3) For Bonaventure Officers (N=49)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	63.6% (7)	37.5% (9)	21.4% (3)
	Occas.	36.4% (4)	37.5% (9)	42.9% (6)
	Freq.	-	25.0% (6)	35.7% (5)
<u>Chi-Square:</u>	6.57	<u>df:</u> 4	<u>Significance:</u>	.1603

Table 51b Lower Back Problems By Work Stress Controlling For Average Alcoholic Beverages/Week (i.e. 4 to 13) For Bonaventure Officers (N=17)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	100% (4)	40% (2)	-
	Occas.	-	60% (3)	62.5% (5)
	Freq.	-	-	37.5% (3)
<u>Chi-Square:</u>	13.44	<u>df:</u> 4	<u>Significance:</u>	.0093 (p<.01)

Table 51c Lower Back Problems By Work Stress Controlling For Average Alcoholic Beverages/Week (i.e. 14+) For Bonaventure Officers (N=7)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	-	100% (1)	20% (1)
	Occas.	-	-	20% (1)
	Freq.	100% (1)	-	60% (3)
<u>Chi-Square:</u>	3.50	<u>df:</u> 4	<u>Significance:</u>	.4779

Table 52a Lower Back Problems By Work Stress Controlling For Being Assaulted (i.e. punched) in Line of Duty (i.e. no) For Bonaventure Officers (N=60)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	61.5% (8)	44.4% (12)	15% (3)
	Occas.	30.8% (4)	37.0% (10)	55% (11)
	Freq.	7.7% (1)	18.5% (5)	30% (6)
<u>Chi-Square:</u>	8.31	<u>df:</u> 4	<u>Significance:</u>	.0810

Table 52b Lower Back Problems By Work Stress Controlling For Being Assaulted (i.e. punched) in Line of Duty (i.e. yes) For Bonaventure Officers (N=14)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	100% (3)	25% (1)	14.3% (1)
	Occas.	-	50% (2)	14.3% (1)
	Freq.	-	25% (1)	71.4% (5)
<u>Chi-Square:</u>	9.75	<u>df:</u> 4	<u>Significance:</u>	. 0 4 4 9 (p<.05)

Table 53 MBI Scores for Metropolitan Toronto Police Officers (N=71)

Burnout Scales	Frequency				Intensity		
	Few X Year	Few X Month	Few X Week	Every Day	Very Mild	Medium	Very Strong
Emotional Exhaustion	55.3%	27.9%	12.6%	4.2%	39.9%	37.2%	22.9%
Depersonalization	42.9%	31.0%	11.0%	15.2%	32.5%	40.7%	26.8%
Personal Accomplishment	17.2%	25.3%	29.4%	28.2%	16.4%	41.0%	42.7%

Table 54 MBI Scores for Bonaventure Officers (N=75)

Burnout Scales	Frequency				Intensity		
	Few X Year	Few X Month	Few X Week	Every Day	Very Mild	Medium	Very Strong
Emotional Exhaustion	38.0%	26.5%	18.7%	16.8%	53.6%	27.2%	19.2%
Depersonalization	34.5%	21.5%	22.5%	21.5%	47.8%	32.0%	20.2%
Personal Accomplishment	8.8%	18.6%	30.7%	42.0%	15.4%	45.3%	39.3%

## APPENDIX A

Research on Police Suicide in the United States

In the United States, research on police suicides has increased over the years. Studies of this nature have examined the suicide rate of police officers from as early as the 1930's and up. For instance, Heiman (1975b) outlined the suicide rates of police officers between the years of 1934 and 1939. He found that the average rate for the Chicago Police Department was 48 per 100,000; 17.9 per 100,000 for the St. Louis Police Department; 51.8 per 100,000 for the San Francisco Police Department; and 0 per 100,000 for the Denver Police Department. Moreover, during "the six year period from January 1, 1934 to January 1, 1940, 93 New York City policemen committed suicide, which is almost twice the number who killed themselves during the previous six years" (Friedman 1968, 414). Labovitz and Hagedorn (1971) disclosed that out of 36 male dominated occupations in the United States during the year 1950, policemen had the second highest suicide rate: 47.6 per 100,000 per year.

Nelson and Smith (1970) reveal astonishing results from their study on police suicides. These researchers state that between 1960 and 1968, the police suicide rate for the state of Wyoming was 203 per 100,000. They argue that the high suicide rate for Wyoming's officers can be the result of a profession which alienates men from their roles as police officers. In addition, Lester (1970) revealed that policemen are more likely to commit suicide than men in other occupations. Between 1960 and 1967, the suicide rate of police officers from the New York City Police Department was 21.7 per 100,000 per year. The suicide rate for the period 1950 to 1965, was 22.7 per 100,000 per year. In another study, Heiman (1977, 1287) discovered that: "the average policeman who suicided was in his late forties, was divorced or seeking divorce, was at or near retirement, after 15 or more years of service, and had difficulties surrounding the use of alcohol".

Danto (1978) examined the records of 12 Detroit police officers who committed suicide between 1968 and 1976. The majority were young married policemen. "The officers who committed suicide used firearms and fatally shot their heads and abdomens. Carbon monoxide was the second most common cause of death and many of the suicides occurred in an automobile" (Territo and Vetter 1981, 200).

Wagner and Brzeczek (1983) conducted a study on alcohol and drug related suicides within the

Chicago Police Department between 1977 and 1979. During that time period, twenty police officers committed suicide. From examining the medical and disciplinary files of each officer, the researchers discovered that twelve of the cases (60%) were alcohol related and one case (5%) involved the use of drugs.

## APPENDIX B

INTERVIEW QUESTIONS

1. On a general level, how would you evaluate your lifestyle? What factors are important or contribute to your particular lifestyle?
2. On a general level, do you consider yourself to be healthy? What factors do you attribute to staying healthy?
3. Do you have any habits that you feel should be changed in order to improve your lifestyle? What are these habits?
4. Do you agree or disagree that your lifestyle habits have a great deal to do with police work? If so, give examples.
5. Do you feel that stress plays a significant role in your particular lifestyle?
6. Do you agree or disagree that your job as a police officer is a stressful profession? If so, in what ways do you consider your job to be stressful?
7. Do you feel that the lifestyle of the average police officer has improved or has not improved over the past 30 years?
8. In your opinion, are the majority of police officers in good physical shape (fitness/health)?
9. Burnout is defined as: "a syndrome of emotional exhaustion that frequently occurs among individuals who do people work." Victims of burnout have lost the motivation and enthusiasm in their work roles (e.g. "I hate to go to work." "I have nothing to offer anymore."). Do you know of any officers who have experienced burnout?
10. Do you feel that alcoholism may be a problem in the police department? If so, what would the percentage be?
11. Do you feel that drugs (prescription/non-medical) may be a problem in the police department?
12. Do you know any officers who have:
  - (a). contemplated suicide?
  - (b). attempted suicide?
  - (c). committed suicide?
13. Do you feel that officers are well-informed about seeking help for stress, alcoholism, etc..?
14. What would you recommend as a preventive measure(s) for job stress and the behavioral consequences of job stress (e.g. alcoholism, suicide, etc..)?



APPENDIX C

EAP INTERVIEW

1. How would you define your particular EAP? (origin of program in Toronto)
2. What does the EAP cover?
3. What type of personnel is responsible for the various functions involved in the EAP?
4. How is each function carried out successfully? (e.g. If I were to come to you with a burnout-related problem, what would I go through (i.e. steps involved) )?
5. What is the average EAP attendance record per year?
  - a. Do officers get support from supervisors?
  - b. Based on your experience, do you find that the majority of officers are afraid of reprisals if they should attend the EAP?
6. Do you find that there are behavioral improvements in officers after attending the EAP?
7. Do you find that there are improvements in the workplace for officers who have attended the EAP?
8. What about the cost-benefit analysis of the EAP? Do benefits outweigh the costs?
9. How is the EAP advertized?
10. What is the client's evaluation of the program?

APPENDIX D

Topic: Lifestyle Survey on Police Officers  
Masters Program (Thesis)  
Researcher: Barbara Waruszynski  
Institution: Concordia University  
Sociology Department

Dear Participant:

Police work is one of the most important public services; it is also considered by some to be relatively stressful. The purpose of my research is to examine just how stressful this job is, in what ways it is stressful, and how officers cope with stress. Individual lifestyles (i.e. eating, drinking, exercise, smoking, etc) may aggravate stress or alleviate stress, and may also reflect different stress levels. It is important, therefore, to examine the lifestyles of police officers, particularly how lifestyle habits affect the physical and mental states of individual officers.

The following questionnaire examines the major areas which characterize lifestyle (i.e. the lifestyle of the police officer). Your participation will significantly contribute to the understanding on the health and well-being of police officers in Canada. All replies will be held in strict confidence. Therefore, I would be most grateful if you would give the enclosed questionnaire your prompt and undivided attention, and thank you for your cooperation in this important study.

Your truly,

Barbara Waruszynski

Lifestyle Survey

The following questionnaire examines your views regarding your particular lifestyle. Although it may seem to be a little lengthy, it is important that you answer all questions which pertain to you. You will not be identified in this survey. Therefore, do not write your name; only your answers to the questions.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_

Age \_\_\_\_\_

Marital Status:

Single \_\_\_\_\_  
First Marriage \_\_\_\_\_  
Separated \_\_\_\_\_  
Divorced \_\_\_\_\_  
Remarried \_\_\_\_\_  
Widowed \_\_\_\_\_  
Common-Law \_\_\_\_\_  
Other \_\_\_\_\_

Education:

Less than College \_\_\_\_\_  
College; Police Technology \_\_\_\_\_  
Some University \_\_\_\_\_  
University Graduate \_\_\_\_\_  
Certificate Program \_\_\_\_\_  
Master's Degree \_\_\_\_\_  
Ph.d. \_\_\_\_\_  
Other \_\_\_\_\_

Years of Service:

Year Started: \_\_\_\_\_

Police Rank:

\_\_\_\_\_

Police Division:

\_\_\_\_\_

Type of Shiftwork:

Rotating (Day, Evening, Night) \_\_\_\_\_  
Day \_\_\_\_\_  
Evening \_\_\_\_\_  
Night \_\_\_\_\_

Police Work:

The following section is designed to elicit your views about your particular profession- police work. Please answer each question carefully.

In your opinion, what are the most desirable aspects of police work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, what are the least desirable aspects of police work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall, do you enjoy being a police officer?

- A. Yes
- B. Somewhat
- C. No

If you had the choice to make again, would you choose police work?

- A. Yes
- B. Uncertain
- C. No

Do you consider your job as a police officer to be stressful (stressful in the negative sense)?

- A. No
- B. Somewhat
- C. Yes

Please indicate the five (5) most stressful aspects of police work (from most stressful (1) to least stressful (5), in descending order).

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

The following represents a list of problems frequently reported by police officers. Circle the number that corresponds to each particular problem you feel to be more or less stressful.

	Not Stressful	Somewhat Stressful	Very Stressful
Public image of police	1	2	3
Job overload	1	2	3
Poor equipment	1	2	3
Cross-examination in court	1	2	3
Assaults on police officers	1	2	3
Relations with supervisors	1	2	3
Being sued	1	2	3
Courts' decisions toward offenders	1	2	3
Social life (off the job)	1	2	3
Complaints against police	1	2	3
Shiftwork (rotating)	1	2	3
Administrative support	1	2	3
Family life	1	2	3
Press coverage of police	1	2	3
Scheduling court appearances	1	2	3
Boredom or inactivity	1	2	3
Internal investigations	1	2	3
Concerns over danger	1	2	3
Departmental policies	1	2	3
Adequacy of staffing (manpower)	1	2	3
Promotions	1	2	3
Assignments	1	2	3
Calls to handle non-police work	1	2	3
Leadership	1	2	3
Recognition	1	2	3
Adequacy of training	1	2	3
Relations with fellow officers	1	2	3
Exposure to miserable living conditions	1	2	3
Concerns over injuries, disabilities or fatalities	1	2	3

The following represents a modified version of the Maslach Burnout Inventory; a scale used to elicit your personal feelings about your work, and to determine various aspects of burnout. There are two parts to the scale: frequency and intensity of burnout. Please answer both parts by circling the number that corresponds to your attitudes. If you feel that a particular statement does not pertain to you, place an "X" in the box labelled "never".

	<u>Frequency:</u> (how often)				<u>Intensity:</u> (how strong)			
	Never	few times a year	few times a month	few times a week	every day	very mild	med- ium	very strong
I have accomplished many worthwhile things in this job.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel people blame me for some of their problems.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel fatigued when I get up and face another day on the job.	<input type="checkbox"/>	1	2	3	4	1	2	3
I can easily understand how people feel about things.	<input type="checkbox"/>	1	2	3	4	1	2	3
I worry that this job is hardening me emotionally.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel frustrated by my job.	<input type="checkbox"/>	1	2	3	4	1	2	3
I don't really care what happens to some people.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel very energetic.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel emotionally drained from my work.	<input type="checkbox"/>	1	2	3	4	1	2	3
I deal very effectively with people's problems.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel like I'm at the end of my rope.	<input type="checkbox"/>	1	2	3	4	1	2	3
I've become more callous toward people since I took this job.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel exhilarated after working closely with people.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel I'm positively influencing other people's lives through my work.	<input type="checkbox"/>	1	2	3	4	1	2	3
Working with people all day is really a strain for me.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel burned out from my work.	<input type="checkbox"/>	1	2	3	4	1	2	3
I feel I'm working too hard on my job.	<input type="checkbox"/>	1	2	3	4	1	2	3
In my work, I deal with emotional problems very calmly.	<input type="checkbox"/>	1	2	3	4	1	2	3

Do you know at least one counseling service that you could go to should you need professional help?

- A. Yes
- B. No

Would you seek professional services offered by your police department if necessary?

- A. Yes
- B. Maybe
- C. No

Have you ever used professional services offered by your police department?

- A. No
- B. Yes

Do you think that your police department is doing a good job in terms of promoting health improvement programs (i.e. programs in fitness, nutrition, job stress, etc...)?

- A. Good Job
- B. Average Job
- C. Poor Job

Occupational Safety:

Do you always make use of clothing and equipment provided for your safety at work?  
(If not applicable, do not score)

- A. Yes
- B. Occasionally
- C. No

Do you wear a seat-belt on-duty?

- A. Always
- B. Occasionally
- C. Never

Do you wear a seat-belt off-duty?

- A. Always
- B. Occasionally
- C. Never

Have you ever been injured while on-duty?

- A. No
- B. Yes

If you have been injured while on-duty, please indicate the type(s) of injuries?

- A. Assault-punch
- B. Assault-beaten
- C. Assault-knifed
- D. Assault-shot  
with firearm
- E. Accidentally  
shot with firearm
- F. Motor-vehicle  
accident
- G. Other \_\_\_\_\_

Health and Welfare:

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The following section is a modified version of a Health and Welfare Canada Survey. Please answer only those questions which apply to you by circling the letter of your response.

**Exercise:**

Your regular workday consists of:

- A. Mostly walking
- B. Mostly sitting (car, desk)

Average miles walked or jogged per day (i.e. fast-paced walking or jogging):

- A. 1 or more
- B. Less than one

Participation in sports or exercise programs:

- A. 3 times/week (+)
- B. Once a week
- C. Seldom

**Nutrition:**

Are you overweight?

- A. No
- B. Yes (5 to 19 lbs)
- C. Yes (20+ lbs )

Do you eat a wide variety of foods- something from each of the following five food groups: (1) meat, fish, poultry, dried legumes, eggs or nuts; (2) milk or milk products; (3) bread or cereals; (4) fruits; (5) vegetables?

- A. Each day
- B. 3 times/week
- C. Once a week or less

Do you eat at fast-food restaurants where the menu consists of hot dogs, hamburgers, french fries, pizza?

- A. No
- B. Occasionally
- C. Frequently

Do you find it difficult to eat nourishing meals during your shift?

- A. No
- B. Occasionally
- C. Frequently

**Alcohol:**

Average number of drinks per week, including beer, liquor and wine:

- A. 0 to 3
- B. 4 to 13
- C. 14 or more

**Drugs:**

Do you take drugs illegally?

- A. No
- B. Yes

Do you use prescription or "over-the-counter" medication improperly or excessively?

- A. No
- B. Yes

Do you consume drugs with alcohol?

- A. No



## Tobacco:

Cigarettes smoked per day:

- A. None
- B. Less than 10
- C. 10 or more

Cigars smoked per day:

- A. None
- B. Less than 5
- C. 5 or more

Pipe tobacco pouches per week:

- A. None
- B. Less than 2
- C. 2 or more

## Personal Health:

On a general level, do you consider yourself to be healthy?

- A. Yes
- B. Somewhat
- C. No

Do you get enough satisfying sleep?

- A. Yes
- B. No

Do you visit your doctor on an annual basis for a complete physical examination?

- A. Yes
- B. No

Do headaches often interfere with your daily activities?

- A. No
- B. Occasionally
- C. Frequently

Do you have problems with ulcers?

- A. No
- B. Yes

Do you have digestive problems?

- A. No
- B. Occasionally
- C. Frequently

Do you have lower back problems?

- A. No
- B. Occasionally
- C. Frequently

Do you have respiratory problems?

- A. No
- B. Yes

Do you have high blood pressure?

- A. No
- B. Yes

Do you have heart disease?

- A. No
- B. Yes



## APPENDIX E

TABLES NOT USED IN ANALYSIS

Table ia Lower Back Problems By Work Stress Controlling For Overweight (i.e. not overweight) For Metropolitan Toronto Police (N=27)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	66.7% (2)	41.7% (5)	58.3% (7)
	Occas.	33.3% (1)	50% (6)	33.3% (4)
	Freq.	-	8.3% (1)	8.3% (1)
<u>Chi-Square:</u>	1.17	<u>df:</u> 4	<u>Significance:</u>	.8832

Table ib Lower Back Problems By Work Stress Controlling For Overweight (i.e. 5 to 19 lbs.) For Metropolitan Toronto Police (N=31)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	50% (1)	53.3% (8)	14.3% (2)
	Occas.	-	46.7% (7)	71.4% (10)
	Freq.	50% (1)	-	14.3% (2)
<u>Chi-Square:</u>	10.34	<u>df:</u> 4	<u>Significance:</u>	.0351 (p<.05)

Table ic Lower Back Problems By Work Stress Controlling For Overweight (i.e. 20+ lbs.) For Metropolitan Toronto Police (N=13)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Lower Back Problems	No	-	66.7% (4)	50% (3)
	Occas.	-	33.3% (2)	16.7% (1)
	Freq.	100% (1)	-	33.3% (2)
<u>Chi-Square:</u>	5.57	<u>df:</u> 4	<u>Significance:</u>	.2335

Table iia Satisfying Sleep By Work Stress Controlling For Overweight (i.e. no) For Toronto Police (N=27)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (3)	66.7% (8)	41.7% (5)
	No	-	33.3% (4)	58.3% (7)
<u>Chi-Square:</u>	3.87	<u>df:</u> 2	<u>Significance:</u>	.1442

Table iib Satisfying Sleep By Work Stress Controlling For Overweight (i.e. 5 to 19 lbs.) For Toronto Police (N=31)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	50% (1)	73.3% (11)	28.6% (4)
	No	50% (1)	26.7% (4)	71.4% (10)
<u>Chi-Square:</u>	5.81	<u>df:</u> 2	<u>Significance:</u>	.0547 (p=.05)

Table iic Satisfying Sleep By Work Stress Controlling For Overweight (i.e. 20+) For Toronto Police (N=13)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (1)	83.3% (5)	66.7% (4)
	No	-	16.7% (1)	33.3% (2)
<u>Chi-Square:</u>		.79	<u>df:</u> 2	<u>Significance:</u> .6722

Table iiia Satisfying Sleep By Work Stress Controlling For Alcohol Per Week (i.e. 0 - 3) For Toronto Police (N=35)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	-	85% (17)	40.0% (6)
	No	-	15.0% (3)	60.0% (9)
<u>Chi-Square:</u>		5.86	<u>df:</u> 1	<u>Significance:</u> .0157 (p<.05)

Table iiib Satisfying Sleep By Work Stress Controlling For Alcohol Per Week (i.e. 4 - 13) For Toronto Police (N=29)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	80% (4)	50.0% (6)	41.7% (5)
	No	20% (1)	50.0% (6)	58.3% (7)
<u>Chi-Square:</u>		2.10	<u>df:</u> 2	<u>Significance:</u> .3497

Table iiic Satisfying Sleep By Work Stress Controlling For Alcohol Per Week (i.e. 14+) For Toronto Police (N=5)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (1)	-	50.0% (2)
	No	-	-	50.0% (2)
<u>Chi-Square:</u>		-	<u>df:</u> -	<u>Significance:</u> -

Table iva Satisfying Sleep By Work Stress Controlling For Being Assaulted (i.e. punched) On Duty (i.e. no) For Toronto Police (N=25)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (2)	85.7% (12)	22.2% (2)
	No	-	14.3% (2)	77.8% (7)
<u>Chi-Square:</u>		10.81	<u>df:</u> 2	<u>Significance:</u> . 0 0 4 5 (p<.01)

Table ivb Satisfying Sleep By Work Stress Controlling For Being Assaulted (i.e. punched) On Duty (i.e. yes) For Toronto Police (N=46)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	75.0% (3)	63.2% (12)	47.8% (11)
	No	25.0% (1)	36.8% (7)	52.2% (12)
<u>Chi-Square:</u>		1.60	<u>df:</u> 2	<u>Significance:</u> .4484

Table va Perceptions of Health By Work Stress Controlling For Fast Food Restaurants (i.e. no) For Bonaventure Officers (N=8)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Perceptions of Health	Yes	50.0% (1)	100% (2)	100% (4)
	Somewhat	50.0% (1)	-	-
	No	-	-	-
<u>Chi-Square:</u>		3.43	<u>df:</u> 2	<u>Significance:</u> .1801

Table vb Perceptions of Health By Work Stress Controlling For Fast Food Restaurants For Bonaventure Officers (N=48)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Perceptions of Health	Yes	90.0% (9)	63.6% (14)	31.3% (5)
	Somewhat	10.0% (1)	36.4% (8)	62.5% (10)
	No	-	-	6.3% (1)
<u>Chi-Square:</u>		10.23	<u>df:</u> 4	<u>Significance:</u> .0368 (p<.05)

Table vc Perceptions of Health By Work Stress Controlling For Fast Food Restaurants For Bonaventure Officers (N=17)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Perceptions of Health	Yes	100% (4)	16.7% (1)	71.4% (5)
	Somewhat	-	50.0% (3)	28.6% (2)
	No	-	33.3% (2)	-
<u>Chi-Square:</u>	8.86	<u>df:</u> 4	<u>Significance:</u>	.0646

Table via Satisfying Sleep By Work Stress Controlling For Overweight (i.e. no) For Bonaventure Officers (N=33)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	83.3% (5)	83.3% (10)	40.0% (6)
	No	16.7% (1)	16.7% (2)	60.0% (9)
<u>Chi-Square:</u>	6.64	<u>df:</u> 2	<u>Significance:</u>	.0362 (p<.05)

Table vib Satisfying Sleep By Work Stress Controlling For Overweight (i.e. 5 to 19 lbs.) For Bonaventure Officers (N=30)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	42.9% (3)	71.4% (10)	66.7% (6)
	No	57.1% (4)	28.6% (4)	33.3% (3)
<u>Chi-Square:</u>	1.70	<u>df:</u> 2	<u>Significance:</u>	.4270



Table vic Satisfying Sleep By Work Stress Controlling For Overweight (i.e. 20+) For Bonaventure Officers (N=10)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	100% (3)	75.0% (3)	33.3% (1)
	No	-	25.0% (1)	66.7% (2)
<u>Chi-Square:</u>		3.25	<u>df:</u> 2	<u>Significance:</u> .1965

Table viia Satisfying Sleep By Work Stress Controlling For Alcohol Per Week (i.e. 0 - 3) For Bonaventure Officers (N=49)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	81.8% (9)	83.3% (20)	42.9% (6)
	No	18.2% (2)	16.7% (4)	57.1% (8)
<u>Chi-Square:</u>		7.85	<u>df:</u> 2	<u>Significance:</u> .0198 (p<.05)

Table viib Satisfying Sleep By Work Stress Controlling For Alcohol Per Week (i.e. 4 - 13) For Bonaventure Officers (N=17)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	50% (2)	40.0% (2)	62.5% (5)
	No	50% (2)	60.0% (3)	37.5% (3)
<u>Chi-Square:</u>		.64	<u>df:</u> 2	<u>Significance:</u> .7249

Table viic Satisfying Sleep By Work Stress Controlling For Alcohol Per Week (i.e. 14+) For Bonaventure Officers (N=7)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	-	100% (1)	40.0% (2)
	No	100% (1)	-	60.0% (3)
<u>Chi-Square:</u>	2.10	<u>df:</u> 2	<u>Significance:</u>	.3499

Table viiia Satisfying Sleep By Work Stress Controlling For Cigarettes Smoked Per Day (i.e. none) For Bonaventure Officers (N=52)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	76.9% (10)	87% (20)	37.5% (6)
	No	23.1% (3)	13% (3)	62.5% (10)
<u>Chi-Square:</u>	11.32	<u>df:</u> 2	<u>Significance:</u>	.0035 (p<.01)

Table viiib Satisfying Sleep By Work Stress Controlling For Cigarettes Smoked Per Day (i.e. < 10) For Bonaventure Officers (N=4)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	-	100% (1)	50% (1)
	No	100% (1)	-	50% (1)
<u>Chi-Square:</u>	2.00	<u>df:</u> 2	<u>Significance:</u>	.3679

Table viiic Satisfying Sleep By Work Stress Controlling For Cigarettes Smoked Per Day (i.e. 10+) For Bonaventure Officers (N=17)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Satisfying Sleep	Yes	50% (1)	33.3% (2)	66.7% (6)
	No	50% (1)	66.7% (4)	33.3% (3)
<u>Chi-Square:</u>		1.61	<u>df:</u> 2	<u>Significance:</u> .4463

Table ixa Digestive Problems By Work Stress Controlling For Overweight (i.e. no) For Bonaventure Officers (N=33)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	50.0% (3)	66.7% (8)	53.3% (8)
	Occas.	33.3% (2)	25.0% (3)	20.0% (3)
	Freq.	16.7% (1)	8.3% (1)	26.7% (4)
<u>Chi-Square:</u>		1.84	<u>df:</u> 4	<u>Significance:</u> .7653

Table ixb Digestive Problems By Work Stress Controlling For Overweight (i.e. 5 to 19 lbs) For Bonaventure Officers (N=30)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	100% (7)	57.1% (8)	22.2% (2)
	Occas.	-	28.6% (4)	44.4% (4)
	Freq.	-	14.3% (2)	33.3% (3)
<u>Chi-Square:</u>		9.87	<u>df:</u> 4	<u>Significance:</u> .0427 (p<.05)

Table ixc Digestive Problems By Work Stress Controlling For Overweight (i.e. 20+ lbs) For Bonaventure Officers (N=10)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	100% (3)	50% (2)	66.7% (2)
	Occas.	-	25% (1)	33.3% (1)
	Freq.	-	25% (1)	-
<u>Chi-Square:</u>	3.04	<u>df:</u> 4	<u>Significance:</u>	.5519

Table xa Digestive Problems By Work Stress Controlling For Participation in Sports/Exercise (i.e. 3 X/Week) For Bonaventure Officers (N=23)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	75.0% (6)	71.4% (5)	62.5% (5)
	Occas.	12.5% (1)	14.3% (1)	37.5% (3)
	Freq.	12.5% (1)	14.3% (1)	-
<u>Chi-Square:</u>	2.58	<u>df:</u> 4	<u>Significance:</u>	.6300

Table xb Digestive Problems By Work Stress Controlling For Participation in Sports/Exercise (i.e. once/week) For Bonaventure Officers (N=19)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	75% (3)	87.5% (7)	14.3% (1)
	Occas.	25% (1)	12.5% (1)	42.9% (3)
	Freq.	-	-	42.9% (3)
<u>Chi-Square:</u>	10.17	<u>df:</u> 4	<u>Significance:</u>	.0377 (p<.05)

Table xc Digestive Problems By Work Stress Controlling For Participation in Sports/Exercise (i.e. seldom) For Bonaventure Officers (N=30)

		Work Stress		
		Not Stressful	Somewhat Stressful	Stressful
Digestive Problems	No	100% (3)	40% (6)	50.0% (6)
	Occas.	-	40% (6)	16.7% (2)
	Freq.	-	20% (3)	33.3% (4)
<u>Chi-Square:</u>	5.34	<u>df:</u> 4	<u>Significance:</u>	.2546

## BIBLIOGRAPHY

- Abelson, J., P. Paddon, and C. Strohmenger. Perspectives On Health. Cat. No. CS82-540E. Ottawa: Statistics Canada, 1983.
- Adams, J.D. 1980. Guidelines For Stress Management and Lifestyle Changes. In Understanding and Managing Stress: A Book of Readings, ed. John D. Adams. San Diego, California: University Associates, Inc.
- Akerstedt, T., and J. E. Froberg. 1981. Night and Shiftwork Effects on Health and Well-Being. In Preventing Work Stress, ed. Lennart Levi, 76-81. Massachusetts: Addison-Wesley Publishing.
- Arsenault, A., S. Dolan, and M.R. Van Ameringen. Etudes des Principaux Risques pour la Sante et la Securite des Policiers: Rapport Final. L'Association Paritaire pour la Sante et la Securite du travail Secteur Affaires Municipales (APSAM). Montreal, 1987.
- Babin, M. "Perceiving Self-Destructive Responses to Stress: Suicide and Alcoholism." RCMP Gazette 42 (1980): 20-22.
- Beech, H.R., L.E. Burns, and B.F. Sheffield. A Behavioral Approach to the Management of Stress: A Practical Guide to Techniques. New York: John Wiley and Sons, 1982.
- Benner, P. Stress and Satisfaction on the Job: Work Meanings and Coping of Mid-Career Men. New York: Praeger Publishing, 1984.
- Benson, B.L., and G.H. Skinner. "Doughnut Shop Ethics: There Are Answers." The Police Chief (December 1988): 32-33.
- Black, J.N. "Post-Traumatic or Critical Incident Stress." RCMP Gazette 51 (1989): 1-5.
- Breen, L., and B.A. Vulcano. Police Stress: The Impact on the Police Officer. Submitted to the Solicitor General of Canada, 1982.
- Burke, R.J. 1984. Career Success and Personal Failure: Nature of the Problem and Some Possible Solutions. In Current Issues in Occupational Stress: Research and Intervention, ed. Ronald J. Burke, 186-214. Downsview, Ontario: Faculty of Administrative Studies, York University.

- Burke, R.J. 1987. Issues and Implications for Health Care Delivery Systems: A Canadian Perspective. In Work Stress: Health Care Systems in the Workplace, ed. James C. Quick, Rabi S. Bhagat, James E. Dalton, and Jonathan D. Quick, 27-49. New York: Praeger Publishers.
- Burke, R.J., and E. Deszca. "Correlates of Psychological Burnout Phases Among Police Officers." Human Relations 39, no. 6 (1986): 487-502.
- Burke, R.J., and T. Weir. 1980. Coping With the Stress of Managerial Occupations. In Current Concerns in Occupational Stress, ed. C.L. Copper, and R.L. Payne, 299-336. New York: John Wiley.
- Burke, R.J., E. Deszca, and J. Shearer. "Career Orientations and Burnout in Police Officers." Canadian Journal of Administrative Sciences 1 (1984): 179-194.
- Captain Chris. "You Need Help From Friends to Escape From the Bottle." Police Magazine (May 1982): 12-13.
- Carroll, J.F., and W.L. White. 1982. Theory Building: Integrating Individual and Environmental Factors Within an Ecological Framework. In Job Stress and Burnout: Research, Theory and Intervention Perspectives, ed. Whiton Stewart Paine, 41-60. California: Sage Publications, Inc.
- Cassel, J. "The Contribution of the Social Environment to Host Resistance." American Journal of Epidemiology 104 (1976): 1458-1463.
- Cherniss, C. Professional Burnout in Human Service Organizations. New York: Praeger Publishers, 1980.
- Cobb, S. "Social Support as a Moderator of Life Stress." Psychosomatic Medicine 38 (1976): 300-314.
- Conway, T.L., R.R. Vickers Jr., H.W. Ward, and R.H. Rahe. "Occupational Stress and Variation in Cigarette, Coffee and alcohol Consumption." Journal of Health and Social Behavior 22 (June 1981): 155-165.
- Cosper, R. 1976. Drinking Among Naval Aviators: Patterns of Alcohol Use in an Occupational Specialty. Unpublished Ph.D Dissertation, Rutgers University. Cited in M. Fine, S. Akabos, and S. Bellinger. "Cultures of Drinking: A Workplace Perspective." Social Work 25, no. 5 (1982): 436-440.

- Crawford, R. 1984. A Cultural Account of Health: Control, Release, and the Social Body. In Issues in the Political Economy of Health Care, ed. John B. McKinlay. New York: Lovistock.
- Danto, B.L. "Police Suicide." Police Stress 1, no.1 (1978): 32-37, 39.
- Davidson, M.J. Stress in the Police Service: A Multifaceted Model, Research Proposal and Pilot Study. Unpublished Dissertation, University of Queensland: Australia, 1979. In Davidson, M.J., and A. Veno. 1980. White Collar and Professional Stress, ed. Cary L. Cooper, and Judi Marshall. New York: John Wiley and Sons.
- Daviss, B. "Burnout: No One Can Imagine What the Costs Really Are." Police Magazine 5, no.3 (May 1982): 9-11, 14-15.
- Decima (Quarterly Report). "In-Depth Analysis: Health and the Health Care System." (Spring 1988).
- des Roches, J., and S. Dolan. Etude Empirique de Certaines Dimensions de la Qualite de vie au Travail Chez les Policiers de la CUM. Ecole de Relations Industrielles. Montreal: Universite de Montreal, 1988.
- Dishlacoff, L. "The Drinking Cop." The Police Chief 43 (January 1976): 32-39.
- Dolan, S., and J. des Roches. Stress, Systeme D'Auto-Patrouille et Problemes de Sante et Securite du Travail Chez les Policiers. Ecole de Relations Industrielles. Montreal: Universite de Montreal, 1988.
- Donovan, E. "Police Alcoholism, Divorce, Suicide Rates Much Higher than Official Stats." Behavior Today 12 (January 26, 1981): 2-4.
- Douglas, M. Natural Symbols. New York: Penguin Books, 1970.
- Dubois, P. "The Psychological Repercussions of Police Work." Police (July 1975).
- Duchesneau, J. Les Realites Du Stress En Milieu Policier: (une etude effectuee au Service de police de la Communaute Urbaine de Montreal. Juin, 1988.
- Durkheim, E. 1969. Suicide. In Alienation: A Casebook, ed. D. Burrows, and F.R. Lapidés, 51-59. New York: Thomas Y Crowell Co.
- Edelwich, J., and A. Brodsky. Burnout: Stages of



- Disillusionment in the Helping Professions. New York: Human Sciences Press, 1980.
- Edginton, B. Health, Disease and Medicine in Canada: A Sociological Perspective. Toronto: Butterworths, 1989.
- Ellison, K.E., and J.L. Genz. Stress and the Police Officer. Illinois: Charles C. Thomas Publishers, 1983.
- Epstein, L.H., and J.R. Jennings. 1986. Smoking, Stress, Cardiovascular Reactivity, and Coronary Heart Disease. In Handbook of Stress, Reactivity, and Cardiovascular Disease, ed. K. Mathews, S. Weiss, T. Detre, T. Dembroski, B. Falkner, S. Manuck, and R. Williams, 291-309. New York: John Wiley and Sons.
- Fennell, M.L., M.B. Rodin, and G.K. Kantor. "Problems in the Work Setting, Drinking, and Reasons for Drinking." Social Forces 60 (1981): 114-132.
- Fine, M., S. Akabas, and S. Bellinger. "Cultures of Drinking: A Workplace Perspective." Social Work 25, no. 5 (1982): 436-440.
- Fraser, A.E. "Physical Fitness Maintenance: A Developmental Process." The Police Chief (June 1986): 24-27.
- French, J.R.P., and R. Caplan. 1972. Organizational Stress and Individual Strain. In The Failure of Success, ed. A.J. Marrow. New York: American Management Association.
- French, J.R.P., W. Rogers, and S.S. Cobb. 1974. A Model of Person-Environment Fit. In Coping and Adaptation, ed. G.V. Coelho, D.A. Hamburg, and J.E. Adams. New York: Basic Books.
- Freudenberger, H. "Staff Burnout." Journal of Social Issues 30, no.1 (1974): 159-165.
- Freudenberger, H.J., and G. Richelson. Burnout: The High Cost of High Achievement. New York: Anchor Press, Doubleday and Company, Inc., 1980.
- Friedman, P. 1968. Suicide Among Police: A Study of Ninety-Three Suicides Among New York City Policemen: 1934-1940. In Essays in Self-Destruction, ed. E. Shneidman. New York: Science House Inc.
- Friedman, M., and R. Rosenman. Type A Behaviour and Your Heart. New York: Knopf, 1974.
- Gazette. (Montreal). "Cops Talk About Drinking, Suicides." 24

December 1982, p. A1, A4.

- \_\_\_\_\_. "Battling Burnout." 19 December 1987, p. B4.
- \_\_\_\_\_. "It's a gut issue: Policemen eat too many doughnuts." 26 December 1988.
- \_\_\_\_\_. "Put the blame for worker burnout on employer, union forum told." 14 May 1989, p. A5.
- \_\_\_\_\_. "Veteran police officer kills himself at Station 25." 15 October 1989, p. A3.
- \_\_\_\_\_. "Dowson's suicide note: I just didn't make the right decisions." 5 November 1989, p. A8.
- \_\_\_\_\_. "Police want more help for troubled officers." 26 January 1990.
- General Social Survey. Health and Social Support. Cat. no. 11-612E, no.1. Statistics Canada, 1985.
- Globe and Mail. "Senior officers knew of drinking sessions." 26 May 1988, p.A17.
- Glossick, J.L. "Don't Let a Good Cop Go Bad- Chemical Dependency is Treatable." The Police Chief (October 1988): 86-90.
- Goolkasian, G., R. Geddes, and W. De Jong. Coping With Police Stress. National Institute of Justice. Washington: U.S. Government Printing Office, 1987.
- Gordon, R.L. Interviewing: Strategy, Techniques and Tactics. Illinois: The Dorsey Press, 1980.
- Gundersen, S.J. "The Malnourished Police: A Population at Risk." The Police Chief (November 1985): 40, 42.
- Guralnick, L. "Mortality by Occupation and Causes of Death Among Men Aged 20-64 Years of Age." Vital Statistics, Special Reports 53, no. 3 (1963).
- Harris, M.M., and M.L. Fennell. "A Multivariate Model of Job Stress and Alcohol Consumption." The Sociological Quarterly 29, no. 3 (1988): 391-406.
- Haynes, W.D. Stress Related Disorders in Policemen. San Francisco: R & E Research Assoc., Inc., 1978.
- Health and Welfare Canada. "Your Lifestyle Profile." Cat. No.

H39-8 (1980).

Heiman, M.F. "The Police Suicide." Journal of Police Science and Administration 3, no. 3 (1975a): 267-273.

\_\_\_\_\_. "Police Suicides Revisited." Suicide 5, no. 1 (Spring 1975b): 5-20.

\_\_\_\_\_. "Suicides Among Police." American Journal of Psychiatry 134, no. 11 (November 1977): 1286-1290.

Hitz, D. "Drunken Sailors and Others: Drinking Problems in Specific Occupations." Quarterly Journal of Studies on Alcohol 34 (1973): 496-505.

Hotston, R. "Addressing the threat of contact diseases." Blue Line Magazine, (Toronto), December 1989, p. 24.

House, J.S. "The Relationship of Intrinsic and Extrinsic Work Motivations to Occupational Stress and Coronary Heart Disease Risk." Ph.D. Diss., University of Michigan, 1972.

\_\_\_\_\_. 1974. The Effects of Occupational Stress on Physical Health. In Work and the Quality of Life: Resource Papers for Work in America, 145-170. U.S.A.: The Colonial Press, Inc.

\_\_\_\_\_. Work Stress and Social Support. Massachusetts: Addison-Wesley Publishing Company, 1981.

Howard, J.H. 1984. Sociocultural Patterns of Stress in a Canadian Organization. In Current Issues in Occupational Stress: Research and Intervention, ed. Ronald J. Burke, 25-52. Ontario: York University.

Ivancevich, J.M., and M.T. Matteson. Stress and Work: A Managerial Perspective. Glenview: Scott, Foresman, 1980.

Jacobson, E. "Physical Activity: A Tool in Promoting Mental Health." Journal of Psychiatric Nursing and Mental Health Services (November 1979): 24-25.

Jellinek, E.M. "Phases of Alcohol Addiction." Quarterly Journal of Studies on Alcohol 13 (1952): 673-684.

Jones, J.W. "Correlates of Police Misconduct: Violence and Alcohol Use on the Job." Cited in J. Dietrich, and J. Smith. "The Non-Medical Use of Drugs Including Alcohol Among Police Personnel: A Critical Literature Review." Journal of Police Science and Administration 14, no. 4 (1986): 300-306.

- Kahn, R.L., and R.P. Quinn. 1970. Role Stress: A Framework For Analysis. In Mental Health and Work Organizations, ed. R. McLean. Chicago: Rand McNally.
- Kaminski, Jr., J.J. "Police Physical Fitness: A Personal Matter." The Police Chief (September 1975): 39-40.
- Katz, A.H. "The Social Causes of Disease." Recent Sociology: No. 3: The Social Organization of Health (1967).
- Kaufmann, G.M., and T.A. Beehr. "Occupational Stressors, Individual Strains, and Social Supports Among Police Officers." Human Relations 42, no. 2 (1989): 185-197.
- Klinzing, J.E. "The Physical Fitness Status of Police Officers." Journal of Sports Medicine and Physical Fitness 20 (1980): 291-296.
- Klyver, N. "Peer Counselling For Police Personnel: A Dynamic Program in the Los Angeles Police Department." The Police Chief (November 1983): 66-68.
- Kreitner, R., M.A. Sora, S.D. Wood, G.M. Friedman, and W.E. Reif. "A Search for the U-Shaped Relationship Between Occupational Stressors and the Risk of Coronary Heart Disease." Journal of Police Science and Administration 13, no.2 (1985): 122-131.
- Kroes, W.H. Society's Victim- the Policeman. Illinois: Charles C. Thomas, 1976.
- \_\_\_\_\_. 1981. Psychological Job Stress and Worker Health-A Programmatic Effort. In Society, Stress and Disease, ed. Lennart Levi, 14-23. New York and Toronto: Oxford University Press.
- \_\_\_\_\_. Society's Victims- the Police: An Analysis of Job Stress in Police. Illinois: Charles C. Thomas, 1985.
- Kroes, W.H., B. Margolis, and J.Hurrell Jr. "Job Stress in Policemen." Journal of Police Science and Administration 2, no. 2 (1974): 145-155.
- Labovitz, S., and R. Hagedorn. "An Analysis of Suicide Rates Among Occupational Categories." Sociological Inquiry 421, no. 1 (1971): 67-72.
- Lalonde, M. A New Perspective on the Health of Canadians: A Working Document. Ottawa: Canada Department of National Health and Welfare, 1974.
- Lamphier, G. "'Tough Guy' Police Culture Spawns Heavy Alcohol

- Use." The Journal 12, no. 10 (1983): 2.
- Lanphier, C.M., P. Peskun, and A. Somogy. Patterns of Use of Alcohol and of Non-Medical Use of Drugs Among Members of the Canadian Forces: Extent, Context and Effects: 1982. Ottawa: Department of National Defense, 1983.
- Lapierre, L. Canadian Women: Profile of their Health. Ottawa: Statistics Canada, 1984.
- Law Enforcement News. "Miami Begins Drug Tests." 25 November 1985.
- Lester, D. "Suicide in Police Officers." The Police Chief 45, no.4 (1970): 17.
- \_\_\_\_\_. "A Study of Civilian-Caused Murders of Police Officers." International Journal of Criminology and Penology (1978a): 373-378.
- \_\_\_\_\_. "Predicting Murder Rates of Police Officers in Urban Areas." Police Law Quarterly (1978b): 20-25.
- \_\_\_\_\_. "Occupational Injuries, Illnesses and Fatalities in Police Officers." The Police Chief (October 1981): 43, 63.
- Levi, L. Preventing Work Stress. Massachusetts: Addison-Wesley Publishing, 1981.
- Lindell, J.W. "Year-Round Police Fitness Training." The Police Chief (September 1975): 38, 64.
- Loo, R. "Policies and Programs for Mental Health in Law Enforcement Organizations." Canada's Mental Health (September 1987): 18-22.
- Maclean's. "Police Under Fire." 9 January 1989, p. 30-38.
- Macleod, A.G. 1985. EAP's and Blue Collar Stress. In Job Stress and Blue Collar Work, ed. C. Cooper, and M. Smith, 185-193. England: John Wiley and Sons.
- Maslach, C. "Burned-Out". Human Behavior (September 1976).
- \_\_\_\_\_. Burnout: The Cost of Caring. New Jersey: Prentice-Hall, Inc., 1982.
- Maslach, C., and S.E. Jackson. "Burned-Out Cops and Their Families." Psychology Today (May 1979): 59-62.
- \_\_\_\_\_. "The Measurement of Experienced

- Burnout." Journal of Occupational Behavior 2 (1981): 99-113.
- Matteson, M.T., and J.M. Ivancevich. Controlling Work Stress: Effective Human Resource and Management Strategies. San Francisco: Jossey-Bass Publishers, 1987.
- Milham, S. Occupational Mortality in Washington State, 1950-1959. DHHS (NIOSH). Publication No. 83-116. Washington:GPO, 1983.
- Monk, T.H., and D. Tepas. 1985. Shift Work. In Job Stress and Blue Collar Work, ed. C.L. Cooper, and M.J. Smith, 65-84. Great Britain: John Wiley and Sons.
- Mostardi, R.A., J.A. Porterfield, S. King, K. Wiedman, and S. Urycki. "Cardiovascular Intervention Among Police Officers: A Two-Year Report." The Police Chief (June 1986): 32-34.
- National Opinion Research Center. General Social Survey 1972-1978. Conducted for the National Data Program for the Social Sciences at the National Opinion Research Center. Chicago, 1978.
- National Task Force on Suicide in Canada. Suicide in Canada. Sponsored by the Mental Health Division, Health Services and Promotion Branch, Health and Welfare Canada. Cat No. H39-107/1987E, Reprinted 1989.
- Nelson, Z., and W. Smith. "The Law Enforcement Profession: An Incident of High Suicide." Omega 1 (November 1970): 293-299.
- Newsweek. 5 November 1984, p. 96. Cited in Work Stress: Health Care Systems in the Workplace, ed. James C. Quick, Rabi S. Bhagat, James E. Dalton, and Jonathan D. Quick, 5. New York: Praeger Publishers, 1987.
- Nowicki, D.E. "Police Officer Drug Abuse: An Issue of Public Safety." The Police Chief (March 1986): 71-74.
- Parker, D.A., and J.A. Brody. 1982. Risk Factors for Alcoholism and Alcohol Problems Among Employed Women and Men. In Occupational Alcoholism: A Review of Research, ed. DDHS (Publication No. ADM 82-1184), 99-127. Washington: U.S. Government Printing Office.
- Pines, A., and D. Kafry. "Occupational Tedium in the Social Services." Social Work 23 (1978): 499-507.
- Pines, A.M., E. Aronson, and D. Kafry. Burnout: From Tedium

to Personal Growth. New York: The Free Press, 1981.

Police Review. "Police and Alcohol- Drink: An Occupational Hazard." 92, no. 4742 (1984): 16-18.

Pollock, M., L. Gettman, and B. Meyer. "Analysis of Physical Fitness and Coronary Heart Disease: Risk of Dallas Area Police Officers." Journal of Occupational Medicine 20 (1978): 393-398.

Price, C., M. Pollock, L. Gettman, and D. Kent. Physical Fitness Programs For Law Enforcement Officers. Washington, 1976.

Reese, J.T. "Life in the High-Speed Lane: Managing Police Burnout." The Police Chief 49, no. 6 (June 1982): 49-53.

Reiman, T. "Regina Police Service's Employee Assistance Program: Help For Officers With a Drinking or Drug Problem." The Police Chief (November 1983): 69-70.

Richard, W., and R. Fell. 1975. Health Factors in Police Job Stress. In Job Stress and the Police Officer: Identifying Stress Reduction Techniques, ed. W.H. Kroes, and J.J. Hurrell, 73-84. Washington, D.C.: Government Printing Office.

Roth, D.L., and D.S. Holmes. "Influence of Physical Fitness in Determining the Impact of Stressful Life Events on Physical and Psychological health." Psychosomatic Medicine 47 (1985): 164.

Russek, H.I. "Stress, tobacco and coronary heart disease in North American professional groups: survey of 12,000 men in 14 occupational groups." Journal of the American Medical Association 192 (1965): 189-194.

Sargent, A.G. 1980. Androgyny as a Stress Management Strategy. In Understanding and Managing Stress: A Book of Readings, ed. John D. Adams, 85-91. California: University Associates, Inc.

Schachter, S., B. Silverstein, L.T. Kozlowski, C.P. Herman, and B. Liebling. "Effects of stress on cigarette smoking and urinary p.H." Journal of Experimental Psychology 106 (1977): 24-30.

Schachter, S., B. Silverstein, and D. Perlick. "Psychological

- and pharmacological explanations of smoking under stress." Journal of Experimental Psychology 106 (1977): 31-40.
- Scully, R. 1983. The Work-Setting Support Group: A Means of Preventing Burnout. In Stress and Burnout in the Human Service Professions, ed. Barry Farber, 188-197. New York: Pergamon Press.
- Selye, H. The Stress of Life. New York: McGraw-Hill, 1952, 1956, 1975.
- \_\_\_\_\_. Stress in Health and Disease. Boston, London: Butterworths, 1976.
- \_\_\_\_\_. 1984. Stress and Health: A Perspective on Aging and Retirement. In Handbook of Organizational Stress Coping Strategies, ed. Amarjit Singh Sethi, and Randall S. Schuler, 15-34. Cambridge, Massachusetts: Ballinger Publishing Company.
- Sewell, J.D., K.W. Ellison, and J.J. Hurrell. "Stress Management in Law Enforcement: Where do we go from here?" The Police Chief (October 1988): 94-98.
- Silburt, D. "Substance Abuse: The Monster That Hides in the Dark." Occupational Health and Safety- Canada 2, no. 6 (November-December 1986): 26-30, 59.
- Somodevilla, S. "The Psychologist's Role in the Police Department." The Police Chief 45 (April 1978): 21-23.
- Statistics Canada. Homicide in Canada: A Statistical Perspective. Canadian Centre for Justice Statistics. Cat. No. 85-209, 1984, 1987.
- \_\_\_\_\_. Homicide in Canada: An Historical Perspective 1976-1985. Canadian Centre for Justice Statistics. Cat. No. 85-209, 1985.
- \_\_\_\_\_. Causes of Death: Vital Statistics. 4, Cat. No. 84-203, 1986.
- Stratton, J.G. "Police Stress: An Overview." The Police Chief (April 1978): 58.
- Stratton, J. G., and B. Wroe. "Alcoholism and the Policeman-Identifying and Dealing With the Problem." FBI Law Enforcement Bulletin 48, no. 3 (1979): 20-23.



- Suskind, R.R. 1987. Occupational Health and Stress. In Work Stress: Health Care Systems in the Workplace, ed. James C. Quick, Rabi S. Bhagat, James E. Dalton, and Jonathon D. Quick, 278-282. New York: Praeger.
- Synnott, A. Brief: Presented to the Standing Committee on National Health and Welfare. 23 March 1988: 1-26.
- Territo, L., and H. Vetter. "Stress and Police Personnel." Journal of Police Science and Administration 9, no. 2 (1981): 195-208.
- Terry, W. "Police Stress: The Empirical Evidence." Journal of Police Science and Administration 9, no. 1 (1981): 61-75.
- Toronto Star. "To Serve and Protect Takes Toll in Death, Illness Among Police." 23 November 1986, p. A1, A8.
- Trajonowicz, R., and D. Banas. The Impact of Foot Patrol on Black and White Perceptions of Policing. The National Neighborhood Foot Patrol Center. Michigan: Michigan State University, 1985.
- Van Raalte, R.C. "Alcohol As A Problem Among Officers." The Police Chief 44 (February 1979): 38-39.
- Vancouver Sun. "Psychologists to Probe RCMP Suicides." 27 November 1985, p. A1, A15.
- Violanti, J.M., J.R. Marshall, and B. Howe. "Stress, Coping and Alcohol Use: The Police Connection." Journal of Police Science and Administration 13, no. 2 (1985): 106-110.
- Violanti, J.M., J. Vena, and J.R. Marshall. "Disease Risk and Mortality Among Police Officers: New Evidence and Contributing Factors." Journal of Police Science and Administration 14, no. 1 (1986): 17-23.
- Wagner, M., and R. Brzeczek. "Alcoholism and Suicide: A Fatal Connection." FBI Law Enforcement Bulletin 52, no. 8 (1983): 8-15.
- Wambaugh, J. The Choir Boys. New York: Dell Publishing, 1976.
- Wexler, J. G., and D.D. Logan. "Sources of Stress Among Women Police Officers." Journal of Police Science and Administration 11, no. 1 (1983): 46-53.
- Wikler, D. 1980. Persuasion and Coercion for Health. In Risk

and Chance: Selected Readings, ed. Jack Dowie, and Paul Lefrere. England: The Open University Press.

Winter, R.E. Coping With Executive Stress: Executive Health Examiners. New York: McGraw-Hill, 1983.

Wood, S.D., R. Kreitner, G.M. Friedman, M. Edwards, and M.A. Sova. "Cost-effective wellness screening: A case study of 4,524 law enforcement officers." Journal of Police Science and Administration 10 (September 1982): 273-278.