EDITORIAL

Stress prevention in the police

Over the past couple of decades, many factors have conspired to make working life far more stressful than before. Many studies during the 1980s and 1990s [1] highlighted the impact of the changing nature of work in terms of the impact of mergers and acquisitions, longer working hours, more robust managerial styles, greater job insecurity, heavier workloads, less job control and increased pressures of work impinging on family and personal life. At the same time, there has been enormous social change, with two out of three family units now containing two wage-earners, and with family units being much more geographically mobile than in previous decades. These changes have created their own problems: the former in terms of conflict over role differentiation within the family or between partners, and the latter in terms of the loss of the extended family and community social support [2] as moderators of stress.

The article in this issue by Collins and Gibbs on stress in police officers [3] is important for several reasons. First, it highlights the significant loss to the police service in terms of sickness absence, early medical retirement and reduced productivity. The authors emphasize the large financial and manpower burden on the police service by pointing to the fact that over one in four medical retirements are due to psychological ill-health or stress. In addition, according to the Home Office figures, the total number of days lost to sick leave in the police service in 2001 was more than 1.5 million. The average number of days lost per officer was 12.2, compared with the 2001 average in the public sector of 10.2 days and in the private sector of 7.2 days. Although some of this sickness absence can be attributed to musculoskeletal injuries and other factors, a significant proportion is due to the effects of stress. Less work has been undertaken on the links between stress and productivity, but the impact of fewer police with heavier and extended demands must be adversely affecting performance; work needs to be done to see the extent of the productivity gap.

Secondly, Collins and Gibbs's article highlights what we have known in many other occupational groups [4], that it is not necessarily the operational issues that create the most stress but the organizational ones, such as workload, time constraints, managerial support and work impingement on home life. Indeed, Sparks and Cooper [4], in a study of 13 different occupations, found that for each occupation there were different combinations of seven organizational stressors predicting physical and/or mental ill-health. The seven factors were: perceived job control; career development; workplace climate or culture; the job and workload; the home–work interface; role clarity; and relationships at work, particularly with the boss. In the context of the police service, or any other occupation or organization, this is very important to understand in terms of considering interventions to deal with them. By identifying or diagnosing the organizational stressors, it is possible to devise a coherent and systematic intervention strategy.

This leads to the third observation by Collins and Gibbs, that there have only been marginal improvements recently in managing the increasing pressures on the police service. The recently published *Strategy for a Healthy Police Service* [5] sets out a national framework on health and safety, occupational health, welfare and attendance management for the police service. It requires forces to publish action plans, setting targets for reducing sickness and ill-health retirements. This is proving to be a stimulus to real change in the service, which I anticipate will occur over the next 5 years. Cooper *et al.* [6] have developed a three-prong intervention approach to stress management that might prove to be a useful strategy in this regard: primary prevention (e.g. stressor identification and reduction), secondary prevention (e.g. stress management training) and tertiary prevention (e.g. workplace counselling).

Primary prevention is concerned with taking action to modify or eliminate sources of stress inherent in the work environment, thereby reducing their negative impact on the individual. The focus of primary interventions is in improving the environment in which the individual operates, and consequently they often involve organizational change initiatives. The type of action required will, however, vary according to the kinds of stressors operating, and any intervention needs to be guided by some prior diagnosis or audit of risk assessment to identify the specific stressors responsible for employee stress. Such an audit offers a comprehensive view of the nature, location and extent of specific sources of pressure existing within a force. By conducting such an audit once, the force has a baseline measurement against which improvement in response to primary, secondary and tertiary interventions may be reliably gauged in future.

Secondary prevention essentially is concerned with the prompt detection and management of experienced stress by increasing the awareness and improving the stress management skills of the individual through training and educative activities. Individual factors can alter or modify the way employees exposed to workplace stressors perceive and react to this environment. Each individual has his or her own personal stress threshold, which is why some people thrive in a certain setting and others suffer. It

is important to realize, however, that the role of secondary prevention is partly one of damage limitation, often addressing the consequences rather than the sources of stress (in contrast to primary prevention measures) that may be inherent in the organization's structure or culture. On the other hand, it is concerned with improving the 'adaptability' and stress coping strategies of the individual to handle the inherent workplace stressors. Consequently, this type of intervention is often described as a 'band aid' approach. The implicit assumption is that the organization will not change but will continue to be stressful; therefore, the individual has to develop and strengthen his/her resistance to that stress.

Tertiary prevention is concerned with the treatment, rehabilitation and recovery process of those individuals who have suffered or are currently suffering from serious ill-health as a result of stress. Interventions at the tertiary level typically involve the provision of counselling services for employee problems in the work or personal domain. Such services are either provided by in-house counsellors or outside agencies in the form of an employee assistance programme.

Conclusion

Managing stress at work and developing and maintaining a 'feel good' factor in the workplace should not just be about managing absence or squeezing the last drop of productivity out of employees; in a civilized society, it should be about quality-of-life issues as well, such as reasonable hours, family time, manageable workloads, some control over one's career, a sense of security at work and being valued by management.

As the social anthropologist Studs Terkel [7] suggested, 'Work is about a search for daily meaning as well as daily bread, for recognition as well as cash, for astonishment rather than torpor, in short, for a sort of life rather than a Monday through Friday sort of dying'. The police provide a valuable service to our society; however, they are not immune to the fundamental organizational sources of stress such as change, lack of control, high workloads and work–home life imbalance. It is therefore highly encouraging to see stress being acknowledged as an important issue to be tackled as part of the recently announced focus on occupational health and reduction of sickness absence within the service.

Cary L. Cooper
*BUPA Professor of Organizational Psychology and Health,
Manchester School of Management, UMIST*

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